		•			Sho	rt Form				i	OMB No 1545-1150	า
	Ecom	# 990-EZ Return of Organization Exempt From Income Tax							2016	1612		
				Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation						ions)	2010	
	▶ Do not enter social security numbers on this form as it may be made public.							17)	Open to Publi	С		
			the Treasury				-	•	(14	1,00	Inspection	
			ue Service	ar year, or tax year beginn	out Form 990-EZ and		_			CMDC	00 1/	
	_		picable:	C Name of organization 7	ing JANL	JARY 1	, 2016, 1	and ending	_	EMBE over id	R 31 , 20 16	7
		ddress o		HB CAL RIPKEN						-	16-153768 🖇	
	=	lame cha	- 1	Number and street (or P O. bo	x, of mail is not delivered	to street address)	?	Room/suite	E Telep	1.0		_
	=	nitial netur Inci netur	n/term/nated	54 ROUTE 13						60	3 554 6526	_ 、
	=	mended		City or town, state or province), country, and ZIP or for	eign postal code		10	F Grou	-	·	- 1
			n pending	BROOKLINE, NH 03033	Other towards b			<u> </u>		ber		_ l)
1	_	ccoum lebsite	ing Method : ► www	✓ Cash ☐ Accrual V.HBCALRIPKEN ORG	Other (specify)			'			If the organization is nach Schedule B	_
02	•			eck only one) - 501(c)(3)	□501(c) () ◀	(insert on.) 494	17(a)(1) or				0-EZ, or 990-PF)	7
A CONTRACTOR OF THE PARTY OF TH				Corporation T			Other		<u> </u>		,,,,	_
10				7b to line 9 to determine gr								_
•-				w) are \$500,000 or more, file						<u>▶ \$</u>		_
	P.5	art I		e, Expenses, and Ch								
	2	1		the organization used to ons, gifts, grants, and sin						1	<u> </u>	<u>ন</u>
-	-51	2		ervice revenue including						2	 	
386		3	-	ip dues and assessment	_					3		
6	2	4	Investment	t income						4		_
ଟ୍ର		5a		ount from sale of assets of	•	•	5a					
67		ь		or other basis and sales			_5b_			- A	DEOF	
JU.		6	_ `	ss) from sale of assets of nd fundraising events	iner than inventory	(Subtract line 5	n mom u	ne sa) .		5c	RECEIV	ÆD
=		a	-	ome from gaming (att	ach Schedule G	if greater that	n			41	8	70
	9						6a			[]	MAR 15 2	2018
#	Revenue	b		ome from fundraising eve	· -			contribution	ons	4		
\$	æ			raising events reported o chigross income and cor				Ì			DO GOISM	
SCANNED	İ			ct expenses from gaming		•	6b 6c			1		التعال
Q				ie or (loss) from gaming	_			1 6b and s	ubtract			
(C)			line 6c)							6d	27	78
		7a	Gross sale	es of inventory, less return	ns and allowances		7a					
		ь		of goods sold			7b			_		
		C	•	fit or (loss) from sales of a		line 7b from lin	е7а).			7c	(20)	-
		8		inue (describe in Schedu inue. Add lines 1, 2, 3, 4,	,				'	8	639	_
		10		d similar amounts paid (ii						10	00 000	
		11		aid to or for members .						11		_
	Se	12		ther compensation, and						12		<u> </u>
	ens.	13		al fees and other payme					!	13		
	Expenses	14	•	y, rent, utilities, and mair					!	14		_
		15 16		ublications, postage, and enses (describe in Sched						15 16		
		17		enses. Add lines 10 thro						17	66,070	00
	s	18	Evenes or	(defied) for the war /Cub	tmat line 17 from L	0		FIVE	5.1	18		10
	Net Assets	19	Net assets	s or fund balances at be	eginning of year (fro	om line 27, coli	uffic [Ed]	must age	66-Will			
	A S		5 . 4 . 3	a ngara roponca on pilo	· year s return,				1/191/	19		
	Ne Ne	20		nges in net assets or fund			HOV	2 8 201	N 1881	20		
		21 Paner		or fund balances at end tion Act Notice, see the se			-		11	21	1118 5 - 900 F7 m	
	ror	-aper	MOIN MUUCI	2011 MCL 11011CO, 800 (NO 80	parate instructions.	<i>[</i>]	763	NO TIOBEL	مسسليه	'	Form 990-EZ (20	16)

