

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation KNIGHTS BASEBALL CLUB		A Employer identification number 93-1135130	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 40212		Room/suite	B Telephone number (see instructions) (541) 752-5656
City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97240		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 608,853</b>	J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) <u>(Part I, column (d) must be on cash basis )</u>	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	708,375			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	3 Interest on savings and temporary cash investments . . . . .	1,531	1,531	1,531	
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0		
	8 Net short-term capital gain . . . . .			0	
	9 Income modifications . . . . .				
	10a Gross sales less returns and allowances 338,544				
Operating and Administrative Expenses	b Less Cost of goods sold 118,977				
	c Gross profit or (loss) (attach schedule) . . . . .	219,567		219,567	
	11 Other income (attach schedule) . . . . .	322,061	0	322,061	
	12 Total. Add lines 1 through 11 . . . . .	1,251,534	1,531	543,159	
	13 Compensation of officers, directors, trustees, etc	127,600	0	127,600	127,600
	14 Other employee salaries and wages . . . . .	223,512	0	223,512	223,512
	15 Pension plans, employee benefits . . . . .	28,015	0	28,015	28,015
	16a Legal fees (attach schedule) . . . . .	2,659	0	2,659	2,659
	b Accounting fees (attach schedule) . . . . .	3,717	0	3,717	3,717
	c Other professional fees (attach schedule) . . . . .				
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions) . . . . .	29,148	0	29,148	29,148
	19 Depreciation (attach schedule) and depletion . . . . .	13,987	0	13,987	
	20 Occupancy . . . . .	13,686	0	13,686	13,686
	21 Travel, conferences, and meetings . . . . .	97,110	0	97,110	97,110
	22 Printing and publications . . . . .	19,446	0	19,446	19,446
	23 Other expenses (attach schedule) . . . . .	352,853	0	352,853	352,853
	24 Total operating and administrative expenses. Add lines 13 through 23 . . . . .	911,733	0	911,733	897,746
	25 Contributions, gifts, grants paid . . . . .	3,386			3,386
	26 Total expenses and disbursements. Add lines 24 and 25	915,119	0	911,733	901,132
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	336,415			
	b Net investment income (if negative, enter -0-)		1,531		
				0	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing . . . . .	5,418	30,357	30,357		
	2	Savings and temporary cash investments . . . . .	223,325	554,803	554,803		
	3	Accounts receivable ▶ <u>27,434</u>					
		Less allowance for doubtful accounts ▶ _____	33,449	27,434			
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable . . . . .					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use . . . . .					
	9	Prepaid expenses and deferred charges . . . . .					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule) . . . . .					
	c	Investments—corporate bonds (attach schedule) . . . . .					
	11	Investments—land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____						
12	Investments—mortgage loans . . . . .						
13	Investments—other (attach schedule) . . . . .						
14	Land, buildings, and equipment basis ▶ <u>87,189</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>62,438</u>	38,738	24,751	23,693			
15	Other assets (describe ▶ _____)						
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	300,930	637,345	608,853			
Liabilities	17	Accounts payable and accrued expenses . . . . .					
	18	Grants payable . . . . .					
	19	Deferred revenue . . . . .					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule) . . . . .					
	22	Other liabilities (describe ▶ _____)					
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	0	0			
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>						
	24	Unrestricted . . . . .					
	25	Temporarily restricted . . . . .					
	26	Permanently restricted . . . . .					
	<b>Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/></b> <b>and complete lines 27 through 31.</b>						
	27	Capital stock, trust principal, or current funds . . . . .	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	300,930	637,345			
	30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	300,930	637,345			
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) .	300,930	637,345				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	300,930
2	Enter amount from Part I, line 27a . . . . .	2	336,415
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3 . . . . .	4	637,345
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	637,345

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

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

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

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

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

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

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

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



Yes



No

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

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017			
2016			
2015			
2014			
2013			


<b>2</b> Total of line 1, column (d)	2	
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	
<b>4</b> Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
<b>5</b> Multiply line 4 by line 3	5	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	
<b>7</b> Add lines 5 and 6	7	
<b>8</b> Enter qualifying distributions from Part XII, line 4	8	

