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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation KNIGHTS BASEBALL CLUB		A Employer identification number 93-1135130	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 40212		Room/suite	B Telephone number (see instructions) (541) 752-5656
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97240		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 273,811	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	439,472			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	623	623	623	
	4 Dividends and interest from securities . . .				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances 224,652				
Operating and Administrative Expenses	b Less Cost of goods sold 76,951				
	c Gross profit or (loss) (attach schedule)	147,701		147,701	
	11 Other income (attach schedule)	263,525	0	263,525	
	12 Total. Add lines 1 through 11	851,321	623	411,849	
	13 Compensation of officers, directors, trustees, etc	115,900	0	115,900	115,900
	14 Other employee salaries and wages	176,257	0	176,257	176,257
	15 Pension plans, employee benefits	14,748	0	14,748	14,748
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,140	0	2,140	2,140
	c Other professional fees (attach schedule)	7,508	0	7,508	7,508
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	24,642	0	24,642	24,642
	19 Depreciation (attach schedule) and depletion . . .	10,602	0	10,602	
	20 Occupancy	12,978	0	12,978	12,978
	21 Travel, conferences, and meetings	95,223	0	95,223	95,223
	22 Printing and publications	40,176	0	40,176	40,176
	23 Other expenses (attach schedule)	295,736	0	295,736	295,736
	24 Total operating and administrative expenses. Add lines 13 through 23	795,910	0	795,910	785,308
	25 Contributions, gifts, grants paid	6,486			6,486
	26 Total expenses and disbursements. Add lines 24 and 25	802,396	0	795,910	791,794
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	48,925			
	b Net investment income (if negative, enter -0-)		623		
				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	22,845	6,839	6,839		
	2	Savings and temporary cash investments	175,963	220,891	220,891		
	3	Accounts receivable ▶ <u>5,883</u>					
		Less allowance for doubtful accounts ▶ _____	170	5,883			
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____						
12	Investments—mortgage loans						
13	Investments—other (attach schedule)						
14	Land, buildings, and equipment basis ▶ <u>82,033</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>34,894</u>	32,900	47,139	46,081			
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	231,878	280,752	273,811			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	231,878	280,752			
	30	Total net assets or fund balances (see instructions)	231,878	280,752			
31	Total liabilities and net assets/fund balances (see instructions) .	231,878	280,752				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	231,878
2	Enter amount from Part I, line 27a	2	48,925
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	280,803
5	Decreases not included in line 2 (itemize) ▶ _____	5	51
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	280,752

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☒ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015			
2014			
2013			
2012		0	0 000000
2011			


