

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2018

Open to Public Inspection

<u> </u>	For the 2	2018 cale	endar year, or tax yea	r beginning		, 2018,	and ending	<u> </u>		, 20	
В	Check if a	ck if applicable C Name of organization Hudson Baseball Association Inc D Employer ide								yer identification n	umber
	Address c									23-7251522	
\Box		ne change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephoi							ne number		
$\overline{\Box}$	Initial retur									330-958-0200	
\exists				province country	and ZIP or foreign post	tal code	1			330-330-0200	
H	Final return		1	brovince, courting,	und Zin on roroight poor				C C*****	rocento ¢	216,918
	Amended		Hudson, OH 44236	. , ,	Jac Dandarra tras				G Gross r	•	
Ш	Application	n pending			Joe Randazzo, trea	isurei	ac l			r subordinates? 🔲 Yes	_
_	_		PO Box 2219, Hudson					_ ``		es included? L Yes	
<u></u>	Tax-exem	pt status	☐ 501(c)(3)	✓ 501(c) (4	1) 	4947(a)(1) or	527	If "N	o," attach	a list (see instruction	ons)
<u>J</u>	Website	► hud	Isonbaseballassociat	tion sportsignu	p com	1	·	H(c) Group	exemption	number 🟲	
K	Form of org	ganization	Corporation Trus	t 🗌 Association	☐ Other ►	L Ye	ear of formation	on 1973	M State	of legal domicile	ОН
P	art I	Summ	nary			1					
	1 E	Briefly de	escribe the organiza	tion's mission	or most significan	it activities	Overse	and manag	e organız	ed community	
ė	t	oaseball t	eams, developing in yo	oung men good	sportsmanship, resp	ect, commit	ment and re	esponsibility,	both on th	he field and off	
ğ	-										
Governance	2 0	Check th	is box ▶ 🗌 if the or	ganization dis	continued its oper	ations or d	Isposed o	f more than	25% of	its net assets	
<u>ŏ</u>	1		of voting members	-					3	1	13
ن 8	l .		of independent votir	_			Line 1h		4		13
es	1		nber of individuals e	-				•	5		0
V.E	l .		nber of volunteers ((1 alt v, mi	c zu,		6	ł	
Activities &			elated business rev				-	•	7a	<u> </u>	55
1	7a ⊺	otal ulli	elated business revi	enue irom Par	LY", CRECE	VED .	•				0
	b N	vet unrei	lated business taxab	ole income iro	m Form 990-T, im	336	 	Prior Ye	7b	Current Y	<u> </u>
					E MAY 2 1		RS-0S	FIIOI 16			
ne			tions and grants (Pa		15,500		7,500				
ē		-	service revenue (Pa		1 1		H		213,038		149,309
Revenue	10 li	nvestme	ent income (Part VIII,	column (A), lı	nes 3, 4 and 7dl	J IIT	' -				
_	11 (Other rev	enue (Part VIII, colu	mn (A), lines 5	6d, 8e, 9e, 40e,	and 41e)					60,109
	12 T	otal reve	enue-add lines 8 th	rough 11 (mus	t equal Part VIII, co	olumn (A), lı	ne 12)		228,538		216,918
	13 6	Grants ai	nd sımılar amounts <mark>j</mark>	paid (Part IX, d	column (A), lines 1-	-3) .			0,		0
	14 E	Benefits	paid to or for memb	ers (Part IX, c	olumn (A), line 4)		. L		0		0
ç	15 S	Salaries,	other compensation,	employee ben	efits (Part IX, colum	n (A), lines	5–10)		0		0
nse	16a F	Professio	onal fundraising fees	(Part IX, colu	mn (A), line 11e)				0		0
Expenses	ЬТ	otal fun-	draising expenses (F	Part IX, colum	n (D), line 25) ▶						
ũ			penses (Part IX, colu		· · · · · · · · · · · · · · · · · · ·						
			enses Add lines 13				5) .		197,173		239,232
			less expenses Sub				" [31,365		-22,314
_s		10101100	TOOC ONPONESS SUB			<u> </u>	В.	eginning of Cu		End of Ye	
Net Assets or Fund Balances	20 T	ntal ass	ets (Part X, line 16)						120,246		97,932
Asse	21 T		ollities (Part X, line 26	3)			· · · -		120,240		
Line Line	22		ts or fund balances.	•	21 from line 20	•	· -				0 07 022
	art II		ture Block	Subtract line	21 Hom line 20	• •	····		120,246	<u> </u>	97,932
				2.0							1 5 -1 -4 -4
tru	der penaiti e. correct. :	es or perju and compl	iry, I declare that I have ex lete Declaration of prepa	rer (other than offi	n, including accompant cer) is based on all infor	ying scriedule mation of wh	es and statem ich preparer i	nents, and to the nas anv knowle	ne best of i edae	my knowledge and	i beller, it is
	' '	<u> </u>	18-14	1 <i>//</i>	•			~ '		10/ 2019	
Sig	.n	Sign	ature of officer					l Da	<u>5-1</u>	7-201	
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He	16	-	/ 3 1	ur vy 2 2	D Treasure	<u>r </u>					
		<i>,</i>	or print name and title	10			15.4		- 	LOTIN	
Pa	id	Printry	pe preparer's name	Pre	parer's signature		Date	ŧ	Check	— 1	
	eparer		. .		·				self-em	ployed	
	e Only	1	ame ►					Firm	ı's EIN ▶		
			ddress ►					Pho	ne no		
Ма	y the IRS	discuss	s this return with the	preparer sho	wn above? (see in	structions)				🗌 Yes	
For	Paperwo	rk Redu	ction Act Notice, see	the separate i	nstructions.		Cat No	11282Y		Form S	990 (2018)

