

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

<u>A 1</u>	For the	2012 calendar year, or tax year beginning NOV 1, 20	12 and	ending (<u>)CT 31, 2</u>	013	
В	Check (f applicable	C Name of organization			D Employer i	dentificat	tion number
	Addres change	BASEBALL AMERICA FOUNDATION, I	NC.				
	Name change	Dame Burner A			2	2-279	93367
Ĺ	Initial return	Number and street (or P.O. box if mail is not delivered to street ad	idress)	Room/suite	E Telephone		
L	Termin ated Amend	#02 DUWCVMEDD SIVEEI					474-8721
F	return	City, town, or post office, state, and ZIP code			G Gross receipts		659803.
_	tion pendin	DURHAM, NC 2//UI	·		H(a) Is this a g	•	rn Yes X No
		· · ·	IC 2770	1	H(b) Are all affile		
	Tay-eye	mpt status:	4947(a)(1) c		7 ' '		t. (see instructions)
		e: ► WWW.USABASEBALL.COM	1011(4)(1)	<u>, </u>	H(c) Group ex		
		organization: X Corporation Trust Association	⁻ Other ▶ ⁻	L Year			State of legal domicile; NJ
		Summary					
	1	Briefly describe the organization's mission or most significant activ	vities TO PI	ROVIDE	FUNDING	FOR	THE
Governance		<u>UNITED STATES BASEBALL FEDERATION</u>	I, INC.				
ern	2	Check this box 🕨 📖 if the organization discontinued its oper	ations or dispos	sed of more	e than 25% of its	s net asse	
Š	1	Number of voting members of the governing body (Part VI, line 1a)	-			3	<u>5</u>
<u>«</u> ع		Number of independent voting members of the governing body (P				4	
Activities &		Total number of individuals employed in calendar year 2012 (Part	V, line 2a)			5	0
₹		Total number of volunteers (estimate if necessary)	•			6	0
Ac		Total unrelated business revenue from Part VIII, column (C), line 1: Net unrelated business taxable income from Form 990-T, line 34	2			7a	0.
<u> </u>	0	Net unrelated business taxable income from Form 990-1, line 34			Prior Year	7b	Current Year
5	8	Contributions and grants (Part VIII, line 1h)			FIIOI Teal	0.	0.
≥ 5	l l	Program service revenue (Part VIII-line 29 EVED			***	0.	0.
Z Z	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)			677	766.	128505.
CENERAL REVENUE	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colum	nn (A), line 12)		677	766.	128505.
AP?	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			567	784.	75286.
له (Benefits paid to or for members (Part IX, column (A)! line 4)				0.	0.
Ses		Salaries, other compensation, employee benefits (Part IX, column	(A), lines 5-10)	-		0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		_		0.	0.
7856 Expens	_b	Total fundraising expenses (Part IX, column (D), line 25)		0.	1.6		00155
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	05)	-		228.	22175.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), li	ine 25)			62.	97461. 31044.
7.8	3	Revenue less expenses. Subtract line 18 from line 12		P.	ginning of Curren		End of Year
t Assets or land Ralances	20	Total assets (Part X, line 16)			12915		1470132.
ASS	21	Total liabilities (Part X, line 26)				0.	0.
Set	22	Net assets or fund balances Subtract line 21 from line 20			12915		1470132.
P	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accom-					nowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all	information of wh	nich prepare	r has any knowled	ge.	/
		Signature of officer			Date Date	<u>//0//</u>	4
Sig					Date	,	
He	re	RAY DARWIN, CHIEF FINANCIAL OF Type or print name and title	FICER		_ _		
		· · · · · · · · · · · · · · · · · · ·		/	Date , ,	Check	PTIN
Pai	d	Print/Type preparer's name Preparer's signa KEN_DUBIN	ature // /		2/2/4	ıf	P01061291
	parer	Firm's name FROST, PLLC	- cov		Firm's	self-employed	71-0817652
	Only	Firm's address 3605 GLENWOOD AVE SUITE	370	 		C117	. = 001/032
	•	RALEIGH, NC 27612			Phone	no. 91	9-782-8410
Ma	y the If	AS discuss this return with the preparer shown above? (see instru	ctions)				X Yes No
	001 12-1	= =		ons.			Form 990 (2012)