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

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

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
<b>b</b>	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .	<b>1</b>	31
<b>c</b>	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>2</b>	0
<b>3</b>	Add lines 1 and 2. . . . .	<b>3</b>	31
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<b>4</b>	0
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	<b>5</b>	31
<b>6</b>	Credits/Payments		
<b>a</b>	2018 estimated tax payments and 2017 overpayment credited to 2018	<b>6a</b>	0
<b>b</b>	Exempt foreign organizations—tax withheld at source . . . . .	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868) . . . . .	<b>6c</b>	31
<b>d</b>	Backup withholding erroneously withheld . . . . .	<b>6d</b>	0
<b>7</b>	Total credits and payments. Add lines 6a through 6d. . . . .	<b>7</b>	31
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	0
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . . <b>▶</b>	<b>9</b>	0
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . . <b>▶</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>▶</b> <b>Refunded</b> <b>▶</b>	<b>11</b>	

**Part VII-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .	<b>1a</b>	No
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). . . . . If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	<b>1b</b>	No
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .	<b>1c</b>	No
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <b>▶</b> \$ _____ 0 (2) On foundation managers <b>▶</b> \$ _____ 0		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>▶</b> \$ _____ 0		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	<b>2</b>	No
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .	<b>3</b>	No
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>4a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>4b</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	<b>5</b>	No
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .	<b>6</b>	Yes
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV . . . . .	<b>7</b>	Yes
<b>8a</b> Enter the states to which the foundation reports or with which it is registered (see instructions) <b>▶</b> OR _____		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	<b>8b</b>	Yes
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV . . . . .	<b>9</b>	Yes
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses  . . . . .	<b>10</b>	Yes

**Part VII-A Statements Regarding Activities** (continued)

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

Located at ► PO BOX 40212 PORTLAND OR ZIP+4 ► 972400212

<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here . . . . .	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year . . . . .	► <b>15</b>		
<b>16</b>	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . .	<b>16</b>	<b>Yes</b>	<b>No</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

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

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

<b>1a</b>	During the year did the foundation (either directly or indirectly)		<b>Yes</b>	<b>No</b>
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . .	<b>1b</b>		<b>No</b>
	Organizations relying on a current notice regarding disaster assistance check here. . . . .			
<b>c</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
<b>a</b>	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). . . . .	<b>2b</b>		
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	<b>4b</b>		<b>No</b>

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

<b>5a</b>	During the year did the foundation pay or incur any amount to		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		<b>5b</b>	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>b</b>	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b>				<b>0</b>

