EXTENDED TO NOVEMBER 15, 2021

Form 990

Department of the Treasury Internal Havense 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.

QMB No 1545-0047
2020
**Open;to!Public Inspection:

ΑI	For th	e 2020 calendar year, or tax year beginning and on	ıding		
В	Check in applicat	le: C Name of organization	:	D Employer identific	cation number
	\ Auds ehan	BASEBALL AMERICA FOUNDATION, INC.	:		
F	Manu			22-279330	67
	initia tetur	Number and street (or P.O. box if mail is not delivered to street address) Re	oom/suite	E Telephone number	
F	Final		19	919-474-8	
L	termi aled			G Gross reneipts S	660,366.
Г	Alpie	ded DIDUAM NC 27703		H(a) Is this a group re	
	Appl tion				? Yes X No
_	pend	2933 SOUTH MIAMI BLVD, SUITE 119, DURHAM	, NC	H(b) Are all subordinates in	
1 1	[av.e)	empt status: [X] 501(c)(3)			list, See instructions
		te: > WWW.USABASEBALL.COM		H(c) Group exemplion	number 🕨
		f organization: X Corporation Trust Association Other ▶	L Year	of formation: 1987 N	State of logal domičilo; NJ
P	artil	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	FUNDING FOR	R THE
Activities & Governance	l	UNITED STATES BASEBALL FEDERATION, INC.			
'nar	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets,
š	3			з	6
9	4	Number of independent voting members of the governing body (Part VI, line 1b)			<u></u>
eg (y	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			. 0
5.	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
-				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)	.,,,	625,000.	0.
ä	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		53,609.	91,940.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		678,609.	91,940.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		60,000.	60,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 •	0.
u)	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
6	b	Total fundraising expenses (Part IX, column (D), line 25)). 🔀		
úì	: 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	.,,	21,107.	26,585.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		81,107.	86,585.
	19	Revenue less expenses. Subtract line 18 from line 12		597,502.	5,355.
208			Be	ginning of Current Year	End of Year
SSets	20	Total assets (Part X, line 16)		2,141,844.	2,417,596.
-1	121	Total liabilities (Part X, line 26)	.,	0,	0.
Net !		Net assets or fund balances. Subtract line 21 from line 20		2,141,844.	2,417,596.
		Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar			knowledge and belief, it is
true,	, corre	t, and complete Declaration of preparer (other than officer) is based on all information of which	n brabata	nas gny knowledge.	121
		Christian of allege		Date ////	<i>f ol 1</i>
Sig		Signature of officer		outo 1 7	
Her	e	RAY DARWIN, CHIEF FINANCIAL OFFICER Type or print name and little			
				Date Check] PTIN
n-t-	i	Print/Type preparer's name CHRISTOPHER DUFF'US Preparer's signature CHRISTOPHER DUFF'US		1-10-202 / sall-employ	
Paid			<u>a K</u>	6001 500 577	56-0517823
Prep	Only	Firm's address P. O. BOX 17806		1 ITH O LITE	
USE	Unity	RALEIGH, NC 27619-7806		Phone no.91	9-782-9265
Mar	the !	RS discuss this return with this preparer shown above? See Instructions		Introduction of the control of the c	1371
	, .,, 1	THE PERSON OF THE PROPERTY OF THE PROPERTY OF SECURITIES AND A SECURITIES OF THE PROPERTY OF T			

Form	990 (2020) BASEBALL AMERICA FOUNDATION, INC.	22-2793367 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE FUNDING FOR THE UNITED STATES BASEBALL FEDERA	
	TO THOUGHT OND INC. TOTAL THE CAMBIED POLITICAL DESCRIPTION OF THE CAMBIED POLITICAL	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes " describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	measured by expenses. rs, the total expenses, and
	revenue, If any, for each program service reported. (Code:) (Expenses \$60,000 . including grants of \$60,000 .) (Reven	
4a	(Code:) (Expenses \$ 60,000. Including grants of \$ 60,000. (Reven TO PROVIDE FUNDING TO OTHER NON-PROFIT ORGANIZATIONS THAT	T PROMOTE THE
	GAME OF BASEBALL.	
	Office of Displaying	
4b	(Code:) (Expenses \$ including grants of \$) (Reven	itie \$)
4c	(Code:) (Expenses \$	nue\$)
	Other pressure consisce (December on Schools to C)	
4d		1
4.	(Expenses \$ Including grants of \$) (Revenue \$ Total program service expenses ▶ 60,000.	
4e	Total program service expenses P	Form 990 (2020)

			Vac	No
	the state of the s		res	IVO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	Х	
	If "Yes," complete Schedule A	2	**	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3		3		Х
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
4	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
F	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			NO.
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	·····	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.1		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-25
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	İ	х
	Schedule D, Parts XI and XII	120		
b		12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	The state of the state of the United States	14a		Х
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
Ŋ	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ļ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			~
	complete Schedule G, Part III	19		X
20a		20a		<u> </u>
b		20b	 	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	1 4 !	1	I .