) (Revenue \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(Expenses \$



Part IV	Checklist of	Required	Schedules

			res	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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		1
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		√
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		√
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		√
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		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
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		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
đ	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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓ ✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		V
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		1
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		√
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		✓
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	√	
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	000	√
		Form	n 990	(2018)

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
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		1
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		√
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		y
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		1
С	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		√
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		✓
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		>
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		√
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		<u> </u>
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		✓
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		
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		√
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	√	
Part				_
_	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	- 1c	 	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	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? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
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		✓
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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\
С	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	✓	
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).			
а	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
h	· · · · · · · · · · · · · · · · · · ·	/11		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	—	—
9	Sponsoring organizations maintaining donor advised funds.	-		
a	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			I
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	- 1		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)]
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			Į
b	Enter the amount of reserves the organization is required to maintain by the states in which			į
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>√</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		<u>√</u> ,
	If "Yes," see instructions and file Form 4720, Schedule N			لب_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O	ł	l	- 1

Part	response to linc 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O contains a response or note to any line in this Part VI	Sohedule O. Se			
Secti	on A. Governing Body and Management			¥	l M-
4.0	Enter the number of voting members of the governing body at the end of the tax year 1a	12		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	13			
	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	13			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation any other officer, director, trustee, or key employee?	onship with			_
3	Did the organization delegate control over management duties customarily performed by or under				,
	supervision of officers, directors, or trustees, or key employees to a management company or other pe		3		V
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		✓ ✓
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	<u>5</u>		✓
6	Did the organization have members or stockholders?	t or appoint			
7a	one or more members of the governing body?	. ļ	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by stockholders, or persons other than the governing body?	members,	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken the year by the following:	aken during			
а	The governing body?	. <i>.</i> ľ	8a	<u></u>	
b	Each committee with authority to act on behalf of the governing body?	[8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	reached at	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Inc	ernal Revenu	ie C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of suc affiliates, and branches to ensure their operations are consistent with the organization's exempt p	h chapters, urposes?	10b		,
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil		11a	✓	
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		✓_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the police	y? If "Yes,"	40.		
	describe in Schedule O how this was done	• • •	12c 13		
13	Did the organization have a written whistleblower policy?	· • -	14		·/
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and	approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation ar				
а	The organization's CEO, Executive Director, or top management official		15a	√	
b	Other officers or key employees of the organization	[15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year?	rrangement	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa		16b		
Secti	organization's exempt status with respect to such arrangements?		נטט		I
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99 (3)s only) available for public inspection. Indicate how you made these available. Check all that ap Own website Another's website Upon request Other (explain in Schedule).	ply	(Sec	tion (501(c
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, financial statements available to the public during the tax year.	conflict of inte	rest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's	books and rec	ords	>	
	log Bondorro, BO Boy 2210, Hudoop, OH, 44226, 7220/058, 0200				

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest C	ompensated l	Employees,	and
	Independent Contractors						

