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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
RAYS BASEBALL FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
TROPICANA FIELD ONE TROPICANA DRIVE

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 33705

D Employer identification number
20-4103240

E Telephone number
(727) 825-3145

G Gross receipts $ 1,350,984

F Name and address of principal officer
BILL WIENER
TROPICANA FIELD ONE TROPICANA DRIVE
ST PETERSBURG, FL 33705

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ SEE SCHEDULE O

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2005

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	163
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	344,294	847,550
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,636	23,211
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	414,001	381,686
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	772,931	1,252,447
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	842,874	957,020
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	19,652	22,863
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	862,526	979,883
19	Revenue less expenses Subtract line 18 from line 12	-89,595	272,564

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,355,844	3,727,508
21	Total liabilities (Part X, line 26)	144,897	65,201
22	Net assets or fund balances Subtract line 21 from line 20	3,210,947	3,662,307

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2018-10-19
Signature of officer Date

JOHN HIGGINS SECRETARY/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ALICIA BROWN	ALICIA BROWN			P01337755

Firm's name ▶ CBIZ MHM LLC — Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400
CLEARWATER, FL 337625539 — Phone no (727) 572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THIS CORPORATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 275,850 including grants of $ 275,850) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 162,177 including grants of $ 162,177) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 150,495 including grants of $ 150,495) (Revenue $)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)

(Expenses $ 368,498 including grants of $ 368,498) (Revenue $)

4e **Total program service expenses** ▶ 957,020

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶KAREN SANBORN ONE TROPICANA DRIVE ST PETERSBURG, FL 33705 (727) 825-3243

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☑ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL WIENER PRESIDENT/CHAIR	1 00	X		X				0	0	0
(2) JENN TRAN VICE PRESIDENT	1 00	X		X				0	0	0
(3) JOHN HIGGINS SECRETARY/TREASURER	1 00	X		X				0	0	0
(4) MATTHEW SILVERMAN DIRECTOR	1 00	X						0	0	0
(5) BRIAN AULD DIRECTOR	1 00	X						0	0	0
(6) GARY GOLDRING DIRECTOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c 97,000				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 750,550				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	847,550			
Program Service Revenue		Business Code			
	2a _____				
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	23,211			23,211
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶	13,309			13,309
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ 97,000 of contributions reported on line 1c) See Part IV, line 18 . . . . a 461,762				
	b Less direct expenses . . . b 92,878				
	c Net income or (loss) from fundraising events . . ▶	368,884			368,884
	9a Gross income from gaming activities See Part IV, line 19 . . . a 5,152				
	b Less direct expenses . . . b 5,659				
	c Net income or (loss) from gaming activities . . ▶	-507			-507
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶				
	12 Total revenue. See Instructions . . . . . ▶	1,252,447	0	0	404,897

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	957,020	957,020		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,461		14,461	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses	8,402		8,402	
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .				
23 Insurance . . .				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a				
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	979,883	957,020	22,863	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	13,472	1	57,043
	2	Savings and temporary cash investments	2,524,677	2	2,483,251
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	29,856	4	71,486
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	374	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 19,730			
	b	Less accumulated depreciation — 10b: 19,730	0	10c	0
	11	Investments—publicly traded securities	787,465	11	1,115,728
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,355,844	16	3,727,508
Liabilities	17	Accounts payable and accrued expenses	15,538	17	18,997
	18	Grants payable	129,359	18	46,204
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	144,897	26	65,201
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,123,084	27	3,545,011
	28	Temporarily restricted net assets	87,863	28	117,296
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	3,210,947	33	3,662,307
	34	Total liabilities and net assets/fund balances	3,355,844	34	3,727,508

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,252,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	979,883
3	Revenue less expenses Subtract line 2 from line 1	3	272,564
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,210,947
5	Net unrealized gains (losses) on investments	5	178,796
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,662,307

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 20-4103240

Name: RAYS BASEBALL FOUNDATION INC

Form 990 (2017)

Form 990, Part III, Line 4a:

