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# 990

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

nange of Accounting Period

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047 2016 Open to Public Inspection

<u>A</u> _	For the 2016	calendar year, or tax year beginning $11/01/16$ , and ending $12/31/16$	16		<del></del>
В	Check if applicable	C Name of organization	·	D Employe	r identification number
	Address change	BASEBALL PARENTS, INC.			
	Name change	Doing business as			343414
H	•	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	348-7300
닐	Initial return Final return/	P.O. BOX 9133  City or town, state or province, country, and ZIP or foreign postal code		603-	346-7300
	terminated			_	40.000
$\Box$	Amended return	RAPID CITY SD 57709-9133  F Name and address of principal officer	<del></del>	<b>G</b> Gross reco	erpts \$ 42,928
$\exists$	Application pending		H(a) Is this a gro	up return for si	ubordinates? Yes X No
لـا	Application pending	JEREMY JACKSON	11/53		Ä., Ä.,
		4032 RIDGE HEIGHTS CT	H(b) Are all subd		
		RAPID CITY SD 57701		attach a list (	(see instructions)
1	Tax-exempt status		_		
1	Website:	POST22BASEBALL.COM	H(c) Group exer		
K	Form of organization		Year of formation 1	973	M State of legal domicile SI
		ummary	· <del></del>		<del></del>
	1	escribe the organization's mission or most significant activities			
ø	TO	OPERATE A YOUTH BASEBALL PROGRAM FOR BOYS			
ä	1				
e a	}				
Š	2 Check t	his box $lacktriangleq lacktriangle$ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
<u>ග</u> නේ	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	9
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
Activities & Governance	5 Total nu	mber of individuals employed in calendar year 2016 (Part V, line 2a)		5	18
댢	6 Total nu	mber of volunteers (estimate if necessary)		6	0
4		related business revenue from Part VIII, column (C), line 12		7a	0
	1	elated business taxable income from Form 990-T, line 34		7b	0
			Prior Yea		Current Year
a	8 Contrib	utions and grants (Part VIII, line 1h)		6,540	40,259
Revenue	9 Program	n service revenue (Part VIII, line 2g)	299	9,478	0
ě	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0
Œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,917	-11,762
		venue – add lines 8 through 11 (must equat Part XIII, column-(A), line-12)	558	3,935	28,497
	13 Grants	and similar amounts paid (Part IX, column (A) lines (1-3)V	<del> </del>		0
7:	14 Benefits	paid to or for members (Part IX, column (A), line 4)			0
Ş	15 Salanes	, other compensation, employee benefits (Park IX, column (A)) lines (2)	21	7,387	28,525
xpenses	16a Profess	onal fundraising lees (Fart IX, Colding (X), line 1 le) (0)			0
. e	<b>b</b> Total fu	ndraising expenses (Part IX, column (D)-line 25)	<b>在图像是一个图像</b>	Car Car	· · · · · · · · · · · · · · · · · · ·
, m	17 Other e	odraising expenses (Part IX, column (D)-line 25) 0  openses (Part IX, column (A), lines 11a-11d, 11f-24e)	310	,521	27,183
	1	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52	7,908	55,708
	19 Revenu	e less expenses Subtract line 18 from line 12		L,027	-27,211
5	693		Beginning of Cur		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)		5,249	166,020
¥,	21 Total lia	bilities (Part X, line 26)		3,100	20,082
Ž	22 Net ass	ets or fund balances. Subtract line 21 from line 20	173	3,149	145,938
	श्वाती ।	ignature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statements		my knowled	lge and belief, it is
tr	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge		
					18-17
Si	gn	Sunature of officer		Date	
He	ere	JEREMY JACKSON TREAS	URER		
		Type or print name and title			
	1 '	pe preparer's agnature	Date	Check	t PTIN
Pai	id PERRY	KUDRNA, EA Leg Kudu	1-18	self-emp	
	eparer Firm's r		Fi	rm's EIN ▶	46-0257538
Us	e Only	PO BOX 3140			
	Firm's a	ddress > RAPID CITY, SD 57709-3140	PI	опе по	605-342-5630
Ma	y the IRS discu	ss this return with the preparer shown above? (see instructions)			X Yes No