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

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

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

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
<b>1</b> KNIGHTS BASEBALL CLUB, INC 2018 SEASON RECAP THE CORVALLIS KNIGHTS APPEARED IN ITS TWELFTH CONSECUTIVE WEST COAST LEAGUE (WCL) FIRST-ROUND PLAYOFF SERIES IN THE CLUB'S TWELFTH SEASON IN CORVALLIS. IT ALSO CAPTURED ITS 6TH WCL TITLE BEATING KELOWNA IN THE FINALS, GOING BACK-TO-BACK-BACK FOR THE FIRST TIME IN FRANCHISE AND LEAGUE HISTORY. THE TEAM WENT 44-20 AND WON THE SECOND-HALF SOUTH DIVISION CHAMPIONSHIP IN THE ULTRA-COMPETITIVE WCL LEAGUE COMPETITION COMBINED WITH SPECIALIZED INSTRUCTION, COMMUNITY INVOLVEMENT, WEIGHT TRAINING AND BEST-OF-BREED COACHING BENEFITED A GROUP OF OVER 35 STUDENT-ATHLETES AS EACH DEVELOPED HIS GAME AND DEVELOPED AS A PERSON OVER THE SUMMER. OUR STUDENT-ATHLETES ARE FURTHERING THEIR EDUCATION AT UNIVERSITIES, COLLEGES AND COMMUNITY COLLEGES THIS SPRING. MANY ARE EARNING SCHOLARSHIPS AS A RESULT OF THEIR BASEBALL SKILLS.	0
<b>2</b> WE ALSO CONTINUE TO SUPPORT OUR SPORTS BUSINESS INTERN PROGRAM. COLLEGE STUDENTS FROM OREGON STATE, UNIVERSITY OF OREGON AND OTHER SCHOOLS GAINED PRACTICAL EXPERIENCE THIS PAST SUMMER WORKING FOR THE TEAM. THEY GAINED EXPERIENCE IN EVENT MANAGEMENT, TICKETING, CUSTOMER SERVICE, ENTERTAINMENT, FOOD & BEVERAGE SERVICES, COMMUNITY AFFAIRS AND SALES & MARKETING.	0
<b>3</b> FURTHERMORE, OUR STUDENT-ATHLETES AND INTERNS MADE SEVERAL APPEARANCES IN THE COMMUNITY AND MANAGED OUR POPULAR READING CLUB, WHICH INCLUDED PARTICIPATION FROM SCHOOLS THROUGHOUT OUR PRIMARY MARKET AREA. THE TEAM ALSO HOSTED ITS 7TH ANNUAL SCIENCE, ENGINEERING & ART DAY TO PROMOTE SCIENCE AND THE ARTS IN THE COMMUNITY. THE EVENT SOLD OUT, SETTING A FRANCHISE RECORD CROWD FOR THE TEAM AND FEATURED ELEMENTARY SCHOOLS ATTENDING FROM AS FAR NORTH AS SALEM, AS FAR EAST AS LEBANON, AS FAR WEST AS NEWPORT, AND AS FAR SOUTH AS SWEET HOME.	0
<b>4</b> OUR MISSION CONTINUES TO BE ACCELERATING THE DEVELOPMENT OF OUR STUDENTS, INCREASING THEIR EXPOSURE TO NEXT LEVEL BASEBALL AND SPORTS BUSINESS OPPORTUNITIES, FURTHER DEVELOPING THEIR INTERPERSONAL SKILLS AND BETTERING OUR COMMUNITY FOR MORE INFORMATION ON THE CLUB, PLEASE VISIT CORVALLISKNIGHTS.COM	0

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

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

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	355,972
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	355,972
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	355,972
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	5,340
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	350,632
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	17,532

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

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	
<b>2a</b>	Tax on investment income for 2018 from Part VI, line 5.	<b>2a</b>	
<b>b</b>	Income tax for 2018 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	
<b>5</b>	Add lines 3 and 4.	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	901,132
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	901,132
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	901,132

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013. . . . .				
<b>b</b> From 2014. . . . .				
<b>c</b> From 2015. . . . .				
<b>d</b> From 2016. . . . .				
<b>e</b> From 2017. . . . .				
<b>f</b> Total of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ _____				
<b>a</b> Applied to 2017, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2018 distributable amount. . . . .				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6 Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). . . . .				
<b>9 Excess distributions carryover to 2019.</b> Subtract lines 7 and 8 from line 6a . . . . .				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014. . . . .				
<b>b</b> Excess from 2015. . . . .				
<b>c</b> Excess from 2016. . . . .				
<b>d</b> Excess from 2017. . . . .				
<b>e</b> Excess from 2018. . . . .				

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

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. . . . . 2002-03-22

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

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .	0	0	0	0	0
<b>b</b> 85% of line 2a . . . . .	0	0	0	0	0
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .	901,132	985,753	791,794	779,785	3,458,464
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .	0	0	0	0	0
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .	901,132	985,753	791,794	779,785	3,458,464
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test—enter					
<b>(1)</b> Value of all assets . . . . .					0
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					0
<b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .					0
<b>c</b> "Support" alternative test—enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .		483,330	439,472	417,963	1,340,765
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .					0
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					0
<b>(4)</b> Gross investment income . . . . .					0