orm	990 (2012) BASEBALL AMERICA FOUNDATION, INC. 22-2793367 Page 2
Pa	tt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
•	TO PROVIDE FUNDING FOR THE UNITED STATES BASEBALL FEDERATION, INC.
	10 PROVIDE FUNDING FOR THE UNITED STATES BASEBALL FEDERATION, INC.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
J	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	-TO-PROVIDE FUNDING TO OTHER NON-PROFIT ORGANIZATIONS THAT PROMOTE THE
	GAME OF BASEBALL.
4b	(Code) (Expenses \$
40	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
₩	
4-	(Expenses \$ including grants of \$) (Revenue \$)

			Vaa	
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No_
•	If "Yes," complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	_		v
4	·	_3_		<u>X</u>
•	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u>X</u>
•		_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
-	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		v –
_		8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		7.7
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			17
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable			
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			37
_		<u>11a</u>		<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	441		v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> </u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44-		v
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<u>X</u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	44.3		v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	446		v
192	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	-	<u> </u>
124	Schedule D, Parts XI and XII	100		X
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
•	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_170		- 41
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	170		
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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 Part VIII, lines	··		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a		20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-43
		_00		

	- 11 Change of Hodging Communication	, <u>-</u>	,	
		<u> </u>	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	ĺ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	ĺ		
	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	1		ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	1	
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l	İ	
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ <u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ĺ	1	
	any tax-exempt bonds?	24c		ļ <u>.</u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
.25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	1		-
	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 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			•
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		İ	
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

Pat				
	Check if Schedule O contains a response to any question in this Part V	——		لــــــــــــــــــــــــــــــــــــــ
			Yes	<u>No</u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	x	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	 	- 11	
20	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a		_X_
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22-1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		X
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
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u>X</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 organization, have excess business holdings at any time during the year?	_8_		
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations, Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12 Cross receipts, included on Form 900, Part VIII, line 12 for public use of club feetities	- I		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u></u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	1		}
С	Enter the amount of reserves on hand	<u> </u>		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<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.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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 governing documents since the prior Form 990 was filed?	4		Χ_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		-
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<u> </u>		
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	ton Di i onoro (mis decitor d'requests information about pondes not required by the internal nevertae dode)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	ioa	-	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	_	
·	in Schedule O how this was done	12c		Y
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?		X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	45-	х	
a	Other officers or key employees of the organization	15a	X	
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	40-		v
	, , ,	16a		X
Б	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	}		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40.		
500	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and section ladgests have produced these excellents. Check all that each	avallac	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	_	
	RAY DARWIN - (919) 474-8721			
	403 BLACKWELL STREET, DURHAM, NC 27701			

Form 990 (2012)	BASEBALL	AMERICA	FOUNDATIO	N, INC	. •
Part VII Compensation	of Officers	Directors Tru	istees Kev Fr	nnlovees	Highest Compa