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V			the instructions						
Pa	ort II	Balance Sheets (see							
		Check if the organizati	on used Schedule	O to respond to a	ny question in this			<u> </u>	. \square
					L	(A) Beginning of year		(B) End of year	er .
22		h, savings, and investmen	nts	• • • • •		308	22	1010	
23		d and buildings			L	U	23		
24		er assets (describe in Sch			[0	24	0	
25		al assets		 		508	25	_(a10	
26		al liabilities (describe in S				12	26	0	
27		assets or fund balance:				БОХ	27	610	
Pai	rt III	Statement of Program							
		Check if the organizati		O to respond to a	ny question in this	Part III		Expenses	
Wha	at is the	organization's primary ex	xempt purpose?					quired for sectio (c)(3) and 501(c)	
Des	cribe th	ne organization's progran	n service accompli	shments for each o	f its three largest p	rooram services.		anizations, optio	
as n	measure	ed by expenses. In a cle	ear and concise in	nanner, describe the	services provided	, the number of	othe	ers.)	-
pers	ons be	nefited, and other relevar	nt information for ea	ach program title.	•				
28									
?	(Grant	ts \$) If this amount	includes foreign gra	ints, check here .	. ▶ 🗆	288	.	
29									

	(Grant	ts\$) If this amount	includes foreign gra	ints, check here .	▶ 🗍	29a	.	
30								1	
	(Grant	ts \$) If this amount	includes foreign gra	ints, check here		300		
31	(Grant			includes foreign gra			30a		
31	Other	program services (descri	be in Schedule O)						
	Other (Grant	program services (descri	be in Schedule O)) If this amount	includes foreign gra	ints, check here	▶ □	31a		
32	Other (Grant Total	program services (descri ts \$ program service expens	be in Schedule O)) If this amount ses (add lines 28a	includes foreign gra through 31a)	nts, check here		31a		rt BA
32	Other (Grant	program services (descrits \$ program service expendents of Officers, Directors	be in Schedule O)) If this amount ses (add lines 28a s, Trustees, and Ke	includes foreign gra through 31a) . y Employees (list each	ints, check here	Densated—see the in	31a		rt IV)
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Page 3

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	(Islactions for 7 at 2.7) Offices in the organization associations of the sports to any question in this		Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		,
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on School O. (see instructions)			
35a	change on Schedule O (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		~
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
C	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		✓ ✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		v
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	-50		
	Did the organization file Form 1120-POL for this year?	37b		V
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?]	
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38a		~
	Section 501(c)(7) organizations. Enter:	1 !	, İ	
	Initiation fees and capital contributions included on line 9	 	.	
	Gross receipts, included on line 9, for public use of club facilities]		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			 - -
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		•
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			ı
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
	The organization's books are in care of ▶ Telephone no. ▶			·
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Nic
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	105	NO
	If "Yes," enter the name of the foreign country: ▶	1		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		1
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	· 		- [
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	7
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
		44d		
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45a	-	

m 990-E2	(2016)							age
						,	Yes	No
) Did	the organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	r in opposit	tion		
	candidates for public office? If "Yes." o		Parti	· · · ·		46		
rt VI	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and co	mplete th	e tables t	for lin	es
	Check if the organization used Sci	hedule O-to respond	l-to-env question in-ti	nis-Part-VI-				
						· · · · ·	Yes	N
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect	during the	tax 47	103	
ls f	the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." complete \$	Schedule E			1	
	d the organization make any transfers to		•			. 49a	1	
	'Yes," was the related organization a se	•	_			. 49b		1
	emplete this table for the organization's					ors, truste	es. ar	idi
em	ployees) who each received more than	n \$100,000 of comper	sation from the organ	nization. If th	nere is non	e, enter "I	Vone '	•
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred	(e) Estimat other cor		
				<u> </u>				
				-				
				 				