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization no	r anv relate	d ora	วกเว	atio	n c	omne	nea	ited any curren	t officer directo	r or trustee
Check this box in Heither the organization no	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.									
(A)	(B)			•	-, ition			(D)	(E)	(F)
Name and Title	Average					e than d		Reportable	Reportable	Estimated
Tallo alla Tillo	hours per				compensation	compensation from	amount of			
	week (list any hours for	오늘	2	♀	<u>چ</u>	ᆿ픑	77	from the	related organizations	other compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual t	Iona		oldt	t cor	`	(W-2/1099-MISC)		organization and related
	line)	rust	쿹		yee	npe				organizations
		ee	stee			Highest compensated employee				
						8				
(1) Chris Prado	3									
PO Box 2219, Hudson, OH 44236		>		✓				0	0	0
(2) Todd Deutsch	3									
PO Box 2219, Hudson, OH 44236		<u> </u>		✓				0	0	0
(3) Jeff Aukerman	11									
PQ Box 2219, Hudson, OH 44236		√	ļ <u> </u>	✓				0	0	0
(4) Joe Randazzo	3									
PO Box 2219, Hudson, OH 44236		\		✓				0	0	0
(5) Josh Studzinski	2									
PO Box 2219, Hudson, OH 44236		\						0	0	0
(6) Mark Salem	2									
PO Box 2219, Hudson, OH 44236		✓			ļ			0	0	0
(7) Randy Ashe	11									
PO Box 2219, Hudson, OH 44236		✓						0	0	0
(8) James Vitale	2	,								
PO Box 2219, Hudson, OH 44236		✓						0	0	0
(9) Brett Daberko	11	√								
PO Box 2219, Hudson, OH 44236		···			ļ			0	0	0
(10) Troy Harrington	11	√						_		
PO Box 2219, Hudson, OH 44236		-		ļ	<u> </u>	ļ		0	0	0
(11) Peter Havens	11	√								
PO Box 2219, Hudson, OH 44236								0	0	0
(12) Ken Leighton	2	1							•	•
PO Box 2219, Hudson, OH 44236								0	0	0
(13) Joe Newberry	11	1						_	_	2
PO Box 2219, Hudson, OH 44236				<u> </u>		 		0	0	0
(14)	ļ									

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yee			lighe	st C	ompensated E	mployees	(continu	ed)			
					•	C) iition									
	(A)	(B)	(do n	ot ch			e than	one	(D)	(E)					
	Name and title	Average hours per					is both or/trus		Reportable compensation	Reportation Compensation					
		week (list any		_	_	_	1		from	related	:	other			
		hours for related	_ ₹ d	nstit	Officer	e e	필호	Former	the organization	organizati (W-2/1099-I			ensatio m the	n	
		organizations	rect	utio	e.	Key employee	est	ĕ	(W-2/1099-MISC)	(00-2/1099-1	VIIGO)		nızatıor	า	
		below dotted	우플	nal		ōy	l [®] Si						related		
		line)	Individual trustee or director	Institutional truster		ě	pen				}	orgar	nization	S	
			æ	tee			Highest compensated employee		1						
/4 E\		 				-	٩								
(15)	·			ľ											
(4.0)															
(16)											l				
(4.7)							<u> </u>								
(17)	••••														
(4.0)								-							
(18)															
(40)															
(19)															
(20)								_							
(20)								Ì							
(21)															
(21)															
(22)															
(22)															
(22)															
(23)															
(0.4)						-									
(24)															
(OE)															
(25)															
1b	Sub-total							<u> </u>							
	Total from continuation sheets to Part	VII Saatia	n A	•	•		•								
c d		•		•	•										
2	Total number of individuals (including but	not limited						, , , , ,	ho received m	ara than \$1	00 000	of			
2	reportable compensation from the organi		to tri	056	1151	eu a	above	;) vvi		JIE MAN PI	00,000	O1			
	reportable compensation from the organi	Zalion							0				Yes	No	
•	Did the average but any former of	د مانا مانا مانا							طميط بيم المحددما				163	-140	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									est compe	ensated	3	-	$\overline{}$	
_														_ `	
4	For any individual listed on line 1a, is the	sum of rep	ortat	ole (com	iper	isatio	n ai	nd other comp	ensation fr	om the		1		
	organization and related organizations individual	greater tha	an Şi								r sucn	4		1	
_	Individual	r 000rii0 00									dandad			<u> </u>	
5	for services rendered to the organization?											5		<u> </u>	
Section	on B. Independent Contractors	11 103, 0	Ompi		OC,	CGC	110 0 1	0, 3	den person	· · ·	•			Ť	
				4	d						m 6100	000 of			
1	Complete this table for your five highest of compensation from the organization. Rep													. .	
	year.	or compe	Sauc	<i>,</i> 1110	וו וו	IC C	aiciiu	ai y	rear ending with	TO WILLIAM	uie orga	ainzanc	1113 6	1/	
	(A)								(B)			(C)			
	Name and business add	ress							Description of s	ervices	c	Compens	ation		
									-			•			
									<u> </u>			·	. —		
									_ _						
								ļ							
								-							
2	Total number of independent contracto	re (includin	na bu	t n	ot I	ımıt	ed to	th	nse listed sho	who					
-	received more than \$100,000 of compens								0	,, WIIIO					
			1						U						