22-2793367 Page 4 BASEBALL AMERICA FOUNDATION, INC. Form 990 (2020) Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 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 X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 Х 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current 26 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c "Yes." complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If "Yes," complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes." complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2020)

(gambling) winnings to prize winners?

22-2793367 Page 5 BASEBALL AMERICA FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Зb b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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). 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? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f 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? ... 7q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Я sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 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? 9h Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 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 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

X

16

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

Form 990 (2020) BASEBALL AMERICA FOUNDATION, INC. 22-2793367 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			िच्छ ।						
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sect	ion A. Governing Body and Management									
		F 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
h	Enter the number of voting members included on line 1a, above, who are independent 1b 6									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
_	officer, director, trustee, or key employee?	2		<u>X</u>						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l						
•	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	The state of the s									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X						
6	many to the transfer of the state of the sta									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a	X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	december.	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Veligie.							
-	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			T						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	2014/01/03						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SHEET	37							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	 						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	 						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		v						
	in Schedule O how this was done	12c		X						
13	Did the organization have a written whistleblower policy?	13	37							
14	Did the organization have a written document retention and destruction policy?	14	X	120000000000000000000000000000000000000						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	VEXE	77	Shaha						
а	The organization's CEO, Executive Director, or top management official	15a	X							
b		15b	X	48346						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		Principle 1	v						
	taxable entity during the year?	16a	gineral.	X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		4.000							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	100	1 869488	1 11486						
	exempt status with respect to such arrangements?	16b	l							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NC	lo ont 3	ouell-							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	ja ority)	avdili	INIG						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website Another's website X Upon request Other (explain on Schedule O)	d floar	اماما							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	o man	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	RAY DARWIN - 919-474-8721 2933 SOUTH MIAMI BLVD. SUITE 119, DURHAM, NC 27703									
	2933 SOUTH MIAMI BLVD, SUITE 119, DURHAM, NC 27703									