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

**1 Information Regarding Foundation Managers:**

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

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

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

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

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

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

**c** Any submission deadlines

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

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

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

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue						
a	BASEBALL TICKET SALES					318,561
b	PLAYER FEE					3,500
c						
d						
e						
f						
g	Fees and contracts from government agencies					
<b>2</b>	Membership dues and assessments. . . . .					
<b>3</b>	Interest on savings and temporary cash investments . . . . .			14	1,531	
<b>4</b>	Dividends and interest from securities. . . . .					
<b>5</b>	Net rental income or (loss) from real estate					
a	Debt-financed property. . . . .					
b	Not debt-financed property. . . . .					
<b>6</b>	Net rental income or (loss) from personal property					
<b>7</b>	Other investment income. . . . .					
<b>8</b>	Gain or (loss) from sales of assets other than inventory . . . . .					
<b>9</b>	Net income or (loss) from special events					
<b>10</b>	Gross profit or (loss) from sales of inventory			05	219,567	
<b>11</b>	Other revenue a					
b						
c						
d						
e						
<b>12</b>	Subtotal Add columns (b), (d), and (e). . . . .		0		221,098	322,061
<b>13</b>	<b>Total.</b> Add line 12, columns (b), (d), and (e). . . . .			<b>13</b>		<b>543,159</b>

[illegible]

## Part XVII

	Yes	No
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<b>1a(1)</b>	<b>No</b>
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1a(2)	No
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<b>1b(1)</b>	<b>No</b>
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<b>1b(2)</b>	<b>No</b>
--------------	-----------

<b>1b(3)</b>		<b>No</b>
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<b>1b(4)</b>	<b>No</b>
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<b>1b(5)</b>		<b>No</b>
--------------	--	-----------

<b>1b(6)</b>		<b>No</b>
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<b>1c</b>		<b>No</b>
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value  
ue

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . . ☐ Yes ☒ No

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

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

<p><b>Sign Here</b></p> <p>*****</p> <p>_____</p> <p>Signature of officer or trustee</p>	<p>2019-11-15</p> <p>_____</p> <p>Date</p>	<p>*****</p> <p>_____</p> <p>Title</p>
--	--	--

May the IRS discuss this return with the preparer shown below

(see instr )? ☒ **Yes** ☐ **No**

<b>Paid Preparer Use Only</b>	WESLEY B HANSEN			
	Firm's name ► WESLEY B HANSEN CPA PC			Firm's EIN ► 46-4335316
	Firm's address ► 12909 SW 68TH PARKWAY SUITE 150 PORTLAND, OR 97223			Phone no (503) 675-4364

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
DAN SEGEL	PRESIDENT 40 00	127,600	0	0
PO BOX 40212 PORTLAND, OR 972400212				
ERIC GUNDERSON	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
GEOFF LOOMIS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
DON NICHOLS	VICE PRESIDENT 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JEFF POST	SECRETARY 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JOE SEGEL	TREASURER 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
BRETT SMITH	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
RICH SERMONE	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
DOUG NICHOLS	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
ROB STEWART	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
RANDY RUTSCHMAN	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
TONY FAIR	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JEFF MOORE	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
VINCE IRCANDIA	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				
JAIMIE VAN VLEET	DIRECTOR 1 00	0	0	0
PO BOX 40212 PORTLAND, OR 972400212				


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

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

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
COMMUNITY OUTREACH INC 865 NW REIMAN AVENUE CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	1,340
LINN-BENTON COMMUNITY COLLEGE FOUNDATION 6500 SW PACIFIC BLVD ALBANY, OR 97321	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	1,026
SPECIAL OLYMPICS 5901 SW MACADAM AVENUE SUITE 200 PORTLAND, OR 97239	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	500
<b>Total . . . . . ▶ 3a</b>				3,386



Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> Paid during the year				
OREGON ASSOCIATION OF CHIEFS OF POLICE 1191 CAPITAL STREET NE SALEM, OR 97301	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	100
FRANKLIN HIGH SCHOOL PTA 750 18TH STREET CORVALLIS, OR 97330	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	50
CORVALLIS LITTLE LEAGUE PO BOX 2109 CORVALLIS, OR 97339	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	120
Total . . . . . ► <b>3a</b>				3,386

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ROOSEVELT HIGH SCHOOL BASEBALL 6941 N CENTRAL STREET PORTLAND, OR 97203	NONE	501(C)(3)	CHARITABLE CONTRIBUTION	250
<b>Total</b> . . . . .  <b>3a</b>				3,386