# Form 990 (2016) BASEBALL PARENTS, INC. Partific Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		-	
2	complete Schedule A	1	<u> </u>	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	ľ	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		$\neg \neg$	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del>                                     </del>		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	} }	}	i
	Part III	5	- }	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		$\neg \neg$	
u	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		l	
	"Yes," complete Schedule D, Part I	6	- 1	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	"		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ĺ	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	1-1	{	
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		l	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		$\neg \neg$	
••	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	' -	ĺ	
_	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	i	X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	-	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a				
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1	1	_
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1	ł	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_ ]	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		ļ	7.
4.5	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?		Í	v
	If "Yes," complete Schedule G, Part III	19	1	<u> </u>

_	1990 (2010) INDIDENT PARENTS, INC. 40 0343414	<del></del>		age
Pa	art IV Checklist of Required Schedules (continued)		T	Γ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1	<del>                                     </del>	<del>                                     </del>
	domestic government 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 or other assistance to or for domestic individuals on	\ <u></u>		<del> </del>
	Part IX, column (A), line 27 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			<del>                                     </del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated		{	{
	employees? If "Yes," complete Schedule J	23	1	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u></u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	j	[	]
	through 24d and complete Schedule K. If "No," go to line 25a	24a	]	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	<del> </del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		<del>                                     </del>	
·	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<del>                                     </del>	<del>                                     </del>
25a			1	<del>                                     </del>
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200	<del>                                     </del>	<del> </del>
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	į ,	i	[
	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	255	<del> </del>	
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	ļ		
	disqualified persons? 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,	20	<del> </del>	
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	Į.	ł	}
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	l	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		<del> </del>	<del> </del>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200	<del> </del> -	<del> </del>
b	Schedule L, Part IV	28b	]	$\mathbf{x}$
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1200	<del> </del>	<del> </del>
·	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	<u></u>	<del>                                     </del>	<del> </del>
30	conservation contributions? If "Yes," complete Schedule M	30	(	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			<del> </del>
٥,	Part I	31	1	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<del>  •</del>	<del>                                     </del>	<del> </del>
~_	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u></u> -		<del> </del>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ł	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	-	†	-
•	or IV, and Part V, line 1	34	(	x
35a		35a	<b>!</b>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000	$\vdash$	<del> </del>
	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	1000	<del>                                     </del>	<del>                                     </del>
33	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 30		<del> </del>
5,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	j	1	}
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and	<del> </del>	T	<u>1 − − −</u>

19? Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19 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 (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 18 Statements, filed for the calendar year ending with or within the year covered by this return X 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) Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 X account)? 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? X 7a 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 to file Form 8282? 7с X If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 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: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter-Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b 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. 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 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 13b Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Form 990 (2016) DAA

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 Section 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 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 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 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? 15a X The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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) available for public inspection. Indicate how you made these available Check all that apply Own website X Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 JEREMY JACKSON PO BOX 9133 SD 57709-6900 605-791-3883 RAPID CITY

DA GERRATA	222222	_						46.004	241.4		
Form 990 (2016) BASEBALL Compensation			NC cto		Tru	etos	-	46-034 Key Employees, High		Employees a	Page 7
Independent Co	ontractors							o any line in this Part	•	Employees, a	
Section A. Officers, Directors	, Trustees, Key	Emp	oloye	es,	and	High	est	Compensated Employees	;		
1a Complete this table for all persons organization's tax year	s required to be li	sted	. Rep	oort o	comp	oensa	ation	for the calendar year endin	g with or within the		
<ul> <li>List all of the organization's cur compensation Enter -0- in columns (</li> </ul>	D), (E), and (F) if	f no c	omp	ensa	ation	was	paid	]	-		
<ul> <li>List all of the organization's cur</li> <li>List the organization's five curr</li> <li>who received reportable compensation</li> <li>organization and any related organization</li> </ul>	ent highest comp on (Box 5 of Form	pens	ated	emp	loye	es (o	ther	than an officer, director, tru	stee, or key employee)		
<ul> <li>List all of the organization's form \$100,000 of reportable compensation</li> </ul>									received more than		
<ul> <li>List all of the organization's for organization, more than \$10,000 of re List persons in the following order, inc</li> </ul>	portable comper lividual trustees	nsatio	on fro	om th	ne or	ganız	zatio	n and any related organizati	ons		
compensated employees; and former  Check this box if neither the organic	•	relate	ed or	่งลกเ	zatio	n cor	nper	nsated any current officer, d	rector, or trustee		
(A) Name and Title	(B) Average hours per week (list any	(d	o not c	Pos check ess pe	c) sition more	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	on .
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organization	1
(1)MITCH MESSER		Γ									
DIRECTOR	10.00	x						7,150			0