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

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

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization ne	or any related o	orga	nizal	tion	com	npen	sate	d any current officer, di	rector, or trustee.	
(A)	(B)			(C Posi	3)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi heck r	ition nore	than c	ne	Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son la	s both r/trusi	an	compensation	compensation	amount of other
	week		JG; AII	dau	TOOLO	,		from the	from related organizations	compensation
	(list any hours for	irecto						organization	(W-2/1099-MISC)	from the
	related	9 01.0	tee tee			satec		(W-2/1099-MISC)	(4.1 =, 1.000 1	organization
	organizations	truste	al trus		yee	iadui		,		and related
	below	individual trustee or director	Institutional trustee	lii e	Key employee	est co	je.			organizations
	line)	indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) MICHAEL GASKI	1.00							^	1 000	0
PRESIDENT				Х				0.	1,000.	0.
(2) RAY DARWIN	1.00								400 404	05 004
TREASURER				Х	L_	<u> </u>		0.	129,194.	25,284.
(3) DON ETHERIDGE	0.00]								^
SECRETARY			<u> </u>	Х				0.	0.	0.
(4) PAUL SEILER	1.00								006 040	20 566
ASSISTANT SECRETARY				Х	<u> </u>			0.	236,240.	29,566.
(5) KIM NG	0.00									^
TRUSTEE		<u> </u>	X		<u> </u>	ļ		0.	0.	0.
(6) WILLIE BLOOMQUIST	0.00									^
TRUSTEE		<u> </u>	X		<u> </u>	_		0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	es,	anc	HI	ghes	t Co				
(A)	(B)			(0	C)			(D)	(E)	1 0	F)
Name and title	Average		Position (do not check more than one					Reportable	Reportable	Estir	nated
(TOTTIO OFFICE PROPERTY	hours per	box, unless person is both an officer and a director/trustee)					an	compensation	compensation	i i	unt of
	week		er an	d a di	irecto	r/trust	ee)	from	from related		her
	(list any	ector	ictor					the	organizations		nsation
	hours for	or dir				ited		organization	(W-2/1099-MISC		n the ization
	related	stee	ruste			pens		(W-2/1099-MISC)		, -	elated
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				l l	zations
	below line)	ividu	attati	Officer	lua A	phest	Former			Organi	Zations
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1b Subtotal							ightharpoons	0.	366,43		<u>,850.</u>
c Total from continuation sheets to Part V	II, Section A						>	0.	1	0.	0.
d Total (add lines 1b and 1c)								0.	366,43	$\frac{4. }{54}$,850.
Total number of individuals (including but r	ot limited to th	nose	liste	d al	bove	e) wh	o re	eceived more than \$100,	000 of reportable		_
compensation from the organization											0
Composition from the organization										\	es No
3 Did the organization list any former officer	director trust	ee. I	cev e	emp	love	e. o	hia	hest compensated emp	loyee on		
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s										3	X
and the second s	such marvioual	 Io ce	mn	ones	ation	າ ອກດ	Loth	ner compensation from t	he organization		
4 For any individual listed on line 1a, is the s	o ooo ikuka	10 00	نظراناد	الماري	م م			for auch individual		4	х
and related organizations greater than \$15	U,UUU? If "Yes	, " CC	mpi Son f	eie .	on	eaun	oloti	of such individual od organization or individ	dual for services	··· Vales	
5 Did any person listed on line 1a receive or	accrue compe	ารลเ		ioni	any	y unin	siau	ad Organization of indivi-	addi for oor vioco	5	Х
rendered to the organization? If "Yes." cor	nplete Schedui	e J	or s	uch	per	son	*****			···	
Section B. Independent Contractors		•	1	1				hat received mare than 6	tion and of compa	nsation from	<u> </u>
1 Complete this table for your five highest co	ompensated in	aepe	nde	nt c	onti	acto	rs ti 	the executed more than t	roor	A IOGAON II OI	•
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	itnir		rear.	(C)	
(A)			O271	·				(B) Description of s	senices	Compen	
Name and busines	s address	N	ON:	ഥ				Description of	561 11000		
2 Total number of independent contractors	(including but r	not li	mite	d to	the	se li	stec	l above) who received m	ore than		
\$100,000 of compensation from the organ				_		0					
\$1001000 or compensation from the organ										_ (90 (2020)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Unrelated Related or exempt Total revenue from tax under function revenue business revenue sections 512 - 514 1a 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) te f All other contributions, gifts, grants, and similar amounts not included above ... g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 32,491. 32,491. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (i) Real 6 a Gross rents 6h b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 627,875. assets other than inventory b Less: cost or other basis 7c 59,449. c Gain or (loss) 59,449. 59,449. d Net gain or (loss) Other ${\bf 8}~{\bf a}~{\bf Gross}$ income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 8b b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory . **Business Code** d All other revenue e Total. Add lines 11a-11d 32,491 91,940. 59,449. Total revenue. See instructions 12

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	Section	on 501(c)(3) and 501(c)(4) organizations must complete to the	se or note to any line in	this Part IX		
1 discretization delines substances to demonstrate organization and domestic generations. See Part IV, line 21 (50,000.) (60,0			(A)	(B)	(C)	(D)
and domestic governments. Sae Part IV, line 21 Genets and other assistance to domestic individuals. Sae Part IV, line 22 Genets and other assistance to foreign cognizations, resident governments, and foreign individuals. Sae Part IV, line 25 and 16 Benefits pack to or for members of sections, resident of current officers, directors, trustaces, and key emphysise Compensation of current officers, directors, trustaces, and key emphysise Compensation of current officers, directors, trustaces, and key emphysise Compensation of individual above to disqualified persons (as defined under section 4986(x10)) and persons described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in section 4986(x10) and person described in sect			Total expenses	Program service expenses	general expenses	expenses
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column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25; column (A) amount, list line 24e expenses on Schedule 0.) ADMINISTRATIVE FEES Total functional expenses. Add lines 1 through 24e Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campalgn and functasing solicitation. Cheek there is literature in the companization and functasing solicitation. Cheek there is literature in the companization and functasing solicitation. Cheek there is literature in the companization and functasing solicitation. Cheek there is literature in the companization and functasing solicitation.	f					
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for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ADMINISTRATIVE FEES b c	17	Travel				
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ADMINISTRATIVE FEES b c d e All other expenses Total functional expenses, Add lines 1 through 24e 25 Total functional expenses, Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here If following SQP 98-2 (ASG 959-720)		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization	19	Conferences, conventions, and meetings				
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23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ADMINISTRATIVE FEES All other expenses Total functional expenses. Add lines 1 through 24e 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 Total functional expenses solicitation. Check here If following SOP 98-2 (ASC 958-720)	21	Payments to affiliates				
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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			86,585.	60,000.	26,585.	0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	U	•				
Check here If following SOP 98-2 (ASC 958-720)						
Cipotensia Interchanges to a vector and a constant and a constan		Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2020)
Part X Balance Sheet