**TY 2018 Accounting Fees Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	3,717	0	3,717	3,717

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

TY 2018 Depreciation Schedule

Name: KNIGHTS BASEBALL CLUB

EIN: 93-1135130

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE AND FIXTURES	2007-03-01	947	947	200DB	5 000000000000	0	0	0	
OFFICE FURNITURE	2010-01-04	601	601	SL	7 000000000000	0	0	0	
LAPTOP	2010-06-11	1,312	1,312	SL	5 000000000000	0	0	0	
WINDSCREEN	2010-10-06	12,000	12,000	SL	5 000000000000	0	0	0	
TICKETING SYSTEM	2011-10-13	3,750	3,750	SL	5 000000000000	0	0	0	
TICKET PRINTER	2011-10-27	1,025	1,025	SL	5 000000000000	0	0	0	
STADIUM FURNISHINGS	2015-04-01	36,499	20,075	SL	5 000000000000	7,300	0	7,300	
STADIUM FURNISHINGS	2016-06-30	24,841	7,452	SL	5 000000000000	4,968	0	4,968	
WEBSITE	2017-04-01	5,156	1,289	SL	3 000000000000	1,719	0	1,719	

**TY 2018 Land, Etc.  
Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

<b>Category / Item</b>	<b>Cost / Other Basis</b>	<b>Accumulated Depreciation</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
FURNITURE AND FIXTURES	947	947	0	0
OFFICE FURNITURE	601	601	0	0
LAPTOP	1,312	1,312	0	0
WINDSCREEN	12,000	12,000	0	0
TICKETING SYSTEM	3,750	3,750	0	0
TICKET PRINTER	1,025	1,025	0	0
STADIUM FURNISHINGS	36,499	27,375	9,124	9,124
STADIUM FURNISHINGS	24,841	12,420	12,421	12,421
WEBSITE	5,156	3,008	2,148	2,148

**TY 2018 Legal Fees Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL	2,659	0	2,659	2,659

**TY 2018 Other Expenses Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	78,088	0	78,088	78,088
BANK SERVICE CHARGES	27,512	0	27,512	27,512
BASEBALL EVENTS AND ENTERTAINMENT	45,361	0	45,361	45,361
BROADCASTING	9,025	0	9,025	9,025
COACHING	54,095	0	54,095	54,095
COMPUTER EXPENSES	3,582	0	3,582	3,582
CONSULTING	0	0	0	0
DUES AND SUBSCRIPTIONS	6,960	0	6,960	6,960
EQUIPMENT AND GEAR	33,183	0	33,183	33,183
GENERAL MANAGEMENT AND MARKETING	19,747	0	19,747	19,747

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INSURANCE	4,350	0	4,350	4,350
LAUNDRY SERVICE	907	0	907	907
LICENSE	2,215	0	2,215	2,215
MISCELLANEOUS EXPENSES	250	0	250	250
OFFICE SUPPLIES	11,403	0	11,403	11,403
OUTSIDE SERVICES	0	0	0	0
POSTAGE	1,308	0	1,308	1,308
REPAIRS AND MAINTENANCE	18,196	0	18,196	18,196
STAFFING AND SECURITY	9,245	0	9,245	9,245
TELEPHONE	6,452	0	6,452	6,452



Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
UMPIRE EXPENSE	20,974	0	20,974	20,974

**TY 2018 Other Income Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BASEBALL TICKET SALES	318,561		318,561
PLAYER FEE	3,500		3,500

**TY 2018 Substantial Contributors  
Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130**Name****Address**

PENNY KNIGHT

PO BOX 40212  
PORTLAND, OR 97240

**TY 2018 Taxes Schedule****Name:** KNIGHTS BASEBALL CLUB**EIN:** 93-1135130

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TAXES	29,148	0	29,148	29,148

<b>Schedule B</b> (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	<b>Schedule of Contributors</b>  ▶ <b>Attach to Form 990, 990-EZ, or 990-PF</b> ▶ Go to <u><a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a></u> for the latest information	OMB No 1545-0047
		<b>2018</b>
<b>Name of the organization</b> KNIGHTS BASEBALL CLUB		<b>Employer identification number</b> 93-1135130

Organization type (check one)