	organizations below dotted line)	ector	utional trustee	er 	employee	est compensated byee	ner .			and related organizations
(1)MITCH MESSER										
	10.00	1	l					İ		
DIRECTOR	0.00	X				<u></u>	_	7,150	0	0
(2) LYLE TOLSMA		i	ľ							
	10.00	1		1		}	}	<b>\</b>		
LEGION REP	0.00	X	L	<u>_</u>	L_			0	0	0
(3) COLIN HOEFER		i	Ì	Ì		1	1			
	10.00			[	Į	l				1
DIRECTOR	0.00	X	L		L_	<u> </u>		0	0	0
(4) DENNIS PETRY		1	1	1	1	}	ł			
	10.00	1		1	1	ł	1	,		
PRESIDENT	0.00	X	<u>L</u>	<u> </u>	L_		L	0	0	0
(5) JEREMY JACKSON	ı	1				1		}		
	10.00	1	1	1	Ì	1	1			
TREASURER	0.00	X		L			<u>L</u>	0	0	0
(6) TOM WEAVER		1		(		1		ţ		
	10.00	1		1						
VICE PRESIDENT	0.00	X				_		0	0	0
(7) GREG SORENSEN		ì		1		1	}		•	
	10.00	1		1	1	1				
DIRECTOR	0.00	X	_	<u> </u>		<u> </u>		0	0	0
(8) AARON EIESLAND		1		]		l		}		
	10.00	1		ļ	ļ	1		ļ		
DIRECTOR	0.00	<u> </u>		X		<u> </u>		0	0	0
(9) ALISSA MESSINGER		1		ļ		}		}		
	10.00	1	1	ł	1	}	}	}		
SECRETARY	0.00	<u> </u>		X		L	<u> </u>	0	0	0
(10)						1	]			
(11)						-				<del></del>
		ļ	Į.	l .	Į.	1	Į.			

Pa	t VIII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, unle ficer a	Pos check ess pe	rson ı	than o soft Highest compensated employee	an 99)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	<del></del>	3	-								
		}	 		_						
			<u> </u>								
						ļ —-					
			<u> </u>						7,150		 
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in					listo	d abo	<b>▶ ▶</b>	7,150	00 000 of	
	Total number of individuals (increportable compensation from	the organization	nitea ▶	0	iose	iiste		.—	who received more than \$1		IV. IN.
3 4 5	Did the organization list any <b>fo</b> employee on line 1a? <i>If</i> "Yes," For any individual listed on line organization and related organization and related organization any person listed on line 1s for services rendered to the organization.	complete Schedue 1a, is the sum of izations greater the receive or accompanization? If "Ye	ule J f rep han : ue co	for s ortab \$150 ompe	uch de co ,000 ensat	indiv ompe ? If " ion f	ridual ensat 'Yes,' from a	tion : " <i>col</i>	and other compensation from the state of the	m the	Yes No  3 X  4 X  5 X
Secti 1	Complete this table for your five compensation from the organization from the organizati	e highest compe							r year ending with or within t		(C) Compensation
									· · · · · · · · · · · · · · · · · · ·	<del></del>	
								H			
2	Total number of independent or received more than \$100,000	contractors (included compensation	ding from	but n	ot lir	nited	to th	nose	listed above) who	0	
											000