f To	otal number of other employees paid ov	's five highest comp	ensated independent	contractors	s who each	n received	i more	e th
f To	otal number of other employees paid ov	's five highest companization. If there is no	ensated independent			n received		e th
f To	otal number of other employees paid ov complete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e ti
f To	otal number of other employees paid ov complete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e th
f To	otal number of other employees paid ov complete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e ti
f To	otal number of other employees paid ov complete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e th
f To	otal number of other employees paid ov complete this table for the organization 00,000 of compensation from the orga	's five highest companization. If there is no	ensated independent one, enter "None."					e ti
f To Ccc \$1	otal number of other employees paid over omplete this table for the organization 00,000 of compensation from the organization and business address of each independent of the organization from the or	's five highest companization. If there is no dent contractor	onsated independent one, enter "None." (b) Type of serv	rice	(c) Compensar		e th
f To Ccc \$1	otal number of other employees paid over omplete this table for the organization on 00,000 of compensation from the organization and business address of each independent	's five highest companization. If there is no dent contractor	onsated independent one, enter "None." (b) Type of serv	rice	(c) Compensar	tion	
f To Cc \$1	otal number of other employees paid over omplete this table for the organization 00,000 of compensation from the organization and business address of each independent control of the organization complete Schedit	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return including accompanies.	over \$100,000	PINIZATIONS IN	nust attac) Compensar	s 🗆	No
d To	otal number of other employees paid over omplete this table for the organization 00,000 of compensation from the organization from the organization and business address of each independent control of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return including accompanies.	over \$100,000	PINIZATIONS IN	nust attac) Compensar	s 🗆	No
d To Div	otal number of other employees paid over omplete this table for the organization 00,000 of compensation from the organization and business address of each independent control of the organization complete Schedumpleted Schedule A	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return including accompanies.	over \$100,000 over \$100,000 over \$01(c)(3) organization of which preparer in	nizations n	nust attack	h a Ye nowledge an	s 🗆	No
d To Divide correct	otal number of other employees paid over omplete this table for the organization 100,000 of compensation from the organization from the organization and business address of each independent control of the organization complete Schedumpleted Schedule A titles of perjury, I declare that I have examined this than complete Beclaration of preparer (other than I preparer (other than I preparer (other than I preparer (other than I preparer (other than I preparer) I penulifier RAZZABBNI Type or print name and title Print/Type preparer's name	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return, including accompany officer) is based on all info	over \$100,000 over \$100,000 over \$01(c)(3) organization of which preparer in	ents, and to the	nust attact	h a Ye nowledge an	s 🗆	No
d To Co S1 Correction of the Co Co Co Co Co Co Co Co Co Co Co Co Co	otal number of other employees paid over omplete this table for the organization 100,000 of compensation from the organization from the organization and business address of each independent control of the organization complete Schedumpleted Schedule A titles of perjury, I declare that I have examined this than complete Beclaration of preparer (other than I preparer (other than I preparer (other than I preparer (other than I preparer (other than I preparer) I penulifier RAZZABBNI Type or print name and title Print/Type preparer's name	's five highest companization. If there is no dent contractor actors each receiving ule A? Note: All so return, including accompany officer) is based on all info	over \$100,000 over \$100,000 over \$01(c)(3) organization of which preparer formation of which preparer form	ents, and to the has any knowle	nust attact	h a Ye nowledge an	s 🗆	No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

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

HB Cal Ripken 46-15376RR Reason for Public Charity Status (All organizations must complete this part) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ 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. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331a% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 (, 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. ь ☐ 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.

ſ	Enter the number of supported Provide the following information		nnorted organization(s)			 · · L
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))			(vi) Amount of other support (see instructions)
				Yes	No	
(A)						
(B)						
(C)						
(D)						
(E)						
Tota	· · · · · · · · · · · · · · · · · · ·					

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with.

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

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III.