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

<b>Name of organization</b> KNIGHTS BASEBALL CLUB	<b>Employer identification number</b> 93-1135130
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**Part I Contributors** (See Instructions) Use duplicate copies of Part I if additional space is needed

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

Employer identification number

93-1135130

<b>Part II</b>	<b>Noncash Property</b>
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

<b>Name of organization</b> KNIGHTS BASEBALL CLUB	<b>Employer identification number</b> 93-1135130
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<b>Part III</b>	<b>Exclusively</b> religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <b>exclusively</b> religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	



Additional Data

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	BLOCK 15	\$ 8,680	Person <input checked="" type="checkbox"/>
	300 SW JEFFERSON AVE		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>2</u>	OREGON STATE CREDIT UNION	\$ 7,250	Person <input checked="" type="checkbox"/>
	PO BOX 306		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97339		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>3</u>	PENNY KNIGHT	\$ 475,000	Person <input checked="" type="checkbox"/>
	PO BOX 40212		Payroll <input type="checkbox"/>
	PORTLAND, OR 97240		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>4</u>	SAMARITAN HEALTH SERVICES	\$ 6,500	Person <input checked="" type="checkbox"/>
	3600 NW SAMARITAN DRIVE		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97330		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>5</u>	FRED MEYER INC	\$ 5,250	Person <input checked="" type="checkbox"/>
	PO BOX 42121		Payroll <input type="checkbox"/>
	PORTLAND, OR 97242		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>6</u>	VAN VLEET MEAT CO	\$ 7,326	Person <input checked="" type="checkbox"/>
	800 SE JACKSON ST		Payroll <input type="checkbox"/>
	ALBANY, OR 97322		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	PAPE MATERIAL HANDLING	\$ 5,000	Person <input checked="" type="checkbox"/>
	355 GOODPASTURE ISLAND RD		Payroll <input type="checkbox"/>
	EUGENE, OR 974012119		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>8</u>	ALL OTHERS LESS THAN 5000	\$ 102,019	Person <input checked="" type="checkbox"/>
	PO BOX 40212		Payroll <input type="checkbox"/>
	PORTLAND, OR 97240		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>9</u>	DAIMLER TRUCKS NORTH AMERICAFREIGHTLINER	\$ 10,000	Person <input checked="" type="checkbox"/>
	4435 N CHANNEL AVENUE		Payroll <input type="checkbox"/>
	PORTLAND, OR 97217		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>10</u>	BI-MART	\$ 5,300	Person <input checked="" type="checkbox"/>
	2045 NW 9TH STREET		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97330		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>11</u>	2 TOWNS CIDERHOUSE	\$ 5,600	Person <input checked="" type="checkbox"/>
	33930 SE EASTGATE CIRCLE SUITE E		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
<u>12</u>	BARKER UERLINGS INSURANCE	\$ 6,580	Person <input checked="" type="checkbox"/>
	PO BOX 1378		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97339		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BEST WESTERN CORVALLIS	\$ 5,635	Person <input checked="" type="checkbox"/>
	925 NW GARFIELD AVENUE		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97330		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
14	NW INVEST	\$ 10,000	Person <input checked="" type="checkbox"/>
	PO BOX 15349		Payroll <input type="checkbox"/>
	PORTLAND, OR 97293		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
15	SKY HIGH BREWING	\$ 5,000	Person <input checked="" type="checkbox"/>
	160 NW JACKSON AVENUE		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97330		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
16	TNT BUILDERS	\$ 10,900	Person <input checked="" type="checkbox"/>
	620 QUEEN AVENUE SW		Payroll <input type="checkbox"/>
	ALBANY, OR 97322		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
17	UNIVERSITY INN CORVALLIS	\$ 5,635	Person <input checked="" type="checkbox"/>
	350 SW FOURTH STREET		Payroll <input type="checkbox"/>
	CORVALLIS, OR 97333		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
18	WASHINGTON PARK ADVISORS	\$ 7,500	Person <input checked="" type="checkbox"/>
	720 SW WASHINGTON STREET STE 310		Payroll <input type="checkbox"/>
	PORTLAND, OR 97210		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )