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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 private foundations)

OMB No 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning NOV 1, 2016 and ending DEC 31,

▶ Do not enter social security numbers on this form as it may be made public.

and ending DEC 31, 2016

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identifi	cation number
_	Addres			
F	chang		——————————————————————————————————————	793367
F	chang			
-	return Final	1030 GWARTA CT)474-8721
_	—lreturn/ termin ated		G Gross receipts \$	679,933.
Γ	Ameno		H(a) Is this a group re	
	Applic		for subordinates	
	pendir	9 1030 SWABIA COURT, SUITE 201, DURHAM, NC	27 H(b) Are all subordinates in	
ī	Tax∙exe		1	list (see instructions)
		e: > WWW.USABASEBALL.COM	H(c) Group exemptio	n number 🕨
K	Form of		/ear of formation 1987 $_{ extsf{ iny N}}$	Nate of legal domicile: NJ
Р	art I	Summary		
ø	1	Briefly describe the organization's mission or most significant activities TO PROVI	DE FUNDING FO	R THE
Activities & Governance	.	UNITED STATES BASEBALL FEDERATION, INC.		
ern	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as	_
é	3	Number of voting members of the governing body (Part VI, line 1a)	ECEIVED	6
∞ ŏ	4	Number of independent voting members of the governing body (Part VI, line itb)	95	0
ţį	5 6	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	V 2 I 2017 26	0
Ę	0	Total unrelated business revenue from Part VIII, column (C), line 12	V 74 ZUIT C 7a	0.
ĕ			© 7a 7b 7b	0.
_	 ~	Net directed business assault mount from 500 1, and 54	Prior-Year	Current Year
~ d)	8	Contributions and grants (Part VIII, line 1h)	0.	0.
Pevenie	9	Program service revenue (Part VIII, line 2g)	0.	0.
SS	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,096.	119,896.
e#	11 -	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
₽4	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,096.	119,896.
7; 	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
=;′	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
⊋s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
OCANNED Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
٥Ř	1	Total fundraising expenses (Part IX, column (D), line 25)	106 100	1 564
₹"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,132.	1,764.
) N		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	106,132.	1,764.
	19	Revenue less expenses Subtract line 18 from line 12	-31,036.	118,132.
sets or		Tabel accords (Da.4 V. L., 10)	Beginning of Current Year 1,441,568.	End of Year 1,480,328.
ASSE	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	0.	0.
Net Ass	22	Net assets or fund balances Subtract line 21 from line 20	1,441,568.	1,480,328.
	art II	Signature Block	1,111,000	1,100,0200
Unc	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		/ /
		Car James	111	7/13/17
Sig	jn	Signature of officer	Date /	7
He	re	RAY DARWIN, CHIEF FINANCIAL OFFICER		
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·	
		Print/Type preparer's name Preparer's signature 7 CAA	Date Check	PTIN
Pai		CNINCALL GIVAG	TT / T J / T / Self-employ	P01300877
	parer	Firm's name FROST, PLLC	Firm's EIN	71-0817652
US	Only	Firm's address 3605 GLENWOOD AVE SUITE 370	D 0.1	9-782-8410
14.	46 - 15	RALEIGH, NC 27612	J Phone no. 9 1	
	y the IF 001 11-1	S discuss this return with the preparer shown above? (see instructions) 1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.	·	Yes No Form 990 (2016)
032	001 11- 1	Lina For Paperwork neduction Act Notice, see the Separate instructions,		FUILI 330 (20 (6)

	m 990 (2016) BASEBALL AMERICA FOUNDATION, INC.	22-2793367 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission TO PROVIDE FUNDING FOR THE UNITED STATES BASEBALL FED	ERATION, INC.
2	Did the organization undertake any significant program services during the year which were not listed on the	ne Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	LYes 🕰 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	ces? Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
4a	revenue, if any, for each program service reported (Code) (Expenses \$ including grants of \$) (including grants of \$)	Revenue \$
70	TO PROVIDE FUNDING TO OTHER NON-PROFIT ORGANIZATIONS	
	GAME OF BASEBALL.	
4b	(Code) (Expenses \$) (Including grants of \$)	Revenue \$)
		***** " ±
4c	(Code) (Expenses \$) (i	devenue \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	
		Form 990 (2016)