22-2793367 F

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization	nor any related	orga	anıza	ation	co	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			(e Pos				(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	rtior	1 than	one	Reportable -	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	nd a d	Irect	or/trus	tee)	from	from related	other
	(list any	recto		Ì				the	organizations	compensation
	hours for	or d	98			E E		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		8	e e		(W-2/1099-MISC)		organization
	organizations below	lual tr	tional		yold		_			and related organizations
	line)	Indiwdual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) LINDSAY BURBAGE	0.00	┢	_	۲	<u> </u>	1	ш,			
TRUSTEE		1	х	İ				o.	0.	0.
(2) PAUL SEILER	0.00			ļ	-					
TRUSTEE		1	Х					0.	0.	0.
(3) BOB SMITH	0.00					1				
PRESIDENT		1		x				0.	0.	0.
(4) BOB WATSON	0.00									
TREASURER				X				0.	0.	0.
(5) TED WOOD	0.00									
SECRETARY				X		<u></u>		0.	0.	0.
					<u> </u>					
		1	l		1					
		igspace	_	<u> </u>	1	<u> </u>	<u> </u>			
		1								
		<u> </u>		<u> </u>		↓_	_			
	-	┨								
		-	-	ļ	╀	-	-			<u> </u>
		-		l					-	
		┡	-	-	-	╀	-			
		┨								
		\vdash	├	1	-	+-	-			
		┨			ļ	i				
		├	-		╁	╁	├—			
		1		ŀ						
	-	 	╁	\vdash	╁╌	+	\vdash			
		1						1]	
	1	t	\vdash	 	T	\vdash	\vdash	-		
		1		Ì						i
				t			\vdash			
		1								
	-	_	_	•			•			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form Pa i					ICA FOUN	DATION, IN	C	22-2793	367 Page 9
Га		•••							
			Check if Schedule O cont	ains a response	to any question i	n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
		С	Fundraising events	1c					
# in		đ	Related organizations	1d					
S,E		е	Government grants (contribut	ions) 1e					•
Sign			All other contributions, gifts, gran	· —					
ig SE		•	similar amounts not included abo						
至		g	Noncash contributions included in lines		_				
Sel		-	Total. Add lines 1a-1f						
<u> </u>	_		Total Flora III To Ta II		Business Code				
.	2	а							
, <u>Ş</u>							-		
Ser		c							
E S		d							
Program Service Revenue		e							
Pro			All other program service reve	enue					
1			Total. Add lines 2a-2f						·
	3	2	Investment income (including	dividends, intere	est, and	-			
			other similar amounts)	,,	•	29123.			29123.
	4		Income from investment of ta	x-exempt bond p	oroceeds -				
	5		Royalties		•				· · · · · · · · · · · · · · · · · · ·
			,	(i) Real	(ii) Personal				
	6	а	Gross rents	W	1.7				
			Less. rental expenses	-					
			Rental income or (loss)						
			Net rental income or (loss)	L					
			Gross amount from sales of	(i) Securities	(II) Other	_			
	′	a	assets other than inventory	630680.	 				
		h	Less cost or other basis	-030000:					
			and sales expenses	531298.	i				İ
		_	Gain or (loss)	99382.					ļ
			Net gain or (loss)			99382.	99382.		
-	ľ		Gross income from fundraisin	a events (not		333021	333021		
Other Revenue	•		including \$	-					
ve			contributions reported on line						
æ			Part IV, line 18	а а	İ				
ihe!		h	Less. direct expenses	b					
ŏ			Net income or (loss) from fund						}
	1		Gross income from gaming a						
		-	Part IV, line 19	a a					1
		b	Less. direct expenses	b]
	ı		Net income or (loss) from gan	_					}
			Gross sales of inventory, less					· · · · · · · · · · · · · · · · · · ·	
		_	and allowances	а					
		h	Less: cost of goods sold	b					
			Net income or (loss) from sale						
	\vdash		Miscellaneous Revenu		Business Code				
	11	а	Ninocina noda o novom			1	Į l		l.
	``	ь							
		С						····	
	l	d	All other revenue						
		е	Total. Add lines 11a-11d	_	. •				
22200	12		Total revenue. See instructions.	<u> </u>	. •	128505.	99382.	0.	29123.

