Form 990

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Α | For the | e 2023 calendar year, or tax year beginning and e | ending | | | | | | |
|---|-----------------------|--|-------------|---------------------------|--------------------------------|--|--|--|--|
| В | Check if applicabl | C Name of organization | | D Employer identi | fication number | | | | |
| Σ | Addre | usa baseball foundation inc. | |] | | | | | |
| | Name chang | | | 22-2793367 | | | | | |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numb | | | | | |
| | Final return | 280 BROOKS PARK LANE, SUITE 200 | | 919-474 | | | | | |
| | termir ated | | | G Gross receipts \$ | 600,092. | | | | |
| | Amen | CAR1, NC 2/313 | | H(a) Is this a group | return | | | | |
| Application F Name and address of principal officer: RAY DARWIN for subordinates? | | | | | | | | | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates | | | | | |
| 1 | Tax-ex | empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) o | r 527 | If "No," attach | a list. See instructions | | | | |
| | Websi | | - | H(c) Group exempt | | | | | |
| | | organization: X Corporation Trust Association Other | L. Year | of formation: 1987 | M State of legal domicile; NJ | | | | |
| P | art I | Summary | | | | | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: TO PR | KOATDR | FUNDING FO | OR THE | | | | |
| Governance | | UNITED STATES BASEBALL FEDERATION, INC. | | | | | | | |
| ü | 2 | Check this box if the organization discontinued its operations or dispose | | 1. | I - | | | | |
| Š | 3 | | | 3 | - | | | | |
| প | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | |
| Activities & | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | | | | | |
| ivit | 6 | Total number of volunteers (estimate if necessary) | | | | | | | |
| Ą | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 1 | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | 7l | Current Year | | | | |
| | | Outsite time and manta (Dark VIIII Fine 41) | | 0 | | | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | | | | | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 39,016 | | | | | |
| e e | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | , | 0.010 | | | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | [··· | 39,016 | | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 60,000 | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0.000 | | | | | |
| | 1 40 | Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | - | 0. | | | | | |
| Ses | 160 | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | | | | | |
| Expenses | 104 | | 0. | | | | | | |
| X | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 26,550 | 19,638. | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 86,550 | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -47,534 | | | | | |
| 100 | | Trevenue 1635 expenses, cubitate nite 18 non nite 12 | | ginning of Current Year | | | | | |
| Sts (| 20 | Total assets (Part X, line 16) | | 2,047,785 | | | | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 0. | <u> </u> | | | | |
| Net Assets | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 2,047,785 | 2,259,990. | | | | |
| Pa | art II | | | , . , | | | | | |
| Und | er pena | lties of perjury, المواجعة that المعالم have examined this return, including accompanying schedules | and stateme | nts, and to the best of n | ny knowledge and belief, it is | | | | |
| | | t, and complete Declaration of preparer (other than officer) is based on all information of which | | | | | | | |
| | | Kandhurn | | 1// | 6/24 | | | | |
| Sig | n : | Signature of officer | | Date | , I | | | | |
| Her | | RAY DARWIN, CHIEF FINANCIAL OFFICER | | | | | | | |
| | | Type or print name and title | | | | | | | |
| Print/Type preparer's name Preparer's signature Date Check PTIN | | | | | | | | | |
| Paid | } | MICHELLE FOOTE | | self-emp/ | | | | | |
| Prep | arer | Firm's name DEAN DORTON ALLEN FORD, PLLC | | Firm's EIN | 27-3858252 | | | | |
| Use | Only | Firm's address 4130 PARKLAKE AVE STE. 400 | | | | | | | |
| | | RALEIGH, NC 27612 | | Phone no. 91 | L9-879-2909 | | | | |
| Мау | the IF | S discuss this return with the preparer shown above? See instructions | | | X Yes No | | | | |
| | | | | | 000 | | | | |

| Form | 990 (2023) USA BASEBALL 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 | TTON THE |
| | TO PROVIDE FUNDING FOR THE UNITED STATES BASEARD | I I OIV, INC. |
| | | |
| | | |
| | | |
| 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? | Ves X No |
| | If "Yes," describe these changes on Schedule O. | |
| 4 | | |
| 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 | s, the total expenses, and |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$60,000 . including grants of \$60,000 .) (Reven | Je \$) |
| | TO PROVIDE FUNDING TO OTHER NON-PROFIT ORGANIZATIONS THA | PROMOTE THE |
| | GAME OF BASEBALL. | |
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| 4b | (Code:) (Expenses \$ | Je \$) |
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| 4c | (Code:) (Expenses \$including grants of \$) (Revenue | ie \$ |
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| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) |
| 4e | Total program service expenses 60,000. | |

Form **990** (2023)