Form 990 (2016)

X

18

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

1c and 8a? If "Yes," complete Schedule G, Part II

P	art IV	Checklist	of Red	uire	d Sche	dules	(continu	ed)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	2 0a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	2 0b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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		Х
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)	.	'	Ì
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		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		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		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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	l_
		Form	990	(2016

Par	Statements Regarding Other IRS Fillings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		–	<u></u>
	Enter the number reported in Box 3 of Form 1096. Enter :0: if not applicable		Yes	No
	Little the number reported in Box of 1 of 11 1000 Enter of 11 100 Enter of 11			
	Enter the number of Forms W-2d included in line 1a. Enter-6 in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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			
	med for the ducindar year chang war or warm the year estated by the retain			
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)	2-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		71
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		71
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
	any contributions that were not tax deductible as charitable contributions?	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
-	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
	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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		Х
а	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		
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		ļ	
	organization is licensed to issue qualified health plans	1	1	
	Enter the amount of reserves on hand	-		17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	(0040)

632005 11-11-16

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 or note to any line 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 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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		1	
	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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	7,	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		_v	
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		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		х
40	In Schedule O how this was done	12c	-	X
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14		
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?			
•	The organization's CEO, Executive Director, or top management official	15a	x	
a h	Other officers or key employees of the organization	15b	X	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.55	├ 	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NC			
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 990-T (Section 501(c)(3)s only) are considered as the section of the s	vailab	le	
	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, and	d finan	cıal	
•	statements available to the public during the tax year		•	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RAY DARWIN - (919) 474-8721			
	1030 SWABIA CT SUITE 201, DURHAM, NC 27703			
632006	3 11-11-16	Form	990	(2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

(A) Name and Title	(B) Average hours per week	(do box	not c	Posi heck i	itior more rson	than is bot or/trus	one h an	ed any current officer, of (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key empîoyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) KIM NG	0.00	_	х					0.	0.	0
TRUSTEE (2) WILLIE BLOOMQUIST	0.00	₩	Δ		ļ	├		0.	0.	
RUSTEE	0.00	┨	х					0.	0.	C
(3) MICHAEL GASKI	0.00	┼─					Н	0 \$	0.	
PRESIDENT		1 '		х				0.	0.	(
(4) ROBERT DARWIN	0.00	\vdash		-	-	 	Н			
TREASURER		1		х				0.	0.	(
(5) DON ETHERIDGE	0.00	T				T				
SECRETARY		1		Х				0.	0.	(
(6) PAUL SEILER	0.00									
ASSISTANT SECRETARY				X				0.	0.	(
		_							_,,,,,	
		_								
	•	_								
		1			_	<u> </u>				
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rai	t VII Section A. Officers, Directors, Trus		ploy	/ees			ghe	st C		1		r		
	(A) Name and title	(B) Average hours per		not c	Pos heck	more	than		(D) Reportable compensation	(E) Reportable compensate			(F) stimate nount	
		week (list any hours for related	offı	cer ar		irecto	or/trus	tee)	from the organization (W-2/1099-MISC)	from relate organization (W-2/1099-MI	d 18	com fr	other pensa om th	ation e
		organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-WIGC)			an	anızat d relat anızatı	ed
			<u> </u>						,					
			-											
			_											
			_											
1b	Sub-total		_						0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						>	0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wh	no r	eceived more than \$100	0,000 of reportat	ole		Yes	O No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	ey en	nplo	yee,	or	highest compensated e	mployee on		3	103	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab							•	the organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," cometion B. Independent Contractors							elat	ted organization or indiv	idual for services	3	5		х
1	Complete this table for your five highest co the organization Report compensation for										npens	ation 1	from	
	(A) Name and business			INC					(B) Description of s		C	(C Compe	C) nsatio	n
													_	
								_					<u>.</u>	
	· · · · · · · · · · · · · · · · · · ·	<u>/ / /</u>						_						
								-						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot li	mıte	d to		se lis	sted	d above) who received n	nore than				
												Form	990 (2016)