		Check if Schedule O contains a response or no	e to any line in thi	s Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			148,462.	1	162,022.
	2	Savings and temporary cash investments				2	
ļ	3	Pledges and grants receivable, net		3		3	
	4	Accounts receivable, net			2,511.	4	2,318.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs				484	
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual		efined		No.	
		under section 4958(f)(1)), and persons describe				6	
,,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	1 -	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a				
	h	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities			1,990,871.	11	2,253,256.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			2,141,844.	16	2,417,596
	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				21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
Ē		controlled entity or family member of any of the				22	
<u>:</u>	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, ch					
es		and complete lines 27, 28, 32, and 33.				48.48	
Š	27				2,141,844.	27	2,417,596
Sala	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC	958, check here				
Ē		and complete lines 29 through 33.					
ò	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,141,844.	32	2,417,596
2	33	Total liabilities and net assets/fund balances			2,141,844.	33	2,417,596 Form 990 (202

Form 990 (2020)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

22-2793367 BASEBALL AMERICA FOUNDATION, INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 X more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. _____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Να above (see instructions)) UNITED STATES 0. BASEBALL FEDERATION 38-6111530 10 X 0. 0.

Schedule A (Form 990 or 990-EZ) 2020 BASEBALL AMERICA FOUNDATION, INC. 22-2793

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support, Subtract line 5 from line 4.			a Rugo Millori, Relinen ha 11 messamen	SEE SEE SEE SEE SEE SEE SEE SEE SEE SEE	Applications (1997)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) 23 13	(3)		1		
	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				1		
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	VAVORESTANTO					
	Gross receipts from related activities,	etc. (see instruction	ons)		********	12	
	First 5 years. If the Form 990 is for th					01(c)(3)	
	organization, check this box and stop						<u></u>
	ction C. Computation of Publi						
14	Public support percentage for 2020 (I	ine 6, column (f), d	livided by line 11, o	oolumn (f))		14	%
	Public support percentage from 2019					15	%
16a	33 1/3% support test - 2020. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						▶
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances test						∪% Of
	more, and if the organization meets the						⊾ □
	organization meets the facts and circle						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 1/a, or 17t	o, check this box a	na see instructions	