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Part							
	(Complete only if you checked the						latify under
	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	4-) 0040	41.0040	(-) 0014	in coar	4.10046	1/07-11
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 201 <u>5</u>	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			}			-
	include any "unusual grants.")		1				1
2	Tax revenues levied for the					-/-	
_	organization's benefit and either paid			!			
	to or expended on its behalf				١ .	/	1
3	The value of services or facilities						
	furnished by a governmental unit to the		}	i		ł	
	organization without charge					<u> </u>	
4	Total. Add lines 1 through 3				/		
5	The portion of total contributions by		ì	1 /	ľ		
	each person (other than a						}
	governmental unit or publicly		ł			1	
	supported organization) included on line 1 that exceeds 2% of the amount				ļ		
	shown on line 11, column (f)			/]		
6	Public support. Subtract line 5 from line 4	<u></u>		/			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 20/3	(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	/	!				Ì
•	Net income from unrelated business				 	<u> </u>	
9	activities, whether or not the business						
	is regularly carned on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets			ļ	•	1	
	(Explain in Part VI.)	<u> </u>				ļ	
11	Total support. Add lines 7 through 10			<u> </u>	L	 	
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the					12	100 FO1/0\/2\
13	organization, check this box and stop he						
Socti	ion C. Computation of Public Suppo			· · · ·	_ 	· · · · ·	<u>· · </u>
14	Public support percentage for 2016 (line			11, column (fi)		14	%
15	Public support percentage from 2015 Sci					15	%
16a	331/3% support test—2016. If the organ	zation did no	check the bo				
	box and stop here. The organization qua	ılıfies as a pub	licly supported	dorganization			> 🔽
þ	331/3% support test / 2015. If the organ						
	this box and stop here. The organization	•		-			· · · • 🗅
17a	10%-facts-and-circumstances test-2	016. If the org	anization did i	not check a bo	x on line 13,	16a, or 16b, a	nd line 14 is
	10% or more, and if the organization m	eets the "facts	s-and-circums	tances" test, c	heck this box	and stop her	e. Explain in
	Part VI how the organization meets the	Tacts-and-cire	cumstances" t	est. The organ	ization qualifie	s as a publici	
	organization /						•
Ь	10%-facts-and-circumstances test-2						
	15 is 10% of more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly						
	supported organization						> [
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17	a, or 17b, che	ck this box an	d see
	Instructions						
	/						990 or 990-EZ) 2018

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Secti	on A. Public Support					·	
	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	1765	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>			10,00	
	received (Do not include any "unusual grants.")		67900	40231	37960	66070	212161
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			j		l	
	furnished in any activity that is related to the organization's tax-exempt purpose		اه	27389	33984	О	61373
3	Gross receipts from activities that are not an				- 30,000		
-	unrelated trade or business under section 513)	ا ا	اه	o	اه	0
4	Tax revenues levied for the		 				
•	organization's benefit and either paid						
	to or expended on its behalf		اما	٥	o	اه	0
5	The value of services or facilities		<u>-</u>				<u> </u>
•	furnished by a governmental unit to the		i				
	organization without charge					o	a
6	Total. Add lines 1 through 5		67900	67620	71944	66070	273534
_	Amounts included on lines 1, 2, and 3		07705				
	received from disqualified persons .		ا ا		o	0	0
ь	Amounts included on lines 2 and 3		 				
b	received from other than disqualified					ļ	
	persons that exceed the greater of \$5,000		1			Į	
	or 1% of the amount on line 13 for the year		.			Į	a
c	Add lines 7a and 7b				0	0	
8	Public support. (Subtract line 7c from						
	line 6.)					}	273534
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6		67900	67620	71944	66070	
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					ı	
	royalties and income from similar sources .		0	o	O	o	
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		0	0	0	0	
C	Add lines 10a and 10b		0	0	0	0	
11	Net income from unrelated business	1	1	ì		İ	
	activities not included in line 10b, whether						
	or not the business is regularly carried on		0	0	0	0	
12	Other income. Do not include gain or		\	-		1	
	loss from the sale of capital assets	ł				i	
	(Explain in Part VI.)		0	0	0	0	
13	Total support. (Add lines 9, 10c, 11,		[Į			
	and 12)		67900				
14	First five years. If the Form 990 is for the			d, third, fourth,	or fifth tax ye	ear as a section	1 501(c)(3)
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>			<u>·</u> · • ⊔
	on C. Computation of Public Suppor					7	100.00.0/
15	Public support percentage for 2016 (line in					15	100 00 %
16 Section	Public support percentage from 2015 Sci				<u></u>	16	100 00 %
	on D. Computation of Investment In			. 11 40	(0)	TATT	
17	Investment income percentage for 2016 (Investment income percentage from 2015)					17	0 %
18	331/s% support tests—2016. If the organ	-				18	0 %
19a	17 is not more than 3312%, check this box						
_	331/3% support tests—2015. If the organiz						
Ь	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						
	· ··· ivaniesiivii ii iiic oigaiicalloii di	- HOL DIECK A	<u></u>	, Ja, Oi 13U, C	いらしゃ いりろ ひひえ	and 300 manuc	