_		Check if Schedule	O con	lains a re	sponse or	<del></del>		<del></del>	<u>_</u>
					į	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns	1a						
iran	b	Membership dues	1b						
S,E	С	Fundraising events	1c						
ar/	d	Related organizations	1d						
S, (	е	Government grants (contributions)	1e			į.			ł
rioi Si	f	All other contributions, gifts, grants,							
₹ Ş	ı	and similar amounts not included above	1f		40,259	ľ			
Program Service Revenue   Contributions, Gifts, Grants   Amounts	g	Noncash contributions included in lines 1a	-1f S	\$					ļ
SE	h	Total. Add lines 1a-1f			<b>•</b>	40,259			
ē					Busn, Code				
ven	2a			L					<u> </u>
Re	b			L					
<u>Vice</u>	С								
Ser	ď			1					
Ę	е			L			<u></u>	L	<u> </u>
<u> </u>	f	All other program service reve	nue	L					<u> </u>
<u>-</u>	g	Total. Add lines 2a-2f						<del></del>	<del>,</del>
	3	Investment income (including	dividend	ls, interest,		}			
		and other similar amounts)			<b>P</b> _				ļ
	4	Income from investment of tax	-exemp	t bond proc	ceeds 🕨 🗀				<del> </del> -
,	5	Royalties						<del> </del>	ļ.—.—.
		(i) Real		(II) Pe	orsonal	1			
	6a	Gross rents				Į			
	b	Less rental exps							
	C	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from		· · · · ·					
		sales of assets (i) Secuntie	<u> </u>	(11) C	Other	1			
		other than inventory		<u> </u>		]	Ì		Ì
	b	Less cost or other			1				
		basis & sales exps		<del> </del> -		1			
	C	Gain or (loss)		L					
	d	Net gain or (loss)			<b>-</b>	<del></del>		<del></del>	
ne	oa	Gross income from fundraising ever (not including \$	ents			}			
Ven		of contributions reported on line 1c	,		İ				i
Other Revenue		See Part IV, line 18	a		2,669		ļ		
her	ь		ь		14,431	1			ł
ð,			۳.	events	<u> </u>	-11,762	į		-11,762
		Gross income from gaming activities		CVC/IIG					22,702
		See Part IV, line 19	a		}	İ			
	b		ь			<b>,</b>			
	c		(	vities	•				_
		Gross sales of inventory, less	go	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				<del></del>	<del> </del>
		returns and allowances	а				Ì		1
	ь		b						
		Net income or (loss) from sale	s of inve	entory	<b>•</b>				
		Miscellaneous Revenue			Busn. Code				
	11a								
	ь			Ţ					
	С								
	d	All other revenue							
	е	Total. Add lines 11a-11d		_	•				
	12	Total revenue. See instructio	ns		▶ [	28,497	0	0	-11,762

Pa	rt IX Statement of Functional Exp	oenses										
Secti	ction 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX											
	Check if Schedule O contains a respo											
	ot include amounts reported on lines 6b, b, 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											
	individuals See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
_	Individuals. See Part IV, lines 15 and 16											
4 5	Benefits paid to or for members  Compensation of current officers, directors,	<del></del>	·	<del></del>								
3	trustees, and key employees											
6	Compensation not included above, to disqualified	<del></del>	<del> </del>									
_	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	26,401	26,401									
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes	2,124	2,124		<del></del>							
11	Fees for services (non-employees)											
а	Management				<del></del>							
þ	Legal											
C	Accounting		<del></del>	<del></del>								
d	Lobbying		·		<del> </del>							
e e	Professional fundraising services See Part IV, line 17 Investment management fees											
f	Other (If line 11g amount exceeds 10% of line 25, column											
9	(A) amount, list line 11g expenses on Schedule O)	821		821								
12	Advertising and promotion		<del></del>		<del></del>							
13	Office expenses	85		85								
14	Information technology											
15	Royalties											
16	Occupancy	3,761	901	2,860								
17	Travel											
18	Payments of travel or entertainment expenses		į									
	for any federal, state, or local public officials				- <del> </del>							
19	Conferences, conventions, and meetings			· · · · · · · · · · · · · · · · · · ·	<del></del>							
20 21	Interest Payments to affiliates	<del></del>			<del></del>							
22	Depreciation, depletion, and amortization	19,776	19,776	-								
23	Insurance	711		711								
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.)				<del></del>							
а	MAINTENANCE	1,438		1,438								
b	BANK FEES	501		501	<del></del>							
C	MISCELLANEOUS	85		85								
d	EQUIPMENT	5	5									
e 25		55,708	49,207	6,501	0							
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	33,708	73,201	3,501								
•	organization reported in column (B) joint costs											
	from a combined educational campaign and fundraising solicitation. Check here ▶ if											
	following SOP 98-2 (ASC 958-720)											

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 28,904 Cash-non-interest bearing 1 18,451 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 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 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 626,742 other basis. Complete Part VI of Schedule D 479,173 167,345 147,569 10b b Less. accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 196,249 166,020 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 23,100 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, 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 20,000 23,100 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 173,149 145,938 Retained earnings, endowment, accumulated income, or other funds 32 32 173,149 145,938 33 Total net assets or fund balances 196,249 166,020 Total liabilities and net assets/fund balances

Form **990** (2016)