PARTNERSHIP GRANTS RANGE FROM $5,000-$25,000 AND ARE GIVEN TO LOCAL RAYS BASEBALL FOUNDATION PARTNERS TO SUPPORT THEIR CHARITABLE EFFORTS IN THE TAMPA BAY AREA THAT COINCIDE WITH THE FOUNDATION'S MISSION STATEMENT

Form 990, Part III, Line 4b:

WITH RECENT MAJOR STORMS AND DISASTERS, SUCH AS HURRICANES IRMA AND MARIA, THE FOUNDATION RECEIVED CONTRIBUTIONS FROM FANS FOR DISASTER RELIEF EFFORTS

Form 990, Part III, Line 4c:

THROUGH VARIOUS SCHOLARSHIP PROGRAMS, THE RAYS BASEBALL FOUNDATION SUPPORTS STUDENT SCHOLARS IN HILLSBOROUGH, PINELLAS, PASCO, MANATEE, AND SARASOTA COUNTIES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 52,500 including grants of $ 52,500) (Revenue $)

YOUTH SPORTS / RBI - THE RBI PROGRAM STANDS FOR REVIVING BASEBALL IN INNER CITIES TWO BASEBALL TEAMS AND ONE SOFTBALL TEAM ARE ORGANIZED BY RBI FOR COMPETING LOCALLY AND ON A LARGE REGIONAL SCALE VERSES OTHER MLB RBI TEAMS

(Code) (Expenses $ 103,595 including grants of $ 103,595) (Revenue $)

SOUTH ST PETE INITIATIVES GIVES A VARIETY OF ASSISTANCE TO HELP AN UNDERSERVED COMMUNITY NEXT TO THE RAYS BALLPARK, WHERE EMPHASIS IS PLACED ON GOOD CHARACTER TRAITS SUCH AS MAKING POSITIVE CHOICES, SAFETY, WORKING HARD, AND STAYING IN SCHOOL

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 43,528 including grants of $ 43,528) (Revenue $)

READING WITH THE RAYS PROGRAM ENCOURAGES KIDS TO AVOID SUMMER READING LOSS BY READING 24 HOURS OVER THE SUMMER MONTHS THE PROGRAM IS OFFERED TO ELEMENTARY SCHOOL STUDENTS IN GRADES THREE THROUGH FIVE IN CHARLOTTE, CITRUS, HERNANDO, MANATEE, HILLSBOROUGH, PASCO, PINELLAS, POLK AND SARASOTA COUNTIES PROGRESS IS TRACKED AND PRIZES ARE AWARDED FOR REACHING CERTAIN GOALS

(Code) (Expenses $ 68,875 including grants of $ 68,875) (Revenue $)

RELIEVER GRANT FUNDING IS USED TO PROVIDE RELIEF TO LITTLE LEAGUE AND OTHER YOUTH BASEBALL INITIATIVES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 100,000 including grants of $ 100,000) (Revenue $)

THE RAYS BASEBALL FOUNDATION COMMUNITY FUND GRANT PROGRAM PROVIDES ASSISTANCE TO LOCAL NONPROFITS IN THE TAMPA BAY REGION GRANTS AWARDED THROUGH THIS PROGRAM AVERAGE $5,000 THESE FUNDS ADD TO AND SUPPORT CURRENT PROGRAMS OFFERED BY COMMUNITY-BASED NONPROFIT ORGANIZATIONS

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
RAYS BASEBALL FOUNDATION INC

Employer identification number
20-4103240

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ 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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	413,425	467,959	415,214	344,294	847,550	2,488,442
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	413,425	467,959	415,214	344,294	847,550	2,488,442
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,663,644
6 **Public support.** Subtract line 5 from line 4						824,798

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4	413,425	467,959	415,214	344,294	847,550	2,488,442
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,779	24,152	26,297	27,541	36,520	150,289
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						2,638,731

12 Gross receipts from related activities, etc (see instructions)	12	2,476,925

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	31 260 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	59 350 %

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
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		
c	**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? *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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	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		
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 line 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		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	11a		
b	A family member of a person described in (a) above?	11b		
c	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*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 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*	2		

Section 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 or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how 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 income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ 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 instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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 those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 20-4103240

Name: RAYS BASEBALL FOUNDATION INC

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)

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
RAYS BASEBALL FOUNDATION INC

Employer identification number
20-4103240

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		19,730	19,730	0
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				0

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,533,788
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	178,796		
b	Donated services and use of facilities	2b	145,545		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	324,341
3	Subtract line **2e** from line **1**			3	1,209,447
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	43,000		
c	Add lines **4a** and **4b**			4c	43,000
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,252,447

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,082,428
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	145,545		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	145,545
3	Subtract line **2e** from line **1**			3	936,883
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	43,000		
c	Add lines **4a** and **4b**			4c	43,000
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	979,883

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 20-4103240
Name: RAYS BASEBALL FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION FOLLOWS THE GUIDANCE PROVIDED FOR IN FASB ASC 740, INCOME TAXES THE GUIDANCE PROVIDED BY ASC 740 INCLUDES ACCOUNTING REQUIREMENTS RELATING TO UNCERTAINTY IN INCOME TAXES AS OF DECEMBER 31, 2017, MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT ARE SUBJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY WHEN APPLICABLE, THE FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS A COMPONENT OF TAX EXPENSE NO PENALTIES OR INTEREST WERE RECOGNIZED IN 2017 OR 2016 THE FOUNDATION'S INCOME TAX FILINGS ARE SUBJECT TO EXAMINIATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY WERE FILED TAX FILINGS FOR YEARS AFTER 2013 REMAIN OPEN FOR EXAMINATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GRANTS RECLASSIFIED TO EXPENSE 43,000

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANTS RECLASSIFIED TO EXPENSE 43,000

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
RAYS BASEBALL FOUNDATION INC

Employer identification number
20-4103240

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 CASINO NIGHT (event type)	(b) Event #2 AUTHENTICATION PROGRAM (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	266,245	113,917	178,600	558,762
	2 Less Contributions	62,000		35,000	97,000
	3 Gross income (line 1 minus line 2)	204,245	113,917	143,600	461,762
Direct Expenses	4 Cash prizes	0			
	5 Noncash prizes	5,800			5,800
	6 Rent/facility costs	3,727			3,727
	7 Food and beverages	15,791			15,791
	8 Entertainment	10,531			10,531
	9 Other direct expenses	27,893		29,136	57,029
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				92,878
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				368,884

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue		5,152		5,152
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		5,659		5,659
	6 Volunteer labor	☐ Yes % ☐ No	☑ Yes 100 000 % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				5,659
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				-507

9 Enter the state(s) in which the organization conducts gaming activities FL

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☑ No

b If "No," explain GAMES CONSIST OF RAFFLE DRAWINGS AND RAFFLE SCRATCH-OFFS, BOTH OF WHICH ARE NOT CARD GAMES AND DO NOT REQUIRE STATE LICENSURE

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	100 000 %
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ KAREN SANBORN ACCOUNTING MANAGER

Address ▶ ONE TROPICANA DR
SAINT PETERSBURG, FL 33705

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ DAVID EGLES REBECCA RAY

Gaming manager compensation ▶ $ 0

Description of services provided ▶ EGLES MANAGES THE OPERATION FOR THE ENTIRE SHIRTS OFF OUR BACKS FUNDRAISER AND RAY COUNTS AND DEPOSITS ALL CASH

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292014008

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
RAYS BASEBALL FOUNDATION INC