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

	_		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	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.	3a		
ь	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 Pert VI when and how the organization made the determination.	3b		
¢	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	3c		
	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	<u>_</u>	
¢	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)		ļ 	
	purposes.	4c		ļ
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)	5a		
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?	5b		
¢	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-	-	
٠	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a	<u> </u>	├
Þ	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 .	9b		
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.	9c	ļ	ļ
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.	10a		
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)

10b

P	ace	5
۲	age	v

	A (Form 990 or 990-EZ) 2016			age 5
Part !	Supporting Organizations (continued)			•
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	!		
Ð	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	أمقوا		
		118	├	
	A family member of a person described in (a) above?	11b	 	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
36000	M B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	} '		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	H		<u> </u>
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	} '		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		!	
	supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2	<u> </u>	L
Secui	on C. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1.03	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed	'		
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u></u>	L	Ь—
26011	on b. All Type III Supporting of garinzations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	1	ì
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's	İ		Ī
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l		
	supported organizations played in this regard.	3		l
Secti	on E. Type III Functionally Integrated Supporting Organizations			
			etion	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nsa u	CUUIK	3/.
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	_		
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	1
	those supported organizations and explain how these activities directly furthered their exempt purposes.		'	l
	how the organization was responsive to those supported organizations, and how the organization determined		'	İ
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		\vdash	├─
_	of the organization's supported organization(s) would have been engaged In? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these] '		
	activities but for the organization's involvement.	24		
3		2b		 -
_	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			-
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	()	

Schedule A (Form 990 or 990-EZ) 2016			Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Sec	tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-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		
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)	1a		
a Average monthly value of securities	1b		
b Average monthly cash balances	1c		
c Fair market value of other non-exempt-use assets	1d		
d Total (add lines 1a, 1b, and 1c)	10		
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	<u> </u>	
C Distribute his Amount Subtracting 5 from ing 4 unless subject to		l	

6 Distributable Amount, Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions)

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.	•		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(3	(ii)	{iii}
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions	Distributable
			Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016			
a				
ь				
с	From 2013 . ,			
d	From 2014			
е	From 2015			<u> </u>
f	Total of lines 3a through e			<u> </u>
9	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See Instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j			
	and 4c.			
8	Breakdown of line 7:			
a	<u> </u>			
<u>b</u>	Excess from 2013			
c	Excess from 2014			
	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016		
Part VI	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.)	
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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.

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

OMB No 1545-0047

2016

Open to Public Inspection

HB CAL RIPKEN	Employer Identification number 46-1537688
INCOME BREAKDOWN:	
CONCESSIONS AND SHIRT SALES \$2,778,00	***************************************
FIELD USAGE: \$1820 00	
REGISTRATIONS: \$38, 846 00	
SPONSORSHIP. \$7,430.00	•••••
TOURNAMENT INCOME \$15,424.00	
TOTAL INCOME \$66,298.00	•••••••••••••••••••••••••••••••••••••••
EXPENSE BREAKDOWN-	
BACKGROUND CHECKS/CPR COURSES. \$260 00	
BATTING CAGE RENTALS \$250.00	
CONCESSIONS AND TSHIRT EXPENSES \$3064 00	
INSURANCE/CHARTER FEES \$4148 00	
LEAGUE FEES: \$6,172 00	
"PORTA POTTY" FEES \$1013	
SPONSORSHIP EXPENSES/ MISC TOURNAMENT EXPENSES. \$2,258.00	
SUPPLIES (EQUIPMENT/FIELD UPKEEP/OFFICE) \$7,819 00	
TROPHIES \$1355 00	
UNIFORMS: \$11,968 00	
ANNUAL WEBSITE FEE \$575 00	

Schedule D (Form 990 or 990-EZ) (2010)	Page Z
Name of the organization	Employer Identification number
HB CAL RIPKEN	46-1537688
DONATIONS AND DISPURSEMENTS. \$12,170.00	
***************************************	***************************************
***************************************	***************************************
1 NADIDE EEEO, \$16 019 00	
UMPIRE FEES: \$15,018.00	***************************************
***************************************	***************************************
TOTAL EXPENSES. \$66,070 00	***

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Schedule O (Form 990 or 990-EZ) (2016)