-orm	1990 (2016) BASEBALL PARENTS, INC. 46-0343414			Pa	ige <b>12</b>
Pa	rt XI. Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28,	497
2	Total expenses (must equal Part IX, column (A), line 25)	2		55,	708
3	Revenue less expenses. Subtract line 2 from line 1	3		27,	211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	73,	149
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	45,	938
Pa	rt.XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				) ;
	Schedule O.				لا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		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		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 Consolidated basis Both consolidated and separate basis		]		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		L
	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 Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	n 990	(2016)

#### 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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number 46-0343414 BASEBALL PARENTS, Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: 5 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.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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) 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

	(Complete only if you chec Part III. If the organization						under
	tion A. Public Support						
Calen	dar 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 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						<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<u> </u>				
	tion B. Total Support				, -		
Caler	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						<del></del>
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	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
12	Gross receipts from related activities, etc. (	•				12	
13	First five years. If the Form 990 is for the o		, second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
~	organization, check this box and stop here		40.00	<del></del>	·		<u> </u>
	tion C. Computation of Public Su	<del> </del>		<u> </u>		744	
14	Public support percentage for 2016 (line 6,			(1))		14	<u> </u>
15	Public support percentage from 2015 Sche			2 and line 14 is 22	1/20/ as mara aba	15	<u>%</u>
16a	33 1/3% support test—2016. If the organia box and stop here. The organization qualif				1/3% of more, che	CK IIIS	▶ [
ь	33 1/3% support test—2015. If the organi				ie 33 1/3% or more	check	<b>•</b> [_
U	this box and stop here. The organization q				13 55 175 70 01 111010	, CHECK	▶ □
17a	10%-facts-and-circumstances test—201	•	•		or 16b, and line 1	4 is	
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac				•		
	organization		•	·			▶ □
b	10%-facts-and-circumstances test—201	5. If the organizat	ion did not check a	box on line 13, 16a	, 16b, or 17a, and !	ine	
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization mee	ets the "facts-and-	cırcumstances" test	The organization	qualifies as a public	aly	
	supported organization						▶ [
18	Private foundation. If the organization did instructions	not check a box o	n line 13, 16a, 16b,	17a, or 17b, check	this box and see		<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2016

Part III:	Support Schedule for	<b>Organizations</b>	Described in	Section 5	09(a)(	2
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(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.)

	tion A. Public Support			·			
Caler	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 include any "unusual grants")	51,182	52,263	2,273	36,540	40,259	182,517
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	244,805	173,917	186,110	299,478		904,310
3	Gross receipts from activities that are not an unrelated trade or business under section 513	119,542	192,596	255,433	292,606	2,669	862,846
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	415,529	418,776	443,816	628,624	42,928	1,949,673
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						1,949,673
	tion B. Total Support	······································				····	
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	415,529	418,776	443,816	628,624	42,928	1,949,673
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)	415,529	418,776	443,816	628,624	42,928	1,949,673
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	econa, mira, iourn	, or murtax year as	a section 50 r(c)(3	<i>'</i> )	▶ □
Sec	tion C. Computation of Public Su		age	<del></del>	<u> </u>		
15	Public support percentage for 2016 (line 8,		-3	))		15	100.00%
16	Public support percentage from 2015 Scheo		•	,,		16	100.00%
	tion D. Computation of Investme						100.00 /0
17	Investment income percentage for 2016 (lin			olumn (f))		17	%
18	Investment income percentage from 2015 S		-			18	%
19a	33 1/3% support tests—2016. If the organ	nization did not chec	k the box on line 14	, and line 15 is mo	re than 33 1/3%, a	nd line	
	17 is not more than 33 1/3%, check this box				•		► X
b	33 1/3% support tests—2015. If the organ line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did	= = = = = = = = = = = = = = = = = = =	-	•	• • • •	n_CQUOII	<b>&gt;</b> [
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				Schodulo A (Form 90	10 == 000 E7) 0040

#### 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 O	rgan	izations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- 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		
	2		
	3a	<u> </u>	
	3b		-
	3c		
	4a		
	4b		
	4c		
ĺ	5a		
	5b		
	5c		
	6		-
	7		 
	8		
	9a		
	9b		
	9c		-
	10a	-	·
	10b		-

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

trustees of each of the supported organizations? Provide details in Part VI.