2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	12
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	12
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	12
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	12
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ OR _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.CORVALLISKNIGHTS.COM	13	Yes	
14	The books are in care of DAN SEGEL Telephone no (541) 752-5656			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ▶	16	Yes No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> 1b			No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? <input type="checkbox"/> 1c			No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> 2b			
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). <input type="checkbox"/> 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. **0**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 KNIGHTS BASEBALL CLUB, INC 2016 SEASON RECAP THE CORVALLIS KNIGHTS APPEARED IN ITS TENTH CONSECUTIVE WEST COAST LEAGUE (WCL) FIRST-ROUND PLAYOFF SERIES IN THE CLUBS TENTH SEASON IN CORVALLIS THE TEAM WENT 45-21 AND WON THE FIRST-HALF SOUTH DIVISION CHAMPIONSHIP IN THE ULTRA-COMPETITIVE WCL LEAGUE COMPETITION COMBINED WITH SPECIALIZED INSTRUCTION, COMMUNITY INVOLVEMENT, WEIGHT TRAINING AND BEST-OF-BREED COACHING BENEFITED A GROUP OF OVER 35 STUDENT-ATHLETES AS EACH DEVELOPED HIS GAME AND DEVELOPED AS A PERSON OVER THE SUMMER OUR STUDENT-ATHLETES ARE FURTHERING THEIR EDUCATION AT UNIVERSITIES, COLLEGES AND COMMUNITY COLLEGES THIS SPRING MANY ARE EARNING SCHOLARSHIPS AS A RESULT OF THEIR BASEBALL SKILLS	785,308
2 WE ALSO CONTINUE TO SUPPORT OUR SPORTS MARKETING INTERN PROGRAM COLLEGE STUDENTS FROM OREGON STATE AND OTHER SCHOOLS GAINED PRACTICAL EXPERIENCE THIS PAST SUMMER WORKING FOR THE TEAM THEY GAINED EXPERIENCE IN EVENT MANAGEMENT, CUSTOMER SERVICE, ENTERTAINMENT, COMMUNITY AFFAIRS AND SALES & MARKETING	0
3 LASTLY, WE ONCE AGAIN HELD OUR ANNUAL FREE BASEBALL CLINIC AT GOSS STADIUM THAT ATTRACTED KIDS FROM ALBANY, CORVALLIS, PHILOMATH AND LEBANON THE ONE-DAY CAMP WAS SUPERVISED AND RAN BY OUR COACHES AND PLAYERS FURTHERMORE, OUR STUDENT-ATHLETES AND INTERNS MADE SEVERAL APPEARANCES IN THE COMMUNITY AND MANAGED OUR FIRST READING CLUB, WHICH INCLUDED PARTICIPATION FROM SCHOOLS THROUGHOUT OUR PRIMARY MARKET AREA THE TEAM ALSO HOSTED ITS 5TH ANNUAL SCIENCE, ENGINEERING & ART DAY TO PROMOTE SCIENCE AND THE ARTS IN THE COMMUNITY THE EVENT SOLD OUT FOR THE FIRST TIME AND FEATURED ELEMENTARY SCHOOLS ATTENDING FROM AS FAR NORTH AS SALEM, AS FAR EAST AS LEBANON, AS FAR WEST AS NEWPORT, AND AS FAR SOUTH AS SWEET HOME	0
4 OUR MISSION CONTINUES TO BE ACCELERATING THE DEVELOPMENT OF OUR STUDENTS, INCREASING THEIR EXPOSURE TO NEXT LEVEL BASEBALL AND SPORTS BUSINESS OPPORTUNITIES, FURTHER DEVELOPING THEIR INTERPERSONAL SKILLS AND BETTERING OUR COMMUNITY FOR MORE INFORMATION ON THE CLUB, PLEASE VISIT CORVALLISKNIGHTS.COM	0

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	307,689
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	307,689
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	307,689
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	4,615
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	303,074
6	Minimum investment return. Enter 5% of line 5.	6	15,154

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	791,794
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	791,794
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	791,794

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ► \$ _____				
a Applied to 2015, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. **2002-03-22**

b Check box to indicate whether the organization is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0	0	0	0	0
b 85% of line 2a	0	0	0	0	0
c Qualifying distributions from Part XII, line 4 for each year listed	791,794	779,785	604,380	610,753	2,786,712
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	791,794	779,785	604,380	610,753	2,786,712
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	439,472	417,963	376,865	351,705	1,586,005
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			3a	6,486
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

**Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Print/Type preparer's name WESLEY B HANSEN	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00226581
Firm's name ▶ WESLEY B HANSEN CPA PC				Firm's EIN ▶ 46-4335316
Firm's address ▶ 12909 SW 68TH PARKWAY SUITE 150 PORTLAND, OR 97223				Phone no (503) 675-4364