Form 990 (2016) BASEBAL
Part VIII | Statement of Revenue

	IL V		Check if Schedule O con		nse	or note to any lir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns	<u>1a</u>	_					
Se ²		b	Membership dues	1b	1					
ts,			Fundraising events	10	4					
홅		d	Related organizations	10	4					
'ns,	ŀ		Government grants (contribu		1_					
er is		f	All other contributions, gifts, gran							
듗똳			similar amounts not included abo	ove 1f						
털		_	Noncash contributions included in lines	s 1a-1f \$						
<u>o e</u>	<u> </u>	h	Total. Add lines 1a-1f	·		<u> </u>				
Φ.	١,	_				Business Code				
<u>Ş</u>	2									
Ser		b								
E S		c d								
Program Service Revenue		e			_					
ŗ.		f	All other program service reve	enue						
			Total. Add lines 2a-2f							
	3	Ŭ	Investment income (including	dıvıdends, ı	nter	est, and				
			other similar amounts)	,		>	6,588.			6,588.
	4		Income from investment of ta	x-exempt bo	nd p	proceeds			-	
	5		Royalties							
				(ı) Real		(ii) Personal				
	6	а	Gross rents							
		þ	Less rental expenses							
			Rental income or (loss)			L				
			Net rental income or (loss)			<u> </u>				
	7	а	Gross amount from sales of	(i) Securit	ies	(II) Other				
			assets other than inventory	673,34	ιο.					
		b	Less cost or other basis	560,03	17					
		_	and sales expenses	113,30	18					
			Gain or (loss) Net gain or (loss)	115,50		<u> </u>	113,308.	113,308.		
	R		Gross income from fundraising	na events (na	nt.					
venue	ľ	Ü	including \$	•	,.					
eve			contributions reported on line							
Œ			Part IV, line 18	-,	а					
Other Re		b	Less direct expenses		b					1
0		С	Net income or (loss) from fun	draising evei	nts	•				
	9	а	Gross income from gaming a	ctivities See						
			Part IV, line 19		а					
			Less direct expenses		b					
			Net income or (loss) from gar	_	s	<u> </u>				
	10	а	Gross sales of inventory, less	returns						
			and allowances		a					
			Less cost of goods sold		b	L				
	<u> </u>	C	Net income or (loss) from sale		ry	Business Code				
	11	_	Miscellaneous Revenu	16		Business Code				
	' '	a b								
		c								<u> </u>
		d	All other revenue							
		_	Total. Add lines 11a-11d							
	12		Total revenue. See instructions.				119,896.	113,308.	0.	6,588.
63200	9 11	-11								Form 990 (2016

Part IX	Statement	of Fund	tional	Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon	nse or note to any line in			
	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
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	_			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		. <u>.</u>		
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	İ			
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	ļ			
	Management				
	Legal Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
Ů	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	ł	į	ļ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				·
21	´				
22 23	Depreciation, depletion, and amortization Insurance				
23 24	Other expenses, Itemize expenses not covered				
7	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 0.)	ſ		ſ	
а	ADMINISTRATIVE FEES	1,764.		1,764.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,764.	0.	1,764.	0.
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2016)

Cash · non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities Investments - other securities See Part IV, line 11	(A) Beginning of year 79,917. 2,203.	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 30,392 1,324
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	79,917.	2 3 4 5 6 7 8	1,324
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	2,203.	2 3 4 5 6 7 8	1,324
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities		3 4 5 6 7 8	
Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities		5 6 7 8	
Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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. Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. Less accumulated depreciation. Investments - publicly traded securities.		5 6 7 8	
trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	6 7 8	360,000
Part II of Schedule L 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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	6 7 8	360,000
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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	6 7 8	360,000
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 Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	7 8	360,000
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	7 8	360,000
employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	7 8	360,000
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	7 8	360,000
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities	245,000.	8	360,000
Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities			
Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities		9	
basis Complete Part VI of Schedule D Less accumulated depreciation Investments - publicly traded securities			
Less accumulated depreciation 10b Investments - publicly traded securities		l l	
Investments - publicly traded securities			
· · · · · ·		10c	
· · · · · ·	1,114,448.	11	1,088,61
		12	**
Investments - program-related See Part IV, line 11		13	
Intangible assets		14	
Other assets See Part IV, line 11		15	
Total assets. Add lines 1 through 15 (must equal line 34)	1,441,568.	16	1,480,32
		17	
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities		20	
· · · · · · · · · · · · · · · · · · ·		21	
· · ·			
key employees, highest compensated employees, and disqualified persons			
		22	
•		23	
- I		24	
· ·			
, , ,			
·		25	
Total liabilities, Add lines 17 through 25	0.	26	
complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	1,441,568.	27	1,480,32
		28	
•		29	
		j	
•		30	
• • • •			-
	1,441.568.		1,480,32
			1,480,328
	Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here And complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24) Complete Part X of Schedule D Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations, and there is a current funds Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations, and there is a current funds Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 568 ⋅ Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ A 1 , 441 , 56	Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Uhre 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 30 and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances

Form	990 (2016) BASEBALL AMERICA FOUNDATION, INC.	22-	<u>-279336</u>	7 Pa	age 12
Pa	rt XI Reconciliation of Net Assets	_			
	Check if Schedule O contains a response or note to any line in this Part XI				<u>_L_</u>
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) 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	1 2 3 4 5	1,4	18,1	764. 132. 568.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,4	80,3	328.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990	0		Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis		2 <u>1</u>	0	X
С	If Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		20	,	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Act and OMB Circular A-133?	ngle Au	ıdıt	3	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31		(2016)
			For	111 230	(2010)

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.

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			CA FOUNDATIO				2	2-2793367
Part I	Reason for Public	Charity Status (/	All organizations must co	omplete th	ıs part) S	ee instructions		
The organ	nization is not a private found	lation because it is (For lines 1 through 12, o	heck only	one box)			
1 🗀	A church, convention of ch		·					
2 🗔	A school described in secti					-74-74-7		
з 🗔	A hospital or a cooperative		,			iı)		
	A medical research organiz					•	iii) Entar	the hospital's name
4		ation operated in co	rijuriction with a nospital	describe	J III SECTIO	/// //O(D)(1)(A)	in). Linter	the Hospital s Harrie,
<u>-</u> —	city, and state An organization operated for	the benefit of a se	llaga an included the automate		tod by a a	a	aut docomb	
5			illege or university owner	a or opera	led by a g	overnmentar u	iii deschi	bea in
	section 170(b)(1)(A)(iv). (C							
6	A federal, state, or local government	_						
7	An organization that norma	•	intial part of its support f	rom a gov	ernmental	l unit or from th	e general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II)						
8 🖳	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II)				
9 📖	An agricultural research org	ganization described	in section 170(b)(1)(A)(ıx) operate	ed in conju	ınction with a l	and-grant	college
	or university or a non-land-ç	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	je or
	university							
10 🔲	An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membersl	np fees, a	and gross receipts from
	activities related to its exen	•	·	-				=
	income and unrelated busin		·					=
	See section 509(a)(2). (Cor		,		·	,	•	,
11 🔲	An organization organized a	•	ively to test for public sa	fetv See :	section 50	09(a)(4).		
12 X		•					rry out the	e purposes of one or
-	more publicly supported or	•	•				-	· ·
	lines 12a through 12d that	· ·	, ., .					on on and por m
, [Type I. A supporting orga							/ Olympa
a ∟.		•	•			_		
	the supported organization		- • • • •	тпајонту і	or the dire	Clors or truster	25 01 1116 5	supporting
ь 🛚	organization You must o	-					. / - \	
b		·				-		=
	control or management o			ame perso	ons that co	ontrol or manag	ge the sup	pported
<u> </u>	organization(s) You mus	•						
c L	☐ Type III functionally inte						y integrat	ed with,
_	ts supported organization	n(s) (see instructions	You must complete if	Part IV, Se	ections A,	D, and E.		
d L	☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its support	ed organi	ızatıon(s)
	that is not functionally int	tegrated The organiz	zation generally must saf	tisfy a dist	ribution re	quirement and	an attent	iveness
	requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e L_	$oldsymbol{ol}}}}}}}}}}}}}}}}}}}}}}$	anization received a v	written determination fro	m the IRS	that it is a	a Type I, Type I	I, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated support	ıng organı:	zation			
f Ent	er the number of supported o	organizations						1
g Pro	vide the following information	n about the supporte	ed organization(s)					
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
	organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
UNITE	D STATES	-	2 (3 S W W W W W W W W W W W W W W W W W W					<u> </u>
BASEE	BALL FEDERATION	38-6111530	10	Х		i	0.	0.
						-	<u> </u>	
		ľ			l	ì		ł
								