Par	t VIII	Statement of Revenue					_
		Check if Schedule O contains a i	response or note to				
				(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		la				
Gra	b	' h	lb				
ts,	С		lc				
를 를	ď		ld		ļ		
ons, Sim	e	,	le		ĺ		
utio	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,500				
충	_	Noncash contributions included in lines 1a–1f					
e d	l g h	Total. Add lines 1a–1f	Ψ -	7,500			
	- "	Total Add into Ta Ti	Business Code	.,			
en.	2a	Registration Fees	713990	149,309	149,309		· · · · · · · · · · · · · · · · · · ·
æ	b						
je Je	С						
Program Service Revenue	d						
	е						
igo.	f	All other program service revenue					
<u>~</u>	g	Total. Add lines 2a–2f		149,309			
	3	Investment income (including di and other similar amounts) .	viderias, interest,				
	4	Income from investment of tax-exemp					
	5	Royalties	bolla proceeds				
		(i) Real	(II) Personal		-		1
	6a	Gross rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	•				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	C	Gain or (loss) .					<u> </u>
	d	Net gain or (loss)					1
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18	a 60,109				
₹		Less. direct expenses	b				
		Net income or (loss) from fundraisi Gross income from gaming activities	s.	60,109			60,109
	١.	See Part IV, line 19	a	į			
		Less' direct expenses Net income or (loss) from gaming a	b				
		Gross sales of inventory, les returns and allowances					
	b	Less: cost of goods sold .	b				i
		Net income or (loss) from sales of i	nventory ►				
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					<u> </u>
	e 10	Total. Add lines 11a-11d .		040.040	440.000		00.100
	12	Total revenue. See instructions		216,918	149,309		60,109

	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns A	Il other organization	s must complete co	olumn (A)
	Check if Schedule O contains a respon-	se or note to any lir	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	CAPUNISCS
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16			THE PERSON NAMED IN COLUMN TO SERVICE AND	
4 5	Benefits paid to or for members . Compensation of current officers, directors, trustees, and key employees			T PERSONAL SALES SEA	
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 8	Other salaries and wages . 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)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying			· · · · · · · · · · · · · · · · · · ·	
e	Professional fundraising services See Part IV, line 17	***************************************	·····	Budin printers.	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,373		1,373	
13	Office expenses			1,070	
14	Information technology	454		454	
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	2,117		2,117	
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)				
а	cash prizes	3,050			3,050
b	food & beverage	2,904			2,904
С	printing	794		794	
d	bank fees	108		108	
е	All other expenses Schedule O expenses	228,432	208,690	3,311	16,431
25	Total functional expenses. Add lines 1 through 24e	239,232			
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)				

	art A	Check if Schedule O contains a response or note to any line in this Pa	rt Y		
		· ·	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	120,246	1	97,932
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
s		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		- +	1
		other basis Complete Part VI of Schedule D 10a		}	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	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)	120,246	16	97,932
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue '		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,		Ì	
Liabilities		trustees, key employees, highest compensated employees, and		_	
jab		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	·	05	
	06	<u>}</u>	0	25 26	
_	_26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		- 20	
seou	•	complete lines 27 through 29, and lines 33 and 34.			
ilar	27	Unrestricted net assets	120,246	27	97,932
B	28	Temporarily restricted net assets		28	<u></u>
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne Ne	33	Total net assets or fund balances	120,246	33	97,932
	34	Total liabilities and net assets/fund balances	120,246	34	97,932 Form 990 (2018)