Form 990 (2023) USA BASEBALL FOUNDATION INC.
Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-------|-----|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 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 | | | |
| | 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 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, | | | |
| | as applicable. | 5,500 | | National Property of the Control of |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | ** |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | l | | 37 |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | ١ | v | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 111 | X | |
| 128 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 40. | | Х |
| h | Schedule D, Parts XI and XII | 12a | | Λ. |
| D | | 12b | х | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 13 | | Х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 140 | | |
| | 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 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | 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. See instructions | 17 | ļ | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | <u>X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | İ | ļ | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II | 21 | X | |
| | | | ~~~ | |

| Pa | rt IV Checklist of Required Schedules (continued) | | | |
|------|---|-----------|----------|--|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | 1 | 1 |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | - | İ | |
| | Schedule J | 23 | Х | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | T |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | ł | | |
| | Schedule K. If "No." go to line 25a | 24a | | x |
| h | | 0.41 | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 245 | | + |
| G | | 04- | | |
| _ | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | \vdash |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | ١ | | x |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | ^ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | 7 |
| | Schedule L, Part I | 25b | - | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | 1 | ١., |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | İ |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | ۱ |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 474.0[47] | 5000 | Alteria |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | <u> </u> | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| ¢ | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | 1 | | l |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | i | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | ļ | 1 |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | 1 | 1 |
| | Part V, line 1 | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | L |
| Pai | | | | t |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1ล | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable |) [| | Ť |
| b | | וֹ וֹל | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 1 | | |
| Ü | (ambiling) winnings to prize winners? | 1. | | ĺ |

| | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 307 | | age v |
|-----|--|-----------|--|--|
| 1 0 | Statements negariting Other Ins Fillings and Tax Compliance (continued) | | Т., | Т |
| ^- | February and a second s | 194111 | 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 | | | |
| | , | 2,4447 | | 10000 |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | V |
| За | | 3a | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | ļ | ┿ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| 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). | MARK | Million | 10000 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | ļ | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ļ | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | <u> </u> | ↓ |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | Ì | 1 |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 1000 | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| 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 | | | |
| | to file Form 8282? | 7c | l | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | Vicini. | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | † |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 100000 | 100 |
| _ | an annual fraction from the state of the sta | 8 | |] |
| 9 | sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds, | 1343 | A É | |
| | Did the appropriate exemples and constant by distribution and a section to con- | 9a | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | ├── |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | N 1550 |
| | | MAK | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 1 | Section 501(c)(12) organizations. Enter: | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | Gross income from members or shareholders | | | |
| D | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| - | amounts due or received from them.) | 40 | | 10.200.0 |
| | | 12a | 200.00 | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | ******* | 14,000,00 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | 15.9111 | 41 *1.A * |
| | 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 | | | |
| | Enter the amount of reserves on hand | distan- | \$4.\\\ | 22.000 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | - |
| 5 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 10114 | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | 1500 | | sadidi I |
| 7 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | l | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | ļ | ł |

If "Yes," complete Form 6069.

Form 990 (2023)

USA BASEBALL FOUNDATION INC.

22-2/9355/ 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.

| | to line 8a, 8b, or rob below, describe the circumstances, processes, or changes on Schedule O. See instructions. | | | |
|------------|---|---------------|-----------|---------------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| Sec | tion A. Governing Body and Management | | | 1 |
| | | _ | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | ᆚ | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 100.000 | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | | 식 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other |) janu | 50000 | Militar |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | } | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | ļ |
| 7a | | 1 | | |
| | 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 | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | WHA | hawan | |
| а | • | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | <u> X</u> | |
| 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 | | Х |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | 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 | | |
| 11a | | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | in the second | | janta. |
| 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 | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | William | Visit |
| а | The organization's CEO, Executive Director, or top management official | 15a | <u> </u> | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 1000 | Alter 1 | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 33.55 | | in the second |
| | exempt status with respect to such arrangements? | 16b | | |
| <u>Sec</u> | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | |
| 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)- | s only) a | availat | ole |
| | 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) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | d financ | ial | |
| | 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 | | | |
| | 280 BROOKS PARK LANE, SUITE 200, CARY, NC 27519 | | | |

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 | |
|--|--|
| Check i obligation of contains a response of hole to any line in this hait vii | |