Employer identification number
20-4103240

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 65

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EACH GRANT APPLICANT IS REQUIRED TO PROVIDE A BRIEF HISTORY OF ITS ORGANIZATION, ITS MISSION AND GOALS, THE GEOGRAPHIC AREA IT SERVES, OTHER SOURCES OF FUNDING, PERCENTAGE OF BUDGET SPENT ON ADMINISTRATION AND FUNDRAISING, A LIST OF BOARD OF DIRECTORS, AND SPECIFIC DEMOGRAPHIC INFORMATION ABOUT THE POPULATION BEING SERVED BY ITS PROGRAM ADDITIONALLY, EACH GRANT APPLICANT IS REQUIRED TO SUBMIT WITH THE APPLICATION THE SECTION 501(C)(3) TAX EXEMPT LETTER, CURRENT BUDGET, A PROGRAM BUDGET FOR THE PROGRAM THEY ARE REQUESTING FUNDS FOR, MOST CURRENT AUDITED FINANCIAL STATEMENTS, AND MOST CURRENT ANNUAL REPORT

Additional Data

Software ID:
Software Version:
EIN: 20-4103240
Name: RAYS BASEBALL FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACADEMY PREP CENTER OF ST PETERSBURG 2301 22ND AVE SOUTH ST PETERSBURG, FL 33712	59-3623000	501(C)(3)	17,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
ACADEMY PREP CENTER OF TAMPA 1407 E COLUMBUS DR TAMPA, FL 33605	59-3622978	501(C)(3)	18,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL SPORTS & ACADEMIC PROGRAM INC 11007 REDBERRY WAY TAMPA, FL 33624	46-5575230	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
ALPHA HOUSE OF TAMPA 201 SOUTH TAMPANIA AVE TAMPA, FL 336093231	59-2655523	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BESS THE BOOK BUS INC 301 NATIONAL ORANGE AVE OLDSMAR, FL 34677	51-0518142	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
BEST BUDDIES INTERNATIONAL INC 100 SOUTHEAST 2ND ST STE 2200 MIAMI, FL 33131	52-1614576	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF TAMPA BAY 4630 WOODLAND CORPORATE BLVD STE 160 TAMPA, FL 33614	59-2173085	501(C)(3)	60,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
BIG BROTHERS BIG SISTERS OF THE SUNCOAST 101 WEST VENICE AVE STE 35 VENICE, FL 34285	59-1361826	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF THE SUNCOAST 2300 TALL PINES DRIVE STE 150 LARGO, FL 33771	59-1566799	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
BUDDY BASEBALL INC 639 GILLETTE AVE TEMPLE TERRACE, FL 33617	27-2652151	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURG BASEBALL INC 1875 59 CIRCLE SOUTH ST PETERSBURG, FL 33712	76-0849516	501(C)(3)	25,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
CITY OF CLEARWATER PARKS AND RECREATION PO BOX 4748 CLEARWATER, FL 337584748	59-6000289	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF ST PETERSBURG PO BOX 2842 ST PETERSBURG, FL 337312842	59-6000424	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
CLEARWATER FOR YOUTH 1501 N BELCHER ROAD STE 236 CLEARWATER, FL 33765	59-1408073	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY STEPPING STONES INC 1101 E RIVER COVE ST TAMPA, FL 33604	59-3547077	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
COMMUNITY TAMPA BAY 4300 W CYPRESS ST STE 700 TAMPA, FL 33607	81-0675602	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CRISIS CENTER OF TAMPA BAY ONE CRISIS CENTER PLAZA TAMPA, FL 33613	59-1785265	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
ECHO OF BRANDON INC 507 N PARSONS AVE BRANDON, FL 335103611	59-3051533	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECKERD CONNECTS 100 STARCREST DRIVE CLEARWATER, FL 33765	59-2551416	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