					<u>. </u>	 		<u> </u>
				ľ	ľ	i		1
					l	l		L

Total

Schedule A (Form 990 or 990-EZ) 2016 BASEBALL AMERICA FOUNDATION, INC. 22-27933 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		l	ĺ		ľ	i
	include any "unusual grants ")					L	
2	Tax revenues levied for the organ-					ļ	
	ızatıon'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	1					
	governmental unit or publicly						
	supported organization) included				}	ł	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	j			Ì		
	column (f)						
_6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties		ı		ľ	1	
	and income from similar sources						
9	Net income from unrelated business				-		
	activities, whether or not the	!					
	business is regularly carried on		l				
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ıvıded by line 11, d	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			>
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop i	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	-	•		•		
b	10% -facts-and-circumstances tes	t - 2015. If the org	anızatıon dıd not d	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts;and-cire	cumstances" test	The organization of	qualifies as a publ	icly supported org	anızatıon	▶∟
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ▶∟_
					Scho	edule A (Form 990	or 990-EZ) 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				1		
	include any "unusual grants ")				ļ		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose		!			1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			1	1		
	iness 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						
	Amounts included on lines 1, 2, and		****				
	3 received from disqualified persons				1		
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-					
	Gross income from interest,	1					*,-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				İ		
	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		i				
12	Other income Do not include gain				 	 	
	or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization's	first second thir	d fourth or fifth t	ax vear as a section	on 501(c)(3) organiz	ration
•	check this box and stop here	the organizations	inst, second, tim	a, 10a/a1, 0/ mar a	ax year as a seeme	or our (c)(c) organiz	.a.io//,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (column (fl)		15	%
	Public support percentage from 2015		•	(//		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (fl)	<u> </u>	17	%
	Investment income percentage from 2		•			18	
	33 1/3% support tests - 2016. If the	•	•	on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a	-					▶□
b	33 1/3% support tests - 2015. If the	· ·	•	= =	· · · · · ·		and
_	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation. If the organization			•		-	
	23 09-21-16					edule A (Form 990	or 990-FZ) 2016

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	,	Yes	No
	1	Х	
	2		<u>X</u> _
	3a		х
	3b		
	_3c		
	_4a		x
	4b		
	4c		
	5a		Х
	_		
	5b 5c		
	6		<u>X</u>
ļ			
	7		<u>x</u> _
	8		х
	9a_		X
	Ol-		х
	9b		
	9c		<u>X</u>
	10a		X
	10b_		
n 9	90 or 99	90-EZ)	2016

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov 20, 1970 (explain in	Part VI) See instructions. Al
_	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		***	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		<u></u>
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u>L</u>	
7	Check here if the current year is the organization's first as a non-functional	y integr	ated Type III supporting org	ganization (see
	and the state of t			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

c Remainder Subtract lines 4a and 4b from 4

than zero, explain in Part VI See instructions
 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in

Part VI See instructions

and 4c

8 Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater

7 Excess distributions carryover to 2017. Add lines 3j

Schedule A	(Form 990 or 990-E2	2016	BASEBALL	AMERICA	FOUNDATION,	INC.	22-2793367 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect Section D, lines 5,	Inform lines 1, 2 ion D, lin	nation. Provide 2, 3b, 3c, 4b, 4c, nes 2 and 3, Part	the explanations 5a, 6, 9a, 9b, 9c, IV, Section E, line	required by Part II, line , 11a, 11b, and 11c, Pa	e 10, Part II, line 17a o irt IV, Section B, lines 3b, Part V, line 1, Part '	r 17b, Part III, line 12, I and 2, Part IV, Section C, V, Section B, line 1e, Part V,
	(See instructions)						.,
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 h Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 22-2793367 BASEBALL AMERICA FOUNDATION, INC. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION B, LINE 11B: THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR. THE BOARD OF DIRECTORS REVIEWS A DRAFT OF THE 990 PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO SALARIES FOR THIS ENTITY. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WEBSITE OR UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WEBSITE OR UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization	BASEBALL	AMERICA	FOUNDATION,	INC.	Employer identification number 22-2793367
			**		
					
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	<u>-</u>				
					
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 22 - 2793367Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 BASEBALL AMERICA FOUNDATION, INC.