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

| Check this box if neither the organization | | | | | | | | 1 | ľ . | |
|--|------------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------------|------------------|----------------------------------|-----------------------|
| (A) | (B) | l | | (f | C) | than | | (D) | (E) | (F) |
| Name and title | Average | (do | not c | HOS heck | more | than | eno | Reportable | Reportable | Estimated |
| | hours per | box | ; unie cerar | ss pe | rson i | is bot x/trus | h an teel | compensation | compensation | amount of |
| | week | - | 1 | Ī | 1 | T | 1 | from | from related | other |
| | (list any hours for | Individual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or p | tee | l | İ | sate | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | ruste | Institutional trustee | | yee | mpen | | 1099-NEC) | 100071207 | and related |
| | below | qua | ution | _ | Key emplayee | ost co | , E | · | | organizations |
| | line) | lnd vig | Instit | Officer | Keye | Highest compensated employee | Former | | | |
| (1) PAUL V. SEILER | 1.00 | | | | | | | | | |
| ASSISTANT SECRETARY | 40.00 | X | | X | | | | 0. | 328,498. | 34,478. |
| (2) RAY DARWIN | 1.00 | | | | | | | | | |
| TREASURER | 40.00 | X | | X | | | | 0. | 188,968. | 30,297. |
| (3) MICHAEL GASKI | 1.00 | | | | ĺ | | | _ | | _ |
| PRESIDENT | 1.00 | X | | X | | ļ | <u> </u> | 0. | 5,000. | 0. |
| (4) DON ETHERIDGE | 1.00 | | | | | | |] | | |
| SECRETARY | 1.00 | Х | | X | | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (5) WILLIE BLOOMQUIST | 1.00 | | | ļ | | | | | | |
| TRUSTEE | 1.00 | X | | <u> </u> | | _ | L. | 0. | 0. | 0. |
| | | Į. | | | | | | | | |
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| Part VII Section A. Officers, Directors, Trus | tees, Key Em | oloy | ees, | and | <u>l Hi</u> | ghes | st C | <u>ompensated Employee</u> | s (continued) | | | |
|--|-------------------|---|-----------------------|----------|-------------|---------------------------------|-----------|----------------------------|------------------------------|----------|--------------------|------------|
| (A) | (B) | 1 | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | one | Reportable | Reportable | | Estimat | ed |
| | hours per | box, unless person is both at officer and a director/trustee | | | | | | compensation | compensation | | amount | |
| | week (list any | | Jer ar | | ecic | ,,nas | rea) | from | from relate | 1 | othe | |
| | hours for | director | | 1 | | _ | 1 | the organization | organization (W-2/1099-MI | | compens from ti | |
| | related | 5 I | stee | | | safec | | (W-2/1099-MISC/ | 1099-NEC | | organiza | |
| | organizations | trustee | al tru | | ake | ad wid | | 1099-NEC) | | ' | and rela | |
| | below | Individual t | Institutional trustee | 涛 | Кеу етрюуве | Highest compensated employee | ner | | | | organizal | ions |
| | line) | Ē | Isi | Officer | Key | 불통 | Ğ | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 0. | 522,4 | 66. | 64,7 | 75. |
| c Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | · | 0. | 522,4 | 66. | 64,7 | <u>75.</u> |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportabl | е | | _ |
| compensation from the organization | | | ************* | | | | | | | | Yes | No. |
| 3 Did the organization list any former officer, | director, truste | ee, k | еу е | mpl | oye | e, or | higi | hest compensated empl | oyee on | [| | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | - | | 3 | Х |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | ſ | | 10000 |
| and related organizations greater than \$150 |),000? If "Yes, | " co | mple | ete S | che | dule | J fo | or such individual | | | 4 X | <u> </u> |
| 5 Did any person listed on line 1a receive or a | • | | | | - | | | - | | | | 1.55 |
| rendered to the organization? If "Yes," com | plete Schedule | J fo | or su | ich r | ers | on | | | | | 5 | X |
| Section B. Independent Contractors | mnanaated led | an- | | | nt. | | al. | at received the A | 100 000 | nan* | lan fra | |
| Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | pensat | ion irom | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NC | NE | <u> </u> | | | _ | Description of s | ervices | C | ompensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | | |
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| | | | | | | | \dagger | | | | | - |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent contractors (in | - | t lim | ited | to t | _ | | ed a | above) who received mo | re than | | | |
| \$100,000 of compensation from the organiz | ation | | | | 0 | | • | | | <u> </u> | orm 990 (| 3U33/ |

| | | Check if Schedule O contains a response or note to any lin | | | | |
|--|------|--|----------------------|--------------------------|--------------------------|---------------------------|
| | | | (A) Total revenue | (B) Related or exempt | (C) Unrelated | (D) Revenue excluded |
| | | | lotal revenue | function revenue | business revenue | from tax under |
| | | | | | | sections 512 - 514 |
| ភិ ស | 1 | a Federated campaigns1a | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Membership dues 1b | | | | |
| δ, E | | c Fundraising events1c | | | | |
| 無温 | | d Related organizations1d | | | | |
| s i | | Government grants (contributions) 1e | | | | |
| ie S | | All other contributions, gifts, grants, and | | | | |
| the state | | similar amounts not included above 1f | | | | |
| 풀일 | | Noncash contributions included in lines 1a-1f | | | | |
| <u>ර ම</u> | | Total. Add lines 1a-1f | | | | |
| | | Business Code | 建造用的建筑 | | | |
| မွ | 2 | | | | | |
| ž, | : | b [| | | | |
| Sal | | | | | | |
| a a | | d | | | | |
| Program Service Revenue | | e [| | | | |
| ď. | | All other program service revenue | | | | |
| | | Total, Add lines 2a-2f | | | | |
| | 3 | Investment income (including dividends, interest, and | | | | |
| | | other similar amounts) | 53,756. | | | 53,756. |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | |
| | 5 | Royalties | | | | |
| | | (i) Real (ii) Personal | | | | |
| | 6 | Gross rents 6a | | | | |
| | 1 | Less: rental expenses 6b | | | | |
| | | Rental income or (loss) 6c | | | | |
| 1 | | Net rental income or (loss) | | | | |
| | 7 : | a Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | assets other than inventory 7a 546,336. | | | | |
| | 1 | Less: cost or other basis | | | | |
| မ္ | | and sales expenses 75498,654. | | | | |
| ا ق | | Gain or (loss) 7c 47,682. | | | | |
| Ş. | | l Net gain or (loss) | 47,682. | 47,682. | | |
| Other Revenue | | Gross income from fundraising events (not | | | | |
| 8 | | including \$ of | | | | |
| | | contributions reported on line 1c). See | | | | |
| | | Part IV, line 18 8a | | | | |
| | ı | Less: direct expenses 8b | | | | |
| | | Net income or (loss) from fundraising events | | | | |
| | 9 4 | Gross income from gaming activities. See | | | | |
| | | Part IV, line 19 | | | | |
| 1 | I | Less: direct expenses 9b | | | | |
| 1 | | Net income or (loss) from gaming activities | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | |
| | | and allowances 10a | | | | |
| 1 | ł | Less: cost of goods sold | | | | |
| | (| Net income or (loss) from sales of inventory | | | | |
| , | | Business Code | | | | |
| ğ | 11 a | | | | | |
| and Tight | ŀ | | | | | |
| scellaneo Revenue | (| | | | | |
| Miscellaneous Revenue | • | All other revenue | | | | |
| | - 6 | Total. Add lines 11a-11d | | switches in Greek at | kina matiki pikivo maini | Alternative de deservita. |
| | 12 | Total revenue. See instructions | 101,438. | 47,682. | 0. | 53,756. |