EVOLUTION INSTITUTE INC 10627 MACRIHANISH CIRCLE SAN ANTONIO, FL 33576	27-3353656	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA HOLOCAUST MUSEUM 55 5TH STREET SOUTH ST PETERSBURG, FL 33701	59-2981494	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
FRAMEWORKS OF TAMPA BAY INC 402 EAST OAK AVE TAMPA, FL 33602	20-8776228	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED OF PINELLAS 7700 61ST ST PINELLAS PARK, FL 33781	59-0970201	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
GOOD SPORTS 1515 HANCOCK ST STE 301 QUINCY, MA 02169	75-3138664	501(C)(3)	27,500	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEART GALLERY-PINELLAS & PASCO 100 SECOND AVE NORTH STE 150 ST PETERSBURG, FL 33701	06-1771581	501(C)(3)	6,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
HILLSBOROUGH EDUCATION FOUNDATION 2306 N HOWARD AVE TAMPA, FL 33607	59-2883361	501(C)(3)	50,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
I SUPPORT YOUTH 639 SOUTHWEST BLVD N ST PETERSBURG, FL 33703	81-0888434	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
LIGHTHOUSE OF PINELLAS INC 6925 112TH CIRCLE STE 103 LARGO, FL 337735200	23-7042938	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE LEAGUE OF THE TRIANGLE PO BOX 4193 CARY, NC 27519	20-2696836	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
NORTHEAST LITTLE LEAGUE PO BOX 7562 ST PETERSBURG, FL 33734	23-7378070	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PASCO EDUCATION FOUNDATION PO BOX 1248 LAND OLAKES, FL 34638	59-3048717	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
PINELLAS EDUCATION FOUNDATION 12090 STARKEY RD LARGO, FL 33773	59-2688253	501(C)(3)	55,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
POSITIVE COACHING ALLIANCE 1001 N RENGSTORFF AVE STE 100 MOUNTAIN VIEW, CA 94043	77-0485946	501(C)(3)	40,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
READY FOR LIFE INC 2300 TALL PINES DRIVE STE 100 LARGO, FL 33771	26-4032979	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REDLANDS CHRISTIAN MIGRANT ASC 402 W MAIN ST IMMOKALEE, FL 34142	59-1221966	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
ST PETERSBURG COLLEGE FOUNDATION INC PO BOX 13489 ST PETERSBURG, FL 337333489	59-1954362	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST PETERSBURG FREE CLINIC INC 863 3RD AVE N ST PETERSBURG, FL 337012703	23-7208280	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
ST PETERSBURG HIGH SCHOOL 2501-5TH AVE NORTH ST PETERSBURG, FL 33713	59-6000799	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STARTING RIGHT NOW 1212 W CASS ST TAMPA, FL 33606	26-3725699	501(C)(3)	41,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
TAKE STOCK IN CHILDREN OF MANATEE 2501 63RD AVE EAST BRADENTON, FL 34203	46-1337168	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAKE STOCK IN CHILDREN OF SARASOTA COUNTY INC PO BOX 48186 SARASOTA, FL 34230	33-1012774	501(C)(3)	15,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
TAMPA GENERAL HOSPITAL FOUNDATION PO BOX 1289 TAMPA, FL 336011289	23-7354477	501(C)(3)	40,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAMPA JCC - FEDERATION INC 13009 COMMUNITY CAMPUS DR TAMPA, FL 33625	23-7182057	501(C)(3)	20,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
TAMPA METROPOLITAN AREA YMCA 110 EAST OAK AVENUE TAMPA, FL 33602	59-1742909	501(C)(3)	16,667	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CENTRE FOR WOMEN INC 305 S HYDE PARK AVE TAMPA, FL 33606	59-1787902	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
THE FLORIDA DREAM CENTER 4017 56TH AVE N ST PETERSBURG, FL 33714	46-0663472	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