De -	Check if Schedule O contains a respons	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	75286.	75286.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	.=		<u> </u>	
6	Compensation not included above, to disqualified				
-	-persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	_			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				_
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology			-	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	Ĺ			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	INVESTMENT FEES	22175.		22175.	
b				2217	
C					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	97461.	75286.	22175.	
25 26	Joint costs. Complete this line only if the organization	<u></u>	13400.	441/3.	
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here from If following SOP 98-2 (ASC 958-720)				
	SHOWN HAR TO I THE TOURNAME STOP GRANT ASC GRANTAN				

Part X | Balance Sheet

Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 58971. 82426. Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 15724 Accounts receivable, net 1428. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 1216889. 1386278. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV. line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1291584. 1470132. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 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 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26_ 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1291584. 1470132. Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 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 32 33 1291584. 1470132. Total net assets or fund balances 33 Total liabilities and net assets/fund balances 1291584. 34 1470132.

Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9		
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)		<u> </u>
Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)		
Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 3 4 4 5 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O)		<u>8505.</u>
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 4 5 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O)		<u>7461.</u>
5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9	3:	<u> 1044.</u>
6 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9	<u> 129</u> 2	<u> 1584.</u>
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9		
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9		
9 Other changes in net assets or fund balances (explain in Schedule O) 9		
- · · · · · · · · · · · · · · · · · · ·		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	14	7504.
column (B))	1470	0132.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response to any question in this Part XII		X
	Y	es No
1 Accounting method used to prepare the Form 990 Cash X 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both.		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	2b 2	x
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		
consolidated basis, or both:		
Separate basis X Consolidated basis Both consolidated and separate basis		
c 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 2	x
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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	1	
Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	3ь	
F	<u> </u>	

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BASEBALL AMERICA FOUNDATION, INC. 22-2793367 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated a Type I **b** X Type II Type III · Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h

(ii) EIN	(described on lines 1-9	in col. (i) la	n col. (i) listed in your		u notify the ion in col. r support?	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
	(see instructions))	Yes	No	Yes	No	Yes	No	
20 <i>6</i> 111520	0	v		v		.,		
38-0111330	9	X				X		0.
		 						
		<u> </u>						0.
		(described on lines 1-9 above or IRC section	(described on lines 1-9 above or IRC section (see instructions)) Yes	(described on lines 1-9 in col. (i) listed in your above or IRC section (see instructions)) Yes No	(described on lines 1-9 above or IRC section (see instructions)) The section (see instructions) above or IRC section (i) listed in your organization (i) of your governing document? Yes No Yes	(described on lines 1-9 above or IRC section (see instructions)) In col. (i) listed in your organization in col. (i) of your support? Yes No Yes No	(described on lines 1-9 above or IRC section (see instructions)) The content of the content o	(described on lines 1-9 above or IRC section (see instructions)) In col. (i) listed in your organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (i) organization in col. (iii) organization in col. (iii) organization in col.

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	organization, check this box and stop here .	ightharpoons	
Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		%
15	Public support percentage from 2011 Schedule A, Part II, line 14		%
16a	a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and		
	stop here. The organization qualifies as a publicly supported organization	ightharpoons	
t	33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		
	and stop here. The organization qualifies as a publicly supported organization	ightharpoons	
17a	a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ightharpoons	\supset
t	o 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18	Private foundation of the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		٦

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	now, picaco com	piete i urt ii j				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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	· 					
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	O 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						•
	Public support (Subtract line 7c from line 6)				<u> </u>	<u></u>	
Se	ction B. Total Support					-	
	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
١	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		,				
11	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, this	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation.
	check this box and stop here	3			,	· (-)(-) - · ga	▶ □
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2012 (I	ne 8, column (f) c	divided by line 13,	column (f))		15	%
16						16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	ne Percentage			,,	
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	•		•			18	%
19	a 33 1/3% support tests - 2012. If the						17 is not
	more than 33 1/3%, check this box as				• •		
,	b 33 1/3% support tests - 2011. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization					-	
	ato roundation, it the organizatio	GIG HOL CHECK A		a, or roo, crieck t	I 10 DOX ALIU SEE III	31140110113	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

BASEBALL AMERICA FOUNDATION, INC.