Form 990 (2023) USA BASEBALL FOUNDATION INC.
Part IX Statement of Functional Expenses

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp | lete all columns. All othe | r organizations must cor | nplete column (A). | | | | | | |
|------|---|----------------------------|------------------------------------|---|--------------------------------|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | 60,000. | 60,000. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | |
| | trustees, and key employees | | | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | |
| 7 | Other salaries and wages | | | | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | | |
| 9 | Other employee benefits | | | | | | | | | |
| 10 | Payroll taxes | | | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | |
| а | Management | | | | | | | | | |
| b | Legal | | | | | | | | | |
| С | Accounting | | | | | | | | | |
| d | Lobbying | | | | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | | | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | | | | | | | | | |
| 12 | Advertising and promotion | | | | | | | | | |
| 13 | Office expenses | | | | | | | | | |
| 14 | Information technology | | | | | | | | | |
| 15 | Royalties | | | | | | | | | |
| 16 | Occupancy | | | | | | | | | |
| 17 | Travel | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | | | : | | | | | | |
| 23 | Insurance | | | | | | | | | |
| 24 | Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | | | | | | |
| а | ADMINISTRATIVE FEES | 19,638. | | 19,638. | | | | | | |
| b | | | | | | | | | | |
| c | | | | | | | | | | |
| ď | | | | | | | | | | |
| - | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 79,638. | 60,000. | 19,638. | 0. | | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | | |
| | reported in column (B) joint costs from a combined | 1 | | | | | | | | |
| | educational campaign and fundraising solicitation. | | İ | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | |

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 186,899. 1 432,010. Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2,360. 2,210. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation ______ 10b 10c 1,858,526. 1,825,770. Investments · publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 2,047,785. 2,259,990 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0. 0. Total liabilities. Add lines 17 through 25 26 \mathbf{X} Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 2,047,785. 2,259,990. 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,047,785. 2,259,990. Total net assets or fund balances 32 32 2,259,990.

Form 990 (2023)

2,047,785.

Total liabilities and net assets/fund balances ...

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 22-2793367 USA BASEBALL 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 L section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J 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) 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 I, 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 in your governing document. (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) No UNITED STATES BASEBALL FEDERATION 38-6111530 60,000. X

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60,000.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 6 Public support, Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

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.)

| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | Se | ction A. Public Support | | | | | | |
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| membership fees received. (Do not include any rursusal grants.) 2. Gross receipts from activities per formed, or facilities funshed in any activity that is related to the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section. 513 4. Tax revenues lexical for the organization's tax exempt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section. 513 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and other paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge or a furnished by a governmental unit to the organization without charge or a furnished by a governmental unit to the organization without charge or a furnished or a received form disqualified persons by accounts exclude an rise; a land sreceived seminate and sreceived seminates and sreceived seminates or a seminate organization without charge or a furnished by a received form disqualified persons by account or seminates or a seminate organization without charge or a furnished by a received or form disqualified persons by account or seminate organization without charge or a furnished by a received or seminates or a seminate organization without organization without organization and the seminates organization organization organization from similar accuraces. By Public support (seated year organization and the seminates organization organization organization organization organization in charge organization organization in charge organization organi | Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Totai |
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| check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | • | ne organization's fir | st. second, third, f | ourth, or fifth tax v | ear as a section 5 | 01(c)(3) organizatio | n. |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [] | | - | • | | | | 107 | · |
| 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | Sec | tion C. Computation of Publi | c Support Per | centage | | | | |
| 16 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | olumn (fi) | | 15 | |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by fine 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | 10 | |
| 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | ······ | | | | |
| 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | |
| b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 19a | | | | | | | is not |
| line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | • | - | • • | • • | | |
| | b | 33 1/3% support tests - 2022. If the | organization did n | ot check a box on | line 14 or line 19a, | and line 16 is mo | re than 33 1/3%, an | .d |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | line 18 is not more than 33 1/3%, che | ck this box and sto | op here. The organ | ization qualifies as | s a publicly suppo | rted organization ् | |
| | 20 | Private foundation. If the organizatio | n did not check a l | oox on line 14, 19a | , or 19b, check thi | s box and see inst | ructions | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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.)