Schedule A (Form 990 or 990-EZ) 2020 BASEBALL AMERICA FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sectio	n A. Public Support								
Calendar	year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	ts, grants, contributions, and								
	mbership fees received. (Do not								
	lude any "unusual grants.")								
2 Gro	oss receipts from admissions,								
me	rchandise sold or services per-								
forr	med, or facilities furnished in activity that is related to the								
	panization's tax-exempt purpose								
_	oss receipts from activities that								
	not an unrelated trade or bus-								
	ss under section 513								
4 Tax	revenues levied for the organ-								
	tion's benefit and either paid to								
or e	expended on its behalf						·····		
5 The	e value of services or facilities								
	nished by a governmental unit to								
	organization without charge								
	tal. Add lines 1 through 5								
	nounts included on lines 1, 2, and								
	eceived from disqualified persons	<u></u>							
	ounts included on lines 2 and 3 received								
	n other than disqualified persons that								
	eed the greater of \$5,000 or 1% of the ount on line 13 for the year								
	d lines 7a and 7b								
	blic support. (Subtract line 7c from line 6.)								
	on B. Total Support								
Calendar	r year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
	nounts from line 6								
10 a Gro	oss income from interest,								
	idends, payments received on								
sec	curities loans, rents, royalties, d income from similar sources								
	related business taxable income								
	ss section 511 taxes) from businesses	'							
	quired after June 30, 1975								
	ld lines 10a and 10b								
11 Ne	t income from unrelated business								
	tivities not included in line 10b,								
	ether or not the business is gularly carried on								
12 Ot	her income. Do not include gain								
or	loss from the sale of capital								
13 Toi	sets (Explain in Part VI.)tal support. (Add lines 9, 10c, 11, and 12.)								
14 Fir	est 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizatio	on,		
ch	eck this box and stop here					***************************************	>		
Section	on C. Computation of Publ	ic Support Per	centage						
	iblic support percentage for 2020 (column (f))		15	%		
16 Pu	iblic support percentage from 2019	Schedule A, Part	III, line 15				%		
Section	on D. Computation of Inves	stment Income	e Percentage						
17 Inv	17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %								
18 In	18 Investment income percentage from 2019 Schedule A. Part III, line 17								
19a 33	1/3% support tests - 2020. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not		
mo	ore than 33 1/3%, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiz	ation	▶∟		
b 33	1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	iore than 33 1/3%, a	ınd		
lin	e 18 is not more than 33 1/3%, che	eck this box and s	t <mark>op here.</mark> The org	anization qualifies	as a publicly supp	oorted organization	▶∟		
00 10.	ivate foundation. If the organization	on did not check a	hox on line 14. 1	9a. or 19b. check t	his box and see ir	nstructions	▶Ш		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 X 2 X 3a X 3b X 4b X 4c X 5b 5c X 6 X 7 X 8 X 9a X 9b X		es	No
1 X			
2 X 3a X 3b X 3c	1	x	
3a X 3b X 3c			
3b	.		<u> X</u>
3c	1000		
4a X 4b	Maria de la composição de la composição de la composição de la composição de la composição de la composição de La composição de la composição		Spirit
4b	la		X
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5a X 5b			
5a X 5b			
5b	5a		Х
6 X 7 X 8 X 9a X		*********	
6 X 7 X 8 X 9a X			
6 X 7 X 8 X 9a X			
7 X 8 X 9a X	6		X
9a X	7		Х
9a X 9b X	8		X
9b X	9a		X
			X
9c X	3 6		<u> </u>
10a X	10a		, X

Sche	dule A (Form 990 or 990-EZ) 2020 BASEBALL AMERICA FOUNDATION, INC. 22-2	79336	7 Pa	age 5
	t IV Supporting Organizations (continued)		Γ., I	
		200000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			v
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b	1000041	X
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	100000000000000000000000000000000000000		77
	detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations		Yes	No
		100000000	res	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	100000000		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	STATE OF THE PARTY	10000000	Street, S.
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		North
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Windhite.	3000000	William
	supervised, or controlled the supporting organization.	2	<u> </u>	i
Sec	tion C. Type II Supporting Organizations		Tv	No
		15233300	Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		x	
_	the supported organization(s).	<u> </u>	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
	the state of the s		103	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	10000000	1 333,443
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	HESTER	905(195)	1886
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	844914300	334000	12,30,303
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	115363	ana
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	404000000	i ingligitade	1999
	supported organizations played in this regard.	3	<u> </u>	.1
Sec	tion E. Type III Functionally Integrated Supporting Organizations	e)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	·).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	inatoratio	nal	
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructioi	Yes	No
2	Activities Test. Answer lines 2a and 2b below.	100 M		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	- Allemanis	1 112011 23020	1 4745
	that these activities constituted substantially all of its activities.	2a		1 6589
đ				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	Visit No.		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	400.V00000	vejes	
	these activities but for the organization's involvement.	2b		

3a

3b

Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explain in P a	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
Ŭ	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	VS.		
•	instructions for short tax year or assets held for part of year):			
_	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
e	(explain in detail in Part VI):			
_	Acquisition indebtedness applicable to non-exempt-use assets	2		
2	Subtract line 2 from line 1d.	3		
3	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
4		4		
	see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5_		6		
<u>6</u>	Multiply line 5 by 0.035.	7		
7	Recoveries of prior-year distributions	8		
8 Sect	Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
<u>3</u> 4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
5_	Distributable Amount. Subtract line 5 from line 4, unless subject to			
6	emergency temporary reduction (see instructions).	6		
_	Check here if the current year is the organization's first as a non-functional		ated Type III supporting organ	ization (see
7	instructions).	, =3··	,, ,, -	
	HINDING BODING BODI			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2020 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (ii) (i) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2020 Pre-2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Cohodula A	(Form 990 or 990-EZ) 2020	BASEBALL	AMERICA	FOUNDATION.	INC.	22-2793367 Page 8
Part VI	Supplemental Inform	nation. Provide 2, 3b, 3c, 4b, 4c, ince 2 and 3: Port	the explanations 5a, 6, 9a, 9b, 9c IV Section E lin	s required by Part II, lind , 11a, 11b, and 11c; Pa es 1c, 2a, 2b, 3a, and 3	e 10; Part II, line 17a or rt IV, Section B, lines 1 Rb: Part V. line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section C, Section B. line 1e; Part V,
						·
<u>,</u>						
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