Employer identification number 22-2793367

Par		d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
-	for charitable purposes and not for the benefit of the donor o	• •	-
	impermissible private benefit?	- · · · · · · · - · · - · · · · · · · ·	Yes No
Pai		janization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	eture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by t	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durir	ng the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		L AMERICA							<u>93367</u>	
Pat	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simila	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a si	gnificant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•	\Box	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and expla	n how t	hey further t	he organizat	ion's exei	mpt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, h	nstorical trea	sures, or oth	ner sımılar	assets			
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if th	e organizatio	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	r contribution	ns or other as	ssets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d 1	_		
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes	No
b_	If "Yes," explain the arrangement in Part XIII.								_	
Par	t V Endowment Funds. Complete it	the organization ar	nswered	d "Yes" to Fo	rm 990, Part	t IV, line 1	0			
		(a) Current year	(b) l	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					l				
	and programs									
f	Administrative expenses									
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	1g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	nat are held a	ınd administ	ered for tl	he organiz	zation	_	
	by								_ \	<u>'es No</u>
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIII the intended uses of the								-	
Pai	t VI Land, Buildings, and Equipm	1		· -		Т-				
	Description of property	(a) Cost or o basis (invest			t or other (other)		ccumulate oreciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment								-	
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Pan	X, colu	ımn (B), line 1	10(c))					0.

		(Form 990) 2012			FOUNDATION		NC.			Page 4
Par	t XI	Reconciliation of	f Revenue per	Audited Fina	ancial Statemer	nts W	ith Revenue per R	eturi	1	
1	Total r	revenue, gains, and oth	er support per aud	ited financial sta	atements .			1		
2	Amou	nts included on line 1 b	out not on Form 990), Part VIII, line 1	12 [.]		i	ŀ		
а	Net ur	nrealized gains on inves	stments			2a]		
b	Donat	ed services and use of	facilities			2b		1		
¢	Recov	eries of prior year gran	its			2c				
d	Other	(Describe in Part XIII)				2d		4		
е	Add fii	nes 2a through 2d						2e_	. 	
3		act line 2e from line 1						_3_		
4		nts included on Form 9	•	•		1	ı			
а		ment expenses not inc	luded on Form 990	, Part Vill, line 7	'b	4a		ļ		
b	Other	(Describe in Part XIII.)				_4b	<u> </u>	ļ		
С		nes 4a and 4b						4c		
5	Total	revenue Add lines 3 ar	nd 4c. (This must eq	ual Form 990, F	Part I, line 12.)			5_		
Pai					nancial Stateme	ents v	With Expenses per	Hetu	ırn	
1		expenses and losses p						1		
2		nts included on line 1 b), Part IX, line 25	5		 I	}		
а	Donat	ted services and use of	facilities			2a		1		
b	Prior y	year adjustments				_2b_		4		
C		losses				2c		4	l	
đ		(Describe in Part XIII.)				2d		-		
е	Add I	nes 2a through 2d						<u>2e</u>		
3		act line 2e from line 1						3		
4		ints included on Form 9				ı	1		İ	
а		tment expenses not inc	luded on Form 990	, Part VIII, line 7	7 b	<u>4a</u>		₹		
Ь		(Describe in Part XIII.)				_ 4b		┨		
_		nes 4a and 4b						4c		
5		expenses. Add lines 3		<u> equal Form 990,</u>	, Part I, line 18)			5	l	
		Supplemental In								
	•	•	•				1a and 4, Part IV, lines 1		2b, Part V, line	4; Part
						provid	e any additional informa	tion.		
INU	KLAL	IZED GAIN O	N SALE OF	SECURITI	IES		·		·	
		·· ·								
					 					
										_

Schedule D (Form 990) 2012

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Name of the organization Department of the Treasury nternal Revenue Service SCHEDULE (Form 990)