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THE POYNTER INSTITUTE 801 THIRD STREET SOUTH ST PETERSBURG, FL 33701	59-1630423	501(C)(3)	10,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
TRINITY CAFE INC 2801 N NEBRASKA AVE TAMPA, FL 33602	59-3733387	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

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UNITED FOOD BANK & SERVICES OF PLANT CITY 712 E ALSOBROOK ST STE H PLANT CITY, FL 335636600	59-3069728	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
UNIVERSITY AREA CDC 14013 NORTH 22ND STREET TAMPA, FL 33613	31-1624121	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WHEELCHAIRS 4 KIDS 1976 S PINELLAS AVE TARPON SPRINGS, FL 346891942	45-1308941	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
YBOR CITY MUSEUM SOCIETY INC PO BOX 5421 TAMPA, FL 33675	59-2274494	501(C)(3)	5,000	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER ST PETERSBURG 600 1ST AVE NORTH STE 201 ST PETERSBURG, FL 33701	59-0624468	501(C)(3)	36,667	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION
YMCA OF THE SUNCOAST 2469 ENTERPRISE RD CLEARWATER, FL 33761	59-0810731	501(C)(3)	16,667	0	N/A	N/A	TO SUPPORT YOUTH AND EDUCATION PROGRAMS IN THE TAMPA BAY REGION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF THE FLORIDA KEYS 300 SOUTHARD ST STE 201 KEY WEST, FL 33040	65-0648968	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
DOMESTIC ABUSE SHELTER INC PO BOX 522696 MARATHON SHORES, FL 33052	59-2153608	501(C)(3)	10,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLORIDA KEYS AUDUBON SOCIETY PO BOX 1573 KEY WEST, FL 33041	23-7207666	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
FLORIDA KEYS CHILDRENS SHELTER INC 73 HIGH POINT RD TAVERNIER, FL 33070	59-2605356	501(C)(3)	10,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
WESLEY HOUSE FAMILY SERVICES INC 1304 TRUMAN AVE KEY WEST, FL 33040	59-0624461	501(C)(3)	10,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REEF RELIEF INC PO BOX 430 KEY WEST, FL 33041	59-2696402	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
SOUTHERNMOST HOMELESS ASSISTANCE LEAGUE INC PO BOX 2990 KEY WEST, FL 33045	65-0874896	501(C)(3)	10,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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AH OF MONROE COUNTY INC 1434 KENNEDY DR KEY WEST, FL 33040	59-2678740	501(C)(3)	10,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
FLORIDA KEYS EDUCATIONAL FOUNDATION INC 5901 COLLEGE RD KEY WEST, FL 33040	59-6173174	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LITTLE LEAGUE BASEBALL INC 300 N LAKESHORE BLVD LAKE WALES, FL 33853	59-2308869	501(C)(3)	5,000	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS
TAMPA BAYS RAYS ONE TROPICANA DRIVE ST PETERSBURG, FL 33705	59-3300424	N/A	62,312	0	N/A	N/A	TO PROVIDE RELIEF AND ASSISTANCE TO HURRICANE DAMANGED AREAS

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SCHEDULE O (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.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
RAYS BASEBALL FOUNDATION INC