3а

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizatio	ns		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See				
instructions. All other Type III non-functionally integrated supporting organizations mu				
Section A - Adjusted Net Income	(B) Current Year			
		(A) Prior Year	(optional)	
1 Net short-term capital gain	11	<del></del>		
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3		<u> </u>	
4 Add lines 1 through 3	4		ļ	
5 Depreciation and depletion	5	· - · · · · · · · · · · · · · · · · · ·	<u></u>	
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		<u> </u>	
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year)				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in Part VI)	l			
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			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by 035	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount		· · · · · · · · · · · · · · · · · · ·	Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1	2			
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			
7 Check here if the current year is the organization's first as a non-functionally integrated	f Type III sup	porting organization (see		
inches phone				

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year						
1_1_	1 Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes o						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations					
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI) See instructions						
7	Total annual distributions. Add lines 1 through 6			<del></del>			
8	Distributions to attentive supported organizations to which the organization	On is responsive	<del></del>				
·	(provide details in Part VI) See instructions.	in io reopondive	i				
9	Distributable amount for 2016 from Section C, line 6	<del> </del>					
10	Line 8 amount divided by Line 9 amount	<del></del>					
	Cine o amount divided by Line 3 amount	(i)	(ii)	/iii\			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1_	Distributable amount for 2016 from Section C, line 6	<b></b>		<u> </u>			
	Underdistributions, if any, for years prior to 2016	ļ					
2	(reasonable cause required-explain in Part VI) See	1					
	instructions		<del></del>	<del></del>			
3_	Excess distributions carryover, if any, to 2016	<del></del>		<del> </del>			
<u>a</u>		<del>                                     </del>		<del></del>			
b	<u></u>	<del></del>	<del> </del>	<del></del>			
	From 2013	<del> </del>					
	From 2014		<del></del>	<del></del>			
	From 2015	ļ		<del></del>			
f	Total of lines 3a through e	ļ		<u> </u>			
<u>g</u>	Applied to underdistributions of prior years	<b>_</b>		<u> </u>			
h	Applied to 2016 distributable amount	<u> </u>		<del></del>			
i	Carryover from 2011 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		<del></del>				
4	Distributions for 2016 from						
	Section D, line 7 \$						
a	Applied to underdistributions of prior years	<u> </u>		<u></u>			
b	Applied to 2016 distributable amount						
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4	<u> </u>		<u></u>			
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2 For result	ĺ					
	greater than zero, explain in Part VI See instructions						
6	Remaining underdistributions for 2016 Subtract lines 3h	ļ					
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.	·	i				
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.	<b></b>					
8	Breakdown of line 7		<u> </u>				
a							
b	Excess from 2013						
c	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

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

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Name of the organization

Employer Identification number

В	ASEBALL PARENTS, INC.		46-0	343414
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on I			
	Complete if the organization answered Tes on i	<del></del>		<del></del>
	<b>-</b>	(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year	<del></del>		<del></del>
2	Aggregate value of contributions to (during year)	<del></del>		
3	Aggregate value of grants from (during year)	<del></del>		<del></del>
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and donor advisors in writing that t			
_	funds are the organization's property, subject to the organization's exclusion	_		∐ Yes ∐ No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?	<del></del>		Yes No
	Conservation Easements. Complete if the organization answered "Yes" on I	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check a	II that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservat		
	easement on the last day of the tax year.		53.3	Held at the End of the Tax Year
а	Total number of conservation easements		2a	 
b	Total acreage restricted by conservation easements		2b	 <del> </del>
C	Number of conservation easements on a certified historic structure include	ded in (a)	2c	 <del> </del>
d	Number of conservation easements included in (c) acquired after 8/17/06	6, and not on a	1 1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization	during the	!
	tax year ▶			
4	Number of states where property subject to conservation easement is loc	cated >		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	riolations, and enforcing conservation easei	ments dur	ing the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling of violate	ions, and enforcing conservation easement	s during th	пе уеаг
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No
9	in Part XIII, describe how the organization reports conservation easemer	·		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	ibes the	
<b>*</b> 6	organization's accounting for conservation easements.			
. (F.	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		ımılar A	ssets.
4.	If the organization elected, as permitted under SFAS 116 (ASC 958), not			
14	works of art, historical treasures, or other similar assets held for public ex	·		
	public service, provide, in Part XIII, the text of the footnote to its financial		ice oi	
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		sheet	
J	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items.	and the second of the second in the contract	UI	
	(i) Revenue included on Form 990, Part VIII, line 1			¢
	(ii) Assets included in Form 990, Part X		_	<b>v</b>
2	If the organization received or held works of art, historical treasures, or o	ther cimilar accets for financial dain provide	the .	Ψ
2	following amounts required to be reported under SFAS 116 (ASC 958) re	<u>-</u> ',		
9	Revenue included on Form 990, Part VIII, line 1	wanng to these lights		•
a b	Assets included in Form 990, Part X		•	φ \$