Open to Public OMB No 1545-0047 Inspection **Employer identification number** 22-2793367

% × ☐ Yes 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States INC BASEBALL AMERICA FOUNDATION, Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

(h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö ö ö ö ö ö (e) Amount of assistance non-cash recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 6844, 6844 6844 6844 6844 6844 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 38-1337830 57-0385247 38-2297093 35-6057862 35-0144250 21-0652304 (b) EIN 1 (a) Name and address of organization 110 S. BOLIVAR ST., STE. 207 or government INDIANAPOLIS, IN 46204 PARMINGTON, NM 87401 SMITHFIELD, RI 02917 700 N. PENNSYLVANIA BABE RUTH BASEBALL MARSHALL, TX 75662 TRENTON, NJ 08638 266 PUTNAM PIKE BOWIE, MD 20718 100 W. BROADWAY AMERICAN LEGION DIXIE BASEBALL PO BOX 5000 PO BOX 705 AAU N

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Schedule I (Form 990) BASEBALL AMERICA FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	AMERICA F	OUNDATION,	INC. nizations in the Ur	nited States (Sche	dule I (Form 990), Pa		22-2793367 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(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 or assistance
NATIONAL PAL 658 W. INDIANTOWN ROAD, #201 JUPITER, FL 33414	22-1838364	501(C)(3)	6844.	0			
HAP DUMONT YOUTH BASEBALL 300 S. SYCAMORE WICHITA, KS 67213	26-1209891	501(C)(3)	6844,	,0			
PONY BASEBALL PO BOX 225 WASHINGTON, PA 15301	25-0994080	501(C)(3)	6844	0	-		
T-BALL USA 1900 CANSULATE PLACE, STE, 506 WEST PALM BEACH, FL 33401	13-3794491	501(C)(3)	6844.	0			
USSSA 611 LINE DR. KISSINMEE FL 34744	54-0979285	501(C)(4)	6844.	0	-		
					-		Schedule I (Form 990)

22-2793367 Schedule I (Form 990) (2012) BASEBALL AMERICA FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

(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
				-	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	n required in Part I,	lne 2, Part III, colum	n (b), and any other additional in	ormation
				_	
				-	
				-	
	; ;				

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service

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

232211 01-04-13

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2012)

BASEBALL AMERICA FOUNDATION, II	NC. 22-2793367
FORM 990, PART VI, SECTION A, LINE 6: THE ORGAN	NIZATION HAS MEMBERS WHO
ELECT THE GOVERNING BODY	
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGA	ANIZATION HAS MEMBERS WHO
ELECT THE GOVERNING BODY	
FORM 990, PART VI, SECTION B, LINE 11: THE PROD	CESS THE AUDIT COMMITTEE
USES TO OVERSEE THE AUDIT OF ITS FINANCIAL STATE	TEMENTS HAS NOT CHANGED FROM
THE PREVIOUS YEAR. THE BOARD OF DIRECTORS REV	IEWS A DRAFT OF THE 990 PRIOR
TO FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 15: THERE A	RE NO SALARIES FOR THIS
ENTITY.	
FORM 990, PART VI, SECTION C, LINE 18: THE ORGA	ANIZATION MAKES ITS FORM 990
AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WE	
THE THE COMMENT TODATE THROUGH THE WES	SETTE ON OTON NEIGHBI.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGA	ANTZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POL	
AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WE	BSITE OR UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSE	ng.
UNREALIZED GAIN ON SECURITIES	147504.
FORM 990, PART XII, LINE 2C	
THE PROCESS THE AUDIT COMMITTEE USES TO OVERSE	P MUR AUDIM OF IMC
THE ENOUGED THE MUDIT COMMITTEE USES TO OVERSE	TILE AUDIT OF ITS