| | Yes | No |
|----------------|--------------|-------------------------|
| | Yes | Visit |
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|-----|--|---------------------------------------|--------------------|-------------|
| | rt IV Supporting Organizations (continued) | | 1 | 1 |
| | | -N-5+14-51 | 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 on lines 11b and | 44 | Signaria I | Х |
| h | 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? | 11a 11b | | X |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 130 | 1441 | 1 |
| · | detail in Part VI. | 110 | | Х |
| Sec | ction B. Type I Supporting Organizations | | | 1 |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | Alleli | | |
| | 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 | i i i i i i i i i i i i i i i i i i i | Verein. | Nev: |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | A HEREAL HANNEY | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 5/11/2/27 | 34378 | |
| Sec | supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations | 2 | L | <u> </u> |
| | Mort of Typo it dapporting Organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 252 | 103 | 140 |
| | or trustees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | Х | 1 |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | Historia. | | . History |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 1.431144 | | \$ 21 PA |
| _ | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | 24,575, 4 | . 1 1 1 1 1 |
| 3 | By reason of the relationship described on 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 supported organizations played in this regard. | 3 | | |
| Sec | stion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | s). | | |
| 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. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it | instruction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | Widinin | 1944 | AMER |
| _ | that these activities constituted substantially all of its activities. | 2a | (3, 5, 5, 5) | 20,707 |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | 1344101 | 44/24/05 |
| _ | these activities but for the organization's involvement. | 2b | 11000 | 111.5.1 |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | | | **** |
| ь | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | . 41.11 | Mark C |
| | parametria de la companie de la compani | | | |

| Sche | edule A (Form 990) 2023 USA BASEBALL FOUNDATION | N INC. | . 2 | 2-2793367 Page 6 |
|------|--|-------------|--------------------------------|--------------------------------|
| - | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Orga | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | ng trust or | n Nov. 20, 1970 (explain in I | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st 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 | | | |
| | 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 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, fine 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | Ilv integra | ted Type III supporting organ | nization (see |

Schedule A (Form 990) 2023

instructions).

| <u> </u> | Endoug distributions out your in this; to Lote | 1 | and the second state of the second state of the second second |
|----------|---|----------|---|
| a | From 2018 | | |
| b | From 2019 | | |
| С | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| <u>h</u> | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| i_ | Remainder, Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, | | |
| | line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| _ c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | |
| <u>,</u> | than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | |
| | and 4b from line 1. For result greater than zero, explain in | | |
| | Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | |
| | and 4c. | | |
| _8_ | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| <u>C</u> | Excess from 2021 | | setta ini ini alikula ja jaga ana ta |
| <u>d</u> | Excess from 2022 | | |
| е | Excess from 2023 | | |
| | | | |

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| _ | USA BASEBALL FOUNDA | | 22-2793367 |
|-----|---|---|---|
| Pa | | | ds or Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lin | | • |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor ad | vised funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can | be used only |
| | for charitable purposes and not for the benefit of the donor or | donor advisor, or for any other purpor | se conferring |
| | | | |
| Pa | t II Conservation Easements. Complete if the org | anization answered "Yes" on Form 99 | 0, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | |
| | Preservation of land for public use (for example, recreat | ion or education) Preservation | of a historically important land area |
| | Protection of natural habitat | Preservation | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ed conservation contribution in the for | m of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | | | |
| С | Number of conservation easements on a certified historic stru | cture included on line 2a | 2c |
| d | Number of conservation easements included on line 2c acqui | red after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | | |
| 4 | Number of states where property subject to conservation eas | ement is located | |
| 5 | Does the organization have a written policy regarding the peri | odic monitoring, inspection, handling of | of |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| | - <u></u> - | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ing of violations, and enforcing conser | vation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170 | O(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footne | ote to the organization's financial state | ments that describes the |
| | organization's accounting for conservation easements. | | |
| Par | t III Organizations Maintaining Collections of | | Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue statemen | t and balance sheet works |
| | of art, historical treasures, or other similar assets held for public | lic exhibition, education, or research in | furtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan- | cial statements that describes these ite | ems. |
| b | If the organization elected, as permitted under FASB ASC 958 | s, to report in its revenue statement and | d balance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fu | rtherance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ <u></u> |
| | | | a contract of the contract of |
| 2 | If the organization received or held works of art, historical trea | | sial gain, provide |
| | the following amounts required to be reported under FASB AS | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | Assets included in Form 990, Part X | | |