	Pa	ige 12
	210	6,,918
		9,232
	-2	2,314
	12	20,246
		0
	`	0
		0
		0
		0
	9	7,932
	Yes	No
2a		<u> </u>

Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . 1 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses Subtract line 2 from line 1 . . 3 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 Net unrealized gains (losses) on investments 6 6 Donated services and use of facilities . . . 7 7 Investment expenses 8 Prior period adjustments . . 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990. Cash Accrual 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? 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 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 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 За the Single Audit Act and OMB Circular A-133? 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.

Form 990 (2018)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www irs.gov/Form990 for instructions and the latest information.

Name o	of the organization	<u> </u>			•	Employer identific	cation number
	Rudson Baseball Association Inc Part I Fundraising Activities. Complete if the organization answered "Yes" on For					23-7251522	
Par	Fundraising Activities. Form 990-EZ filers are n				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	Check all that apply.	
· a	☐ Mail solicitations	Traiced farias			on of non-govern		
b	Internet and email solicitation	ıs	f		on of governmen		
С	☐ Phone solicitations		g⊡	Special 1	fundraising events	S	
d	☐ In-person solicitations						
2a	Did the organization have a writt						
_	or key employees listed in Form		-				
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			araisers) pi	irsuant to agreem	nents under which tr	ie tundraiser is to be
	compensated at least 40,000 by	tric organizatio	,,,				
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts ((v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		·····	
1]		
2							
3							
4							
5							
6							
7			<u> </u>				
9							
10							
Total							
3	List all states in which the organ			ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing						

	, 						
				·			

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	(b) Event #2	(c) Other events	(d) Total events		
			Tournament	Masters Draft	5 other events	(add col (a) through col (c))		
•			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	26,400	11,566	22,143	60,109		
æ	2							
	3	Gross income (line 1 minus line 2)	26,400	11,566	22,143	60,109		
	4	Cash prizes		2,000	1,050	3,050		
	5	Noncash prizes						
enses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	904		2,000	2,904		
Direc	8	Entertainment	~~					
	9	Other direct expenses	16,431			16,431		
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		22,385		
	11	Net income summary. Subtra				37,724		
Pa	rt II		e organization answe		990, Part IV, line 19,	or reported more than		
enue			(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						
ses	2	Cash prizes .						
Direct Expenses	3	Noncash prizes			-			
Direct	4	Rent/facility costs				<u> </u>		
_	5	Other direct expenses						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	7 Direct expense summary Add lines 2 through 5 in column (d)						
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	. •			
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?								
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . Yes No f "Yes," explain.						

Schedu	ule G (Porm 990 or 990-EZ) 2018		Page 3
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?		□ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address►		
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 ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		□Мо
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
D	spent in the organization's own exempt activities during the tax year ▶ \$		
Part			
	·		
	·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Hudson Baseball Association Inc 23-7251522			
Part IX Line 24e - All Other Exp	enses -		
Clinic Coaching Expense \$8,	574 Column B		
Coaching Fee \$23	,000 Column B		
Field Rental \$26	,265 Column B		
League Fees \$5,3	25 Column B		
Donations \$1,8	1 Column C		
Scholarship for High School \$,500 Column C		
Supplies and Equipment \$15	,841 Column B		
Tournament Expenses \$	8,188 Column B		
Tournament Registration \$6	i,400 Column B		
Umpire Fees \$12	2,370 Column B (\$10,022) and Column D (\$2,348)		
Uniforms \$40	,075 Column B		
Registration Refunds due to rail	ned out tournament \$14,083 Column D		
TOTAL OTHER EXPENSES	\$228,432		
Part VI, 11b			
Board meetings are held first Sa	turday of each month year round Meetings are open to the public, are public	zed on our website, and are made	
known at tryouts and other orga	nizational meetings In addition, financials are made available upon request	Once financials are reviewed, Form	
990 is prepared and distributed	to Board members It is also available upon request to non-Board members		
Part VI, 19			
Corporate Bylaws are available	to the general public on our website and are also available in hard copy upon r	request Financial records,	
including bank records and Forr	n 990 (or 990 EZ for prior years) are reviewed at Board meetings, which are op	pen to the public Records and	
Form 990 are also made availat	ole upon request		