		INC.	<del></del>	46-03434			Page 2
Part III Organizations Maintaini						(continue	<u>d)                                     </u>
3 Using the organization's acquisition, access collection items (check all that apply):	ion, and other records,	check any of the	e following that are	a significant use of	ts		
a Public exhibition	d 🗌	Loan or exchan	ge programs				
b Scholarly research	е 🗍	Other					
c Preservation for future generations							
4 Provide a description of the organization's of	collections and explain h	now they further	the organization's e	xempt purpose in P	art		
XIII.	one one one one one	rott andy taraner	0.9020	nompt parpood in t	uit		
5 During the year, did the organization solicit	or receive donations of	art, historical tre	asures, or other sin	nılar			
assets to be sold to raise funds rather than						Yes	No
Part IV Escrow and Custodial A	<del></del>	<b>.</b>					
Complete if the organizati		on Form 99	0, Part IV, line 9	, or reported a	n amount d	n Form	
990, Part X, line 21.				•			
1a Is the organization an agent, trustee, custoo	dian or other intermedia	ry for contributio	ns or other assets r	not			
included on Form 990, Part X?						Yes	No
b If "Yes," explain the arrangement in Part XII	I and complete the follo	wing table.					
						Amount	
c Beginning balance					_1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance				ĺ	1f		
2a Did the organization include an amount on	Form 990, Part X, line 2	1, for escrow or	custodial account li	ability?		Yes	No
b If "Yes," explain the arrangement in Part XI	I Check here if the exp	lanation has bee	en provided on Part	XIII			
Part V Endowment Funds.							
Complete if the organizati	on answered "Yes'	on Form 99	0, Part IV, line 1	0.			
	(a) Current year	(b) Pnor yea	r (c) Two ye	ars back (d) The	ee years back	(e) Four ye	ears back
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses						<u></u>	
d Grants or scholarships		_					
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cu	rrent year end balance	(line 1g, column	(a)) held as				
a Board designated or quasi-endowment ▶	%						
<b>b</b> Permanent endowment ▶ 9	6						
c Temporarily restricted endowment ►	%						
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%						
3a Are there endowment funds not in the poss	ession of the organizati	on that are held	and administered fo	r the		_	
organization by.						\Y	es No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If "Yes" on line 3a(ii), are the related organi	zations listed as require	d on Schedule F	₹?			3b	
4 Describe in Part XIII the intended uses of the		ment funds					
Part VI Land, Buildings, and Eq							
Complete if the organizati	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10						
Description of property	(a) Cost or other	'	Cost or other basis	(c) Accumulated	1	(d) Book val	ше
	(investment)		(other)	depreciation			
1a Land	ļ						
<b>b</b> Buildings		-		ļ			
c Leasehold improvements	<b> </b>			<del> </del>			
d Equipment			606 740	450	172	- 4 4 5	7 500
e Other	15 000 D ::	( ash = (D) :	626,742	4/9	,173		7,569
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part >	k, column (B), lin	e IUC)		▶		7,569

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

20,000

(7) (8)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

Sche	dule D (Form 990) 2016 BASEBALL PARENTS, INC.	4	6-0343414	Page 4
Pa	Int XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	<del></del>
	Complete if the organization answered "Yes" on Form 990	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	}	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990	Part IV, line 12a	·	_
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	_2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b	<del></del>	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Page 5

### 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.

OMB No 1545-0047 **2016** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer Identification number

BASEBALL PARENTS, INC.

46-0343414

FORM 990, PART I, LINE 6

PARENTS OF THE BASEBALL PLAYERS PROVIDE VOLUNTEER SERVICES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT
ALLOW APPROX 60 YOUTH BOYS TO PLAY AMERICAN LEGION BASEBALL.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS PREPARED BY A LICENSED CPA AND IS REVIEWED BY THE BOARD
PRESIDENT PRIOR TO FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD MEMBERS DO NOT RECEIVE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS HEAD COACH COMPENSATION IS STIPULATED IN A SEASONAL CONTRACT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.