| Sche | | EBALL FOUNI | | | | 22-27 | | |
|----------|--|-------------------------|---|-----------------------|-------------------------------|--|-------------|---|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | asures, or Othe | er Simila | ır Assets | (continu | ıed) |
| 3 | Using the organization's acquisition, accessi- | on, and other records | s, check any of the f | ollowing that make | significant | use of its | | |
| | collection items (check all that apply). | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | |
| d | Scholarly research | е | Other | | | | | |
| C | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | allections and explain | how they further th | e organization's exe | emnt nurne | ose in Part | XIII. | |
| 5 | and the second s | | | | | | | |
| Ū | to be sold to raise funds rather than to be ma | | | | | | Yes | No No |
| Pa | t IV Escrow and Custodial Arran | | ** | | | | | 110 |
| 1 | reported an amount on Form 990, Pal | _ | te ii tite organizatior | answered res or | 1101111330 | J, 1 alt IV, II | 110 0, 01 | |
| | | | | | 8 Su alical and | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | _ | 7 | |
| | on Form 990, Part X? | | | | | | _ Yes | L No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | A 1 | |
| | | | | | | | Amount | |
| C | Beginning balance | | | | | | | |
| d | Additions during the year | | *************************************** | | 1d | | | |
| е | Distributions during the year | | | ., | 1е | | | |
| f | Ending balance | | | | 1f | <u> </u> | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for escrow or cu | istodial account liab | ility? | L | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII. | Check here if the ex | planation has been | provided in Part XIII | | | | |
| Pai | t V Endowment Funds Complete if | the organization ans | wered "Yes" on For | m 990, Part IV, line | 10. | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three | years back | (e) Four t | /ears back |
| 1a | Beginning of year balance | 2,047,785. | 2,506,458. | | 1 | | | |
| | Contributions | | | | | | | |
| | Net investment earnings, gains, and losses | 272,205. | -398,673. | | | | | |
| | Grants or scholarships | 60,000. | 60,000. | | l | | | |
| | Other expenditures for facilities | | | | | | | |
| 6 | | | | | | | | |
| | and programs | | | | | | | |
| | Administrative expenses | 2 250 000 | 2 647 705 | | | | | |
| g | End of year balance | 2,259,990. | 2,047,785. | | <u> </u> | | | |
| 2 | Provide the estimated percentage of the curr | | · · · · · · · · · · · · · · · · · · · |) held as: | | | | |
| | Board designated or quasi-endowment | | _% | | | | | |
| b | Permanent endowment | % | | | | | | |
| C | | % | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | |
| За | Are there endowment funds not in the posses | ssion of the organiza | tion that are held an | d administered for t | he | | | |
| | organization by: | | | | | | | res No |
| | (i) Unrelated organizations? | *********** | | | | | 3a(i) | X |
| | (ii) Related organizations? | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | ed on Schedule R? | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | |
| t | Complete if the organization answered | | Part IV. line 11a. S | ee Form 990. Part X | . line 10. | | | |
| | Description of property | (a) Cost or of | • | 1 | Accumulat | ed | (d) Book | value |
| | Description of property | basis (investm | 1 ' | , , , | preciation | | (0) 5000 | VAIGE |
| <u> </u> | Land | ` ` | Judia (| (1.00) U | -productor | STATE OF THE STATE | | * ************************************* |
| | Land | | | | re e e travara je tajelje e t | | | |
| | Buildings | | | | | | | |
| | Leasehold improvements | | | | | | | |
| | Equipment | 1 | | | | | | |
| | Other | | | | | | | |
| Total | . Add lines 1a through 1e. (Column (d) must ed | gual Form 990, Part) | C. line 10c. column i | B)) | | | | 0. |

Schedule D (Form 990) 2023

| Ocueans D (| ו טוווו טטטן בטבט | |
|-------------|-------------------|-------|
| Dart VIII | Invectmente - | Other |

| Part VII Investments - Other Securities | | | |
|---|--|--|------------------------|
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | l-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | \$25 | |
| Part VIII Investments - Program Related. | F 000 D-+ B/ B | 11- Co. Farm 000 Dark V line 12 | |
| Complete if the organization answered "Yes" (a) Description of investment | | (c) Method of valuation: Cost or end | lafvoor market value |
| | (b) Book value | (c) Method of Valuation. Cost of end | roryear market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | 41.5 |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col | <u>. (B)) </u> | | |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11e or 11t. See Form 990, Part X, line 25. | (1) D. (1) |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. line 25. col. | (B)) | 444444444444444444444444444444444444444 | |
| Liability for uncertain tay positions. In Dart VIII. provide: | tha taid of the feetnate to | the examination's financial statements th | at raparta tha |

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

| Sche | dule D (Form 990) 2023 US | SA BASEBALL | FOUNDATION | INC. | 22- | 2793367 | Page 4 | |
|------|--|-------------------------|-------------------|------|-----|---------|--------|--|
| Pai | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | | | |
| 1 | Total revenue, gains, and other s | upport per audited fina | ancial statements | | 1 | | | |
| 2 | Amounts included on line 1 but n | not on Form 990. Part | VIII. line 12: | | | | | |

| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
|---|---|---|----|--|
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 1 | |
| C | Recoveries of prior year grants | 2c | | |
| | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | 2e | | |
| 3 | Subtract line 2e from line 1 | .,,, | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | *************************************** | 5 | |

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

| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | | |
|-----|---|---|------|--|--|--|
| 1 | Total expenses and losses per audited financial statements | | 1 | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| C | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| e | Add lines 2a through 2d | | 2e | | | |
| 3 | Subtract line 2e from line 1 | | 3 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | 1000 | | | |
| ¢ | Add lines 4a and 4b | | 4c | | | |
| 5 | | *************************************** | 5 | | | |
| 77- | nt VIII Complemental Intermedian | | | | | |

Part XIII Supplemental Information

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

PART V, LINE 4:

TO PROVIDE LONG-TERM SUPPORT TO UNITED STATES BASEBALL FEDERATION, INC.