Schedule O (Form 9	990 or 99	0-EZ) (20°	12)											Page	2
Name of the organi	zation			AMER	ICA FO	UNDA	ATION	INC	c		Emp	loyer ide 22 – 27	entificat 79336	ion numbe	
FINANCIAL	STAT	EMENT	S HA	S NO	r chan	IGED	FROM	THE	PREVI	OUS YE	<u>AR</u>				_
															_
															_
		-	,												_
	•					** *									_
				-		-			-		-				
															_
															_
															_
															_
															_
·					•									-	_
			•												
													_		
					<u> </u>										_
															_
														•	
				. –											_
															_
															_
															_
															_
															_

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 22-2793367

▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) INC. ► Attach to Form 990. BASEBALL AMERICA FOUNDATION, Name of the organization

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling y
				-			
				- -			
				_			
				-			
				-			
art II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	tions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more r	elated tax-exemp	t

(g) Section 512(b)(13) controlled

Direct controlling

status (if section Public charity

Exempt Code

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN of related organization

ਉ

section

501(c)(3))

ş

Yes

entity?

×

501(C)(3)

TICHIGAN

BASEBALL TEAMS

38-6111530, 403 BLACKWELL STREET, DURHAM, NC TO DEVELOP UNITED STATES

UNITED STATES BASEBALL PEDERATION INC.

27701

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

232161 12-10-12 LHA

22-2793367

Page 2

Schedule R (Form 990) 2012 BASEBALL AMERICA FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

General or Percentage managing ownership 3 Yes 9 Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Part IV

	(h)	Percentage 512(b) 13) ownership controlled entity?	Yes No								_
	(6)	Share of Perc end-of-year own	833613								
	9	Share of total income	,						 _		
	(e)	Type of entity (C corp, S corp,	(leni) lo								
	(9)	Legal domicile Direct controlling Type of entity (C corp, S corp, foreign									
	(0)	Legal domicile (state or foreign	country)								
()	(q)	Primary activity									
	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2012

Page 3

, N

Yes

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			-	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			-	1a
b Gift, grant, or capital contribution to related organization(s)				
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
			_	
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				Tg X
h Purchase of assets from related organization(s)				Th X
i Exchange of assets with related organization(s)				1i X
j Lease of facilities, equipment, or other assets to related organization(s)				1j
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			
 Sharing of paid employees with related organization(s) 				10 X
p Reimbursement paid to related organization(s) for expenses				T dt
q Reimbursement paid by related organization(s) for expenses				1q X
r Other transfer of cash or property to related organization(s)				+ X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	us line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(F)			~	
(2)				
(3)				
(4)	-			
(5)				
197				
332163 12-10-12			Schedule	Schedule R (Form 990) 2012

Page 4

INC. Schedule R (Form 990) 2012 BASEBALL AMERICA FOUNDATION, Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entty	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income partiesse (related, unrelated, ongs versioned from tax under section 512-514) Yes No	(e) Are all partners sec 501(c)(3) 01gs 4) Yes No	(f) Share of total	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	(h) (i) (j) (k) Dispropor- Code V-UBI Ceneral or Percentage tonate amount in box 20 managing ownership allocations? of Schedule K-1 perner? Yes No (Form 1065) Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
						-				
						<u>.</u>	i			
								·		
						-				

Schedule R	(Form 990) 2012	<u>BASEBALL</u>	<u>AMERICA</u>	FOUNDATION,	INC.	22-2793367 Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation				
	Complete this part to pro		rmation for reen	oneae to allectione on 9	Schodula D (see instr	ictions)
	Complete this part to pre	ovide additional and	mation for resp	onses to questions on c	scriedule in (see mour	ictions).
					 -	
		_				
		-	-			
		 -		· · · · · · · · · · · · · · · · · · ·		
						· · · · · · · · · · · · · · · · · · ·
				•		
						
			_			
	· · · · · ·					-
						
		· · · · ·				
						
	 					
	· · · · · · · · · · · · · · · · · · ·					
	. <u></u>					
	· 		,			