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

Schedule I (Form 990) 2020 ž OF BASEBALL IN THE UNITED Employer identification number 22-2793367 ADVANCEMENT OF THE GAME (h) Purpose of grant or assistance X Yes NO SUPPORT THE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any STATES. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 000'09 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC (c) IRC section (if applicable) BASEBALL AMERICA FOUNDATION, 38-6111530 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UNITED STATES BASEBALL FEDERATION, INC. - 2933 SOUTH MIAMI BLVD, SUITE 119 - DURHAM, NC 27703 or government Name of the organization Part I Part III

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

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

Schedule I (Form 990) 2020

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE ORGANIZATION IS CLOSELY RELATED TO UNITED STATES BASEBALL FEDERATION INC., WHICH ENABLES THE MANAGEMENT AND THE BOARD OF BASEBALL AMERICA FOUNDATION, INC. TO MONITOR THE USE OF GRANT FUNDS AND THE OVERALL (d) Amount of non-cash assistance OPERATIONS OF UNITED STATES BASEBALL FEDERATION, INC. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE Part IV

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

BASEBALL AMERICA FOUNDATION, INC. Employer identification number 22-2793367

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	Paratis Constant		
Б	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b_		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			THE STATE
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	traditions, and officially the observations and office of the observations and office of the observations and office of the observations and office of the observations and observations are observations and observations and observations are observations are observations and observations are observations are observations and observations are observations and observations are observations are observations and observations are observations are observations and observations are observations and observations are observations are observations and observations are observations are observations are observations are observations are observations are observations are observations are observations and observations are obse			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	[] Point 990 of other organizations			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
a	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
a	- which the second second appropriate arrangement?	4c		X
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	If "Yes" to any of lines 4a-6, list the persons and provide the applicable difficulties for sacrification and provide the applicable difficulties for sacrifications.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
	contingent on the revenues of:	5a		X
a	The organization? Any related organization?	5b		Х
D	If "Yes" on line 5a or 5b, describe in Part III.		avive:	
_	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6				
	contingent on the net earnings of:	6a		X
a	The organization?	6b		Х
b	Any related organization?			Y
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	100 to 10		15.55
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8		X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	VIV.		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Damilations poston by Allhy KINV			

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<u>u</u>
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) RAY DARWIN	E	0	0	0	0	0.	0.	
TREASURER	€ (5	129,194.	0	0.	5,128.	20,156.	154,478.	0
(2) PAUL SEILER	€	4	0	.0	* 0		• 0	
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SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(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.

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BASEBALL AMERICA FOUNDATION, INC.

Employer identification number 22-2793367

FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7A:
THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS FINANCIAL
STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR. THE BOARD OF DIRECTORS
REVIEWS A DRAFT OF THE 990 PRIOR TO FILING THE RETURN.
FORM 990, PART VI, SECTION B, LINE 15:
THERE ARE NO SALARIES FOR THIS ENTITY.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC THROUGH
ITS WEBSITE OR UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS
WEBSITE OR UPON REQUEST.
FORM 990, PART XII, LINE 2C
THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS
FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Schedule O (Form 990 or 9	90-EZ) 2020				Page 2
Name of the organization		AMERICA	FOUNDATION,	INC.	Employer identification number 22-2793367
					•
		-			

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2020

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 22-2793367 Part.1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC. BASEBALL AMERICA FOUNDATION, Name of the organization Department of the Treasury Internal Revenue Service