PART X, LINE 2:

IT IS USAB'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY THOSE THAT

MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE

ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE

IF THE BENEFIT OF ANY CERTAIN TAX POSITION SHOULD BE RECOGNIZED IN THE

PERIOD THE CHANGE OCCURS. USAB HAS CONCLUDED THAT AS OF DECEMBER 31, 2023

AND 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE

TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

| Schedule D (Form 990) 2023 | USA BASEBALL | FOUNDATION | INC. | <u> 22-2793367</u> | Page 5 |
|--|---------------------|------------|-------|---|--------|
| Schedule D (Form 990) 2023 Part XIII Supplemental Info | rmation (continued) | | | ****** | |
| | <u> [COMMINGCO</u> | | | | |
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SCHEDULE (Form 990)

Department of the Treasury

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.

| 2023 | Open to Public Inspection |
|------|------------------------------|
| | |

OMB No. 1545-0047

≗ Employer identification number 22-2793367 XYes 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 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 Go to www.irs.gov/Form990 for the latest information. 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. USA BASEBALL FOUNDATION INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Part II Part

| | מיי לכי יי מיג זו מעוי | ביית לכיסכיי מוניו כמיים הכיחלווים ביים מתחוכוים ביים מחוברים ביים מחוברים ביים מחוברים ביים מונים ביים מונים ביים מונים ביים ביים ביים ביים ביים ביים ביים ב | niai space is recue | .n. | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
|---|----------------------------------|---|-----------------------------|--|---|--|--|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (1) Metrod of valuation (book, EMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| UNITED STATES BASEBALL FEDERATION, INC 280 BROOKS PARK LANE, SUITE 200 - CARY, NC 27519 | N, TE 38-6111530 501(C)(3) | 501(C)(3) | .000,09 | •0 | | | TO SUPPORT THE ADVANCEMENT OF THE GAME OF BASEBALL IN THE UNITED STATES. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 3) and government or | ganizations listed in the | line 1 table | | | | |
| 3 Enter total number of other organizations listed in the line 1 table | ions listed in the line | l table | | | | *** | |

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

Schedule I (Form 990) 2023

Page 2

| U | and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. |
|------------------------------|--|
| NH | e orga |
| UNDATION | Complete if th |
| FO | duals. |
| USA BASEBALL FOUNDATION INC. | nd Other Assistance to Domestic Individual n be dimicated if additional enace is peopled |
| USA | Assistance to |
| Form 990) 2023 C | Grants and Other |
| Schedule I (i | Part |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|---|---|---|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | d d | | | |
| Supplement | uired in Part I, lin | e 2: Part III, column | Part I, line 2: Part III, column (b): and any other additional information. | ditional information. | |
| PART I, LINE 2: | CH CH | 0 BB | איים האלם אלו משתאתם אלו משתאתם | MTOM | |
| INC., WHICH ENABLES THE MANAGEMENT | THE | | SA BASEBALL | יייייייייייייייייייייייייייייייייייייי | |
| FOUNDATION, INC. TO MONITOR THE USE | OF F | GRANT FUNDS AND | ID THE OVERALL | ALL | |
| OPERATIONS OF UNITED STATES BASEBALL | LL FEDERATION, | TION, INC. | | | |
| A de seguine de la company de la company de la company de la company de la company de la company de la company | 1 | *************************************** | | | |
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| | | | a a de grand de de de de de de de de de de de de de | | |

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.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

USA BASEBALL FOUNDATION INC.

Employer identification number 22-2793367

| | | | Yes | No |
|----|--|---------|---------|----------|
| la | 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 | | | |
| | 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) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | Jane 1 | | |
| | 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, | 14/4 | Think! | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | 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. | | | |
| | X Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | 1333 | West | Male |
| а | Receive a severance payment or change-of-control payment? | 4a | | <u>X</u> |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| C | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | |) in | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | Hall | MERC |
| | The organization? | 5a | | <u>X</u> |
| b | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | N. S. | | |
| | contingent on the net earnings of: | 3.1.1.5 | High | V(1111) |
| а | The organization? | 6a | | <u>X</u> |
| b | Any related organization? | 6b | | X |
| | 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 | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | <u>X</u> |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | 33.3 | <u>X</u> |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | 5-11-11 | N/305/3 |
| | Regulations section 53 4958-6/c)? | 9 | - 1 | |

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

Schedule J (Form 990) 2023

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 W-2 | | and/or 1099-MISC and/or 1099-NEC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in column (B) |
|--|----------|--------------------------|---|---|---|-------------------------|------------------------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) PAUL V. SEILER | ₽ | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ASSISTANT SECRETARY | Œ | 328,498. | 0 | 0 | 11,862. | 22,616. | 362,97 | 0 |
| (2) RAY DARWIN | Ξ | | 0 | 0 | 0 | 0 | | 0. |
| TREASURER | € | 188,968. | 0. | 0. | 7,681. | 22,616. | 219,26 | 0 |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | *************************************** |
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SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

USA BASEBALL FOUNDATION INC.