Employer identification number
20-4103240

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, QUESTION 6	APPROXIMATELY 157 VOLUNTEERS ARE USED TO DISTRIBUTE SCRATCH OFF CARDS TO RAISE MONEY FOR THE FOUNDATION AT THE ANNUAL SHIRTS OFF OUR BACKS FUNDRAISER EACH SCRATCH OFF CARD CONTAINS A PRIZE, WITH THE GRAND PRIZE BEING A GAME WORN JERSEY OFF A PLAYER OR COACH SIX (6) ADDITIONAL VOLUNTEERS SERVE AS UNPAID BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	WITH RECENT MAJOR STORMS AND DISASTERS, SUCH AS HURRICANES IRMA AND MARIA, THE FOUNDATION RECEIVED CONTRIBUTIONS FROM FANS FOR DISASTER RELIEF EFFORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 5, PART V, 7B	THE ORGANIZATION PROVIDES WRITTEN DOCUMENTATION OF DONATIONS OVER $75 ONLY IF REQUESTED BY THE DONOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN ELECTRONIC DRAFT OF FORM 990 IS DISTRIBUTED VIA EMAIL TO THE BOARD TO REVIEW PRIOR TO F ILING THE FINAL VERSION WITH THE IRS ONE BOARD MEMBER WILL BE RESPONSIBLE FOR SIGNING THE FINAL FORM 990 THE FINAL FORM 990 WILL BE DISTRIBUTED TO THE BOARD ELECTRONICALLY AND RE TAINED BY THE FINANCE DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE STANDARD OF BEHAVIOR AT THE RAYS BASEBALL FOUNDATION IS THAT ALL BOARD MEMBERS, VOLUNTEERS AND ASSOCIATES SCRUPULOUSLY AVOID ANY CONFLICT OF INTEREST BETWEEN THE INTERESTS OF THE RAYS BASEBALL FOUNDATION ON ONE HAND, AND PERSONAL, FAMILIAL, PROFESSIONAL, AND BUSINESS INTERESTS ON THE OTHER THIS INCLUDES AVOIDING ACTUAL CONFLICTS OF INTEREST AS WELL AS PERCEIVED CONFLICTS OF INTEREST THE PURPOSES OF THE POLICY IS TO PROTECT THE INTEGRITY OF OUR ORGANIZATION'S DECISION-MAKING PROCESSES, TO ENABLE OUR CUSTOMERS AND OTHER PARTNERS TO HAVE CONFIDENCE IN OUR INTEGRITY, AND TO PROTECT THE INTEGRITY AND REPUTATION OF OUR BOARD OF DIRECTORS, VOLUNTEERS AND KEY ASSOCIATES UPON OR BEFORE ELECTION, OR APPOINTMENT, A FULL WRITTEN DISCLOSURE OF INTERESTS, RELATIONSHIPS AND HOLDINGS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST IS REQUIRED THIS WRITTEN DISCLOSURE IS KEPT ON FILE AND IS UPDATED AS NECESSARY AND AT LEAST ON AN ANNUAL BASIS IN THE COURSE OF MEETINGS OR ACTIVITIES, DISCLOSURE OF ANY INTERESTS IN A TRANSACTION OR DECISION WHERE ANYONE (INCLUDING BUSINESS OR OTHER NONPROFIT AFFILIATION, FAMILY AND/OR SIGNIFICANT OTHER, EMPLOYER OR CLOSE ASSOCIATES) COULD APPEAR TO RECEIVE A BENEFIT OR GAIN IS DISCUSSED IT IS UNDERSTOOD THE PARTY WILL BE ASKED TO LEAVE THE ROOM FOR THE DISCUSSION AND WILL NOT BE PERMITTED TO VOTE ON THE QUESTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR INSPECTION DURI NG REGULAR BUSINESS HOURS AT THE FOUNDATION'S PRINCIPAL OFFICE COPIES ARE AVAILABLE FOR A SMALL FEE TO COVER COPYING AND MAILING COSTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS VOTES ON THE SELECTION OF THE FOUNDATION'S INDEPENDENT ACCOUNTANT E VERY YEAR BEFORE THE AUDIT IS ENGAGED THE OVERSIGHT AND SELECTION PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, J	THE WEBSITE FOR THE RAYS BASEBALL FOUNDATION IS HTTP //WWW MLB COM/RAYS/COMMUNITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 5, PART V, 1A	IN PRIOR YEARS, RAYS BASEBALL FOUNDATION RAN A 50/50 RAFFLE GAMING EVENT WHICH RESULTED IN FORM 1096 BEING FILED FOR GAMBLING WINNINGS IN 2017, THE TED WILLIAMS MUSEUM AND HITTERS HALL OF FAME, INC TOOK OVER RUNNING THE 50/50 RAFFLE PROGRAM, GIVING THE RAYS FOUNDATION A PORTION OF THE INCOME GENERATED FROM THE EVENT BECAUSE OF THIS, TED WILLIAMS MUSEUM AND HITTERS HALL OF FAME NOW ISSUES THE FORM 1096/FORM W-2G'S RELATED TO THE EVENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 5, PART V, 2A	THE RAYS BASEBALL FOUNDATION IS RUN BY VOLUNTEERS WHO ARE EMPLOYEES OF THE TAMPA BAY RAYS THE TAMPA BAY RAYS COMPENSATE THE EMPLOYEES WHO DONATE THEIR TIME TO THE RAYS BASEBALL FO UNDATION THUS NO COMPENSATION IS REPORTED BY RAYS BASEBALL FOUNDATION, INC