(f) Direct controlling entity			related tax-exempt
(e) End-of-year assets			se it had one or more
(d) Total income			art IV, line 34, becaus
(c) Legal domicile (state or foreign country)			swered "Yes" on Form 990, P.
(b) Primary activity			ons. Complete if the organization an
(a) Name, address, and EIN (if applicable) of disregarded entity			Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(g) Section 512(b)(13) controlled 2 × entity? Yes Direct controlling £ status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) Legal domicile (state or foreign country) MICHIGAN TO DEVELOP UNITED STATES Primary activity BASEBALL TEAMS 38-6111530, 2933 SOUTH MIAMI BLVD, SUITE UNITED STATES BASEBALL FEDERATION INC. Name, address, and EIN of related organization 27703 119, DURHAM, NC

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(0)		(e)		(f)	(a)			(i)	9	(K)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign county)	Direct controlling entity	recommant income (related, unrelated, excluded from tax under sections 512-514)		onare oi totai income	snare or end-of-year assets	allocati Yes		amount in box 20 of Schedule K-1 (Form 1065)		managing ownership partner?
					,							
												-
					•							
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	ganizations Taxable a rporation or trust durin	is a Corp o	or Trust.	omplete if the	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	answered "Ye:	s" on Form 90	0, Part IV, lir	ne 34, beca	ause it had	one or m	ore related
(a)			(q)	(၁)	(p)	(e)		(£)	(a)		Œ	
Name, address, and EIN of related organization	Z c	Prim	Primary activity	Legal domicile (state or	Direct controlling entity	ing Type of entity (C corp, S corp,		Share of total income	Share of end-of-year		Percentage ownership	512(b)(13) controlled entity?
				country)		or tr	ust)		assa	ers		Yes No
												
									•			
				 ,					·····			
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

A Company of the Comp			THE PARTY OF THE P		\ \ \ \ \ \	2
Note: Complete line 1 if any entity is listed in Paris II, III, or IV or III socieduse.	yer orom yo one drive	in pateil anoitationary bets	Dorto ILIVO		1	2
				-	 	×
				4	×	
b Giff, grant, or capital contribution to related organization(s)			***************************************	2 (×
c Giff, grant, or capital contribution from related organization(s)			***************************************	2	t	1 >
d Loans or loan guarantees to or for related organization(s)				무	1	4
				<u>e</u>	_	×
				76	500000	
f Dividends from voluted arrestivation(c)				#		×
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		×
g Sale of assets to related organization(s)				6	\dagger	4
h Purchase of assets from related organization(s)				£		×
Exchange of assets with related organization(s)				Ę		×
: 1 octo of facilities are imment or other accets to raisted organization(s)				÷		×
] Lease Of facilities, equipment, of ourier assets to related organization(s)						
1. I and of facilities and immort or other accept from related organization(e)				¥		×
K Lease of Jacinites, equipment, of onier assets morn reservoir of gaing and the contract of t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ŧ		×
	ilzation(s)			Ę		×
	lization(s)			,	T	:
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)			=		4
 Sharing of paid employees with related organization(s) 				္		4
-						
Beimbursement paid to related oppanization(s) for expenses				4		×
		**************************************		10		×
						1000
						Þ
 Other transfer of cash or property to related organization(s) 			***************************************			4
s Other transfer of cash or property from related organization(s)	***************************************			18		4
	no must complete thi	is line, including covered re	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolveď		
	type (a-s)					
(1) USA BASEBALL FEDERATION, INC.	Д	.000,09				
. 6						
(8)						
[4]						
(5)					İ	
S.						
(b) 032163 10-28-20			Schedul	Schedule R (Form 990) 2020	066 u	2020

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	age dir																			020
图	General or Percentage managing ownership																			2 (066 י
6	eneral or F nanaging partner?	Yes No	 	 1		-			 							 		 		R (Forn
ε	Dispropor- Code V-UBI Gar tionate amount in box 20 m allocations? of Schediile K-1	(Form 1065)													•					Schedule R (Form 990) 2020
Ξ	spropor- tionate ocations?	Yes No		1			 	 lacksquare		ļ		 					 			
		۶	 	 +		 1	 		 					 		 	 			
(6)	Share of end-of-year	assets												 			,			
()		income																		
<u>@</u>	8 partners sec. 501(c)(3)	Yes No		 +		 -	 		 							 				
(a)	Predominant income re (related, unrelated, excluded from tax index	sections 512-514)																		
(၁)	Legal domicile (state or foreign	country)																		
(q)	Primary activity																			
(a) (b) (c) (d)	Name, address, and EIN of entity										,									

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Part VII	(Form 990) 2020 Supplemental Info	rmation					
	Provide additional inform	nation for responses	to questions or	Schedule R. See instru	uctions.		
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