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DAN SEGEL	PRESIDENT 40 00	115,900	0	0
PO BOX 40212 PORTLAND, OR 972400212				
ERIC GUNDERSON	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
GEOFF LOOMIS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
DON NICHOLS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JEFF POST	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JOE SEGEL	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
BRETT SMITH	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
RICH SERMONE	SECRETARY 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
DOUG NICHOLS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
ROB STEWART	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
RANDY RUTSCHMAN	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
TONY FAIR	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JEFF MOORE	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
VINCE IRCANDIA	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JAIMIE VAN VLEET	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
GABE SANDY	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
MIKE GITS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
COMMUNITY OUTREACH INC 865 NW REIMAN AVENUE CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	3,046
GOOD SAMARITAN HOSPITAL FOUNDATION 815 NW 9TH STREET SUITE 136 CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	100
LINN-BENTON COMMUNITY COLLEGE FOUNDATION 6500 SW PACIFIC BLVD ALBANY, OR 97321	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	1,500
MUSCULAR DYSTROPHY ASSOCIATION 1500 VALLY RIVER DRIVE BLDG B EUGENE, OR 97401	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	270
SPECIAL OLYMPICS 5901 SW MACADAM AVENUE SUITE 200 PORTLAND, OR 97239	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	270
Total 3a				6,486

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LEBANON HIGH SCHOOL BASEBALL 1700 SOUTH FIFTH ST LEBANON, OR 97355	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	200
BOYS & GIRLS CLUB OF CORVALLIS 1112 NW CIRCLE BLVD CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	700
CRESCENT VALLEY HIGH SCHOOL RAIDER BASEBALL 4444 NW HIGHLAND CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	150
GEORGE FOX UNIVERISTY BASEBALL 414 N MERIDIAN ST NEWBERG, OR 97132	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	250
Total 3a				6,486

TY 2016 Accounting Fees Schedule**Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,140	0	2,140	2,140

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: KNIGHTS BASEBALL CLUB

EIN: 93-1135130

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE AND FIXTURES	2007-03-01	947	947	200DB	5 000000000000	0	0	0	
OFFICE FURNITURE	2010-01-04	601	516	SL	7 000000000000	85	0	85	
LAPTOP	2010-06-11	1,312	1,312	SL	5 000000000000	0	0	0	
WINDSCREEN	2010-10-06	12,000	12,000	SL	5 000000000000	0	0	0	
TICKETING SYSTEM	2011-10-13	3,750	3,188	SL	5 000000000000	562	0	562	
TICKET PRINTER	2011-10-27	1,025	854	SL	5 000000000000	171	0	171	
STADIUM FURNISHINGS	2015-04-01	36,499	5,475	SL	5 000000000000	7,300	0	7,300	
STADIUM FURNISHINGS	2016-06-30	24,841		SL	5 000000000000	2,484	0	2,484	

**TY 2016 Land, Etc.
Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE AND FIXTURES	947	947	0	0
OFFICE FURNITURE	601	601	0	0
LAPTOP	1,312	1,312	0	0
WINDSCREEN	12,000	12,000	0	0
TICKETING SYSTEM	3,750	3,750	0	0
TICKET PRINTER	1,025	1,025	0	0
STADIUM FURNISHINGS	36,499	12,775	23,724	23,724
STADIUM FURNISHINGS	24,841	2,484	22,357	22,357

TY 2016 Other Decreases Schedule

Name: KNIGHTS BASEBALL CLUB
EIN: 93-1135130

Description	Amount
BOOK ADJUSTMENT	51

TY 2016 Other Expenses Schedule**Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	70,619	0	70,619	70,619
BANK SERVICE CHARGES	18,522	0	18,522	18,522
BASEBALL EVENTS AND ENTERTAINMENT	36,778	0	36,778	36,778
BROADCASTING	11,935	0	11,935	11,935
COACHING	42,500	0	42,500	42,500
COMPUTER EXPENSES	3,161	0	3,161	3,161
DUES AND SUBSCRIPTIONS	9,031	0	9,031	9,031
EQUIPMENT AND GEAR	20,369	0	20,369	20,369
FIELD MAINTENANCE	800	0	800	800
GENERAL MANAGEMENT AND MARKETING	33,066	0	33,066	33,066

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	3,113	0	3,113	3,113
LAUNDRY SERVICE	1,345	0	1,345	1,345
MISCELLANEOUS EXPENSES	495	0	495	495
OFFICE SUPPLIES	4,717	0	4,717	4,717
POSTAGE	916	0	916	916
PROMOTIONS	986	0	986	986
REPAIRS AND MAINTENANCE	5,928	0	5,928	5,928
STAFFING AND SECURITY	2,969	0	2,969	2,969
TELEPHONE	6,851	0	6,851	6,851
UMPIRE EXPENSE	13,065	0	13,065	13,065

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSE	686	0	686	686
OUTSIDE SERVICES	7,884	0	7,884	7,884

TY 2016 Other Income Schedule

Name: KNIGHTS BASEBALL CLUB

EIN: 93-1135130

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BASEBALL TICKET SALES	263,525		263,525

TY 2016 Other Professional Fees Schedule**Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OTHER PROFESSIONAL FEES	7,508	0	7,508	7,508

**TY 2016 Substantial Contributors
Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130**Name****Address**

PENNY KNIGHT

PO BOX 40212
PORTLAND, OR 97240

TY 2016 Taxes Schedule**Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	24,642	0	24,642	24,642

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization KNIGHTS BASEBALL CLUB	Employer identification number 93-1135130

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization KNIGHTS BASEBALL CLUB	Employer identification number 93-1135130
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Employer identification number

93-1135130

Part II	Noncash Property
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[illegible]

Name of organization KNIGHTS BASEBALL CLUB	Employer identification number 93-1135130
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

Software ID:
Software Version:
EIN: 93-1135130
Name: KNIGHTS BASEBALL CLUB

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	BLOCK 15	\$ 8,160	Person <input checked="" type="checkbox"/>
	300 SW JEFFERSON AVE		Payroll <input type="checkbox"/>
	CORVALLIS, OR97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>2</u>	HILTON GARDEN INN CORVALLIS	\$ 5,000	Person <input checked="" type="checkbox"/>
	2500 SW WESTERN BLVD		Payroll <input type="checkbox"/>
	CORVALLIS, OR97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>3</u>	OREGON STATE CREDIT UNION	\$ 7,000	Person <input checked="" type="checkbox"/>
	PO BOX 306		Payroll <input type="checkbox"/>
	CORVALLIS, OR97339		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>4</u>	PEAK INTERNET	\$ 5,160	Person <input checked="" type="checkbox"/>
	1600 SW WESTERN BLVD		Payroll <input type="checkbox"/>
	CORVALLIS, OR97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>5</u>	PENNY KNIGHT	\$ 213,000	Person <input checked="" type="checkbox"/>
	PO BOX 40212		Payroll <input type="checkbox"/>
	PORTLAND, OR97240		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>6</u>	RESER'S FINE FOODS	\$ 5,000	Person <input checked="" type="checkbox"/>
	PO BOX 8		Payroll <input type="checkbox"/>
	BEAVERTON, OR97075		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	SAMARITAN HEALTH SERVICES	<u>\$ 6,000</u>	Person <input checked="" type="checkbox"/>
	3600 NW SAMARITAN DRIVE		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97330		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>8</u>	FRED MEYER INC	<u>\$ 5,250</u>	Person <input checked="" type="checkbox"/>
	PO BOX 42121		Payroll <input type="checkbox"/>
	PORTLAND, OR 97242		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>9</u>	VAN VLEET MEAT CO	<u>\$ 5,660</u>	Person <input checked="" type="checkbox"/>
	800 SE JACKSON ST		Payroll <input type="checkbox"/>
	ALBANY, OR 97322		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
<u>10</u>	PAPE MATERIAL HANDLING	<u>\$ 5,000</u>	Person <input checked="" type="checkbox"/>
	355 GOODPASTURE ISLAND RD		Payroll <input type="checkbox"/>
	EUGENE, OR 974012119		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)