(g) Section 512(b)(13) controlled ŝ × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Ξ Direct controlling entity End-of-year assets **e** status (if section 501(c)(3)) Public charity Total Income Exempt Code 9 501(C)(3) ਉ Legal domicile (state or Legal domicile (state or foreign country) foreign country) **AICHIGAN** TO DEVELOP UNITED STATES Primary activity Primary activity BASEBALL TEAMS UNITED STATES BASEBALL FEDERATION INC. 38-6111530, 1030 SWABIA CT, SUITE 201, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 27703 DURHAM, NC Part II

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

Schedule R (Form 990) 2016

22-2793367

Page 2

Schedule R (Form 990) 2016 BASEBALL AMERICA FOUNDATION, INC.

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

(K	General or Percentage managing ownership											4	re related	(E)	512(b)(13) controlled entity?	Yes No			
3	General or managing partner?	Yes No	ļ	_	 								ne or mo	Ξ	Percentage ownership				
ε	Code V-UBI amount in box	K-1 (Form 1065)											because it had or	(6)	ਬੰ	assets	 -		
£	Disproportionale allocations?	No											, line 34	L.			 	+	
	Share of Dispre end-of-year	Yes				 			_				n 990, Part IV	(J)	Share of total income				
(6) —	_	3						 	_				red "Yes" on For	(e)	Type of entity (C corp, S corp,	or trust)			
Ξ	Share of total income												on answe						
(e)	Predominant income (related, unrelated, excluded from tax under	512-514)				-							ne organizati	(p)	Direct controlling entity			•	
	Predomir (related, excluded fr	sections										 į	implete if t	(c)	Legal domicile (state or foreign	country)			
(g	Direct controlling entity												oration or Trust. Co	(q)	Primary activity				
(c)	Legal domicile (state or	country)											as a Corpo		Prim				
(q)	Primary activity												ganizations Taxable a		<u>-</u>				
(a)	Name, address, and EIN of related organization												Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(e)	Name, address, and EIN of related organization				

Schedule R (Form 990) 2016

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Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Schedule R (Form 990) 2016 BASEBALL AMERICA FOUNDATION, INC.

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	(9)
	(5)
	(4)
	(5)
	(2)
D 360,000.	(1) USA BASEBALL FEDERATION, INC
(b) (c) (d) Transaction Amount involved Method of determining amount involved type (a-s)	(a) Name of related organization
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	2 If the answer to any of the above is "Yes," see the instructions for inf
15	 Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)
1 p	 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses
ed organization(s) 1n 1o 1o 1o 1o 1o 1o 1o 1o 1o 1o 1o 1o 1o	 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)
	 k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s)
	 Exertailities, equipment, or other assets to related organization(s)
<u></u>	
19 19	f Dividends from related organization(s)
- 1Φ	e Loans or loan guarantees by related organization(s)
5 1	 Giff, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s)
	b Gift, grant, or capital contribution to related organization(s)
trolled entity	a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity
• Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

. Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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

tage ihip		1				<u> </u> 6
(k) Percent owners						000
(j) General or managing partner? Yes No						Form
Code V-UBI General of Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065)			, <u></u>			Schedule R (Form 990) 2016
(h) Disproportionate allocations?					 	
Share of Dr end-of-year allo						
(f) Share of total income				ļ		
Are all partners sec 501(c)(3) ords?						
Predominant income proceed, unrelated, excluded from tax under sections 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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Schedule R (Form 990) 2016	BASEBALL AMERICA FOUNDATION, INC	22-2/9336/ Page 5
Schedule R (Form 990) 2016 Part VII Supplemental Inf	ormation.	
Provide additional info	rmation for responses to questions on Schedule R. See instructions	
1 Tovide additional line	That for responses to questions on our educate 11 occ instructions	
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	to describe and the second second second second second second second second second second second second second	
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