Employer identification number 22-2793367

| FORM 990, PART VI, SECTION A, LINE 6: |
|---|
| USA BASEBALL FOUNDATION, INC. IS A CORPORATION ORGANIZED ON A MEMBERSHIP |
| BASIS. THE UNITED STATES BASEBALL FEDERATION IS THE SOLE MEMBER OF THE |
| CORPORATION. NEW MEMBERS MAY OBTAIN MEMBERSHIP TO THE CORPORATION IF |
| APPROVED BY A MAJORITY VOTE OF THE CURRENT MEMBERS OF THE CORPORATION. |
| |
| FORM 990, PART VI, SECTION A, LINE 7A: |
| THE FOUNDATION MEMBERS MEET ANNUALLY TO ELECT TRUSTEES WHICH CONSISTS OF NO |
| FEWER THAN 3 PERSONS INCLUDING THE MEMBER'S PRESIDENT AND EXECUTIVE |
| DIRECTOR. |
| |
| FORM 990, PART VI, SECTION A, LINE 7B: |
| THE BOARD OF TRUSTEES MAY DELEGATE THE GENERAL MANAGEMENT AFFAIRS OF THE |
| ORGANIZATION TO OFFICERS, EMPLOYEES AND COMMITTEES OF THEIR OWN NUMBER SUCH |
| POWERS AND DUTIES AS IT MAY SEE FIT. HOWEVER, THE RESPONSIBILITY OF MAKING |
| GRANTS AND CONTRIBUTIONS AND OTHERWISE RENDERING FINANCIAL ASSISTANCE SHALL |
| BE WITHIN THE EXCLUSIVE POWER OF THE BOARD OF TRUSTEES. |
| |
| FORM 990, PART VI, SECTION B, LINE 11B: |
| THE BOARD OF TRUSTEES REVIEWS A DRAFT COPY OF THE FORM 990 PRIOR TO FILING. |
| |
| FORM 990, PART VI, SECTION B, LINE 15: |
| OFFICERS DO NOT RECEIVE ANY COMPENSATION FROM THE FOUNDATION BUT INSTEAD |
| RECEIVE COMPENSATION FROM THE RELATED ORGANIZATION, THE UNITED STATES |
| BASEBALL FEDERATION WHOSE PROCESS DOES INCLUDE REVIEW AND APPROVAL BY |
| INDEPENDENT PERSONS. |

| Name of the organization USA BASEBALL FOUNDATION INC. | Employer identification number 22-2793367 |
|---|---|
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT | OF INTEREST POLICY |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REC | QUEST. |
| | |
| 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 YE | BAR. |
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Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. SCHEDULE R (Form 990)

OMB No. 1545-0047 2023

Attach to Form 990.

Employer identification number 22-2793367Open to Public Inspection

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. USA BASEBALL FOUNDATION INC. Part

Name of the organization

Department of the Treasury Internal Revenue Service

Direct controlling entity 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. End-of-year assets <u>e</u> Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity <u>a</u> Part

| כיפשו ושימונים וכי ממוווים מוס ומא אפשו. | | | | | | | |
|--|---|---|-------------------------------|--|-------------------------------|---|---------------------------|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Saction 512(b)(13) controlled entity? | 12(b)(13) ollod by? |
| UNITED STATES BASEBALL FEDERATION INC 38-5111530, 280 BROOKS PARK LANE, CARY, NC 27519 | TO DEVELOP UNITED STATES BASEBALL TEAMS | MICHIGAN | 501(C)(3) | | W/// | ******** | × |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

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Page 2

USA BASEBALL FOUNDATION INC.

Schedule R (Form 990) 2023

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. PartIII

| (a) | (a) | <u>ပ</u> ြွ | : (g) | (e) | | (6) (7) | Œ | | | ₹ |
|--|---|--------------------------|------------------------------|---|-----------------------|----------------------|----------------------------------|---------------------|--------------------------------------|---|
| Name, address, and Env of related organization | Primary activity | domicile (state or | Direct controlling entity | Predominant income (related, unrelated, exclinded from tax incles | Share of total income | Share of end-of-year | Disproportionate allocations? | amount in box | General or F managing partner? | General or Percentage managing ownership partner? |
| | | country) | | sections 512-514) | | doogie | Yes No | K-1 (Form 1065) | Yes No | |
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| part N Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. | ganizations Taxable ar rporation or trust during | s a Corpo g the tax y | oration or Trust. Co | omplete if the organizat | ion answered "Yes | s" on Form 990, P | art IV, line 3 | 1, because it had o | ле от то | re related |

| Name, address, and EIN Primary activity (corp. Scorp, income rountly) (Corp. Scorp, income rount | | Ξ | Θ |
|--|---|--------------|--|
| | otal Share of end-of-year assets | <u>8</u> .c. | Section 512(b)(13) controlled ontity? |
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22-2793367

Schedule R (Form 990) 2023 USA BASEBALL FOUNDATION INC.

| l, 35b, or 36. |
|---|
| IV, line 34 |
| Part |
| on Form 990, |
| "Yes" |
| . Complete if the organization answered ' |
| Organizations. |
| Related (|
| sactions With |
| ntV Tran |
| 7 |

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | The same and the s | Yes No |
|--|--|---------------------------------|--|----------------------------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | s with one or more re | lated organizations listed i | in Parts II-IV? | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | Ta X |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b 🔀 |
| Ø | | | | - |
| | | | | |
| | | | | 1e X |
| | | | | |
| f Dividends from related organization(s) | | | | × |
| g Sale of assets to related organization(s) | | | | 1g X |
| | | | | |
| i Exchange of assets with related organization(s) | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1; X |
| | | | | |
| K Lease of facilities, equipment, or other assets from related organization(s) | | | | ± Χ |
| l Performance of services or membership or fundraising solicitations for related organization(s) | nization(s) | | | × |
| m Performance of services or membership or fundraising solicitations by related organization(s) | nization(s) | | | 1m X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | on(s) | | | |
| Sharing of paid employees with related organization(s) | | | | 10 ⊠ |
| | | | | |
| | | | | 1p X |
| q Reimbursement paid by related organization(s) for expenses | | | | 1g X |
| | | | | |
| Solution in an interpretability to related organization(s) Solution transfer of cash or property from related organization(s) | | | | 4 * |
| | 14 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | |
| 2 II the answer to any or the above is res. See the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | no must complete th | s line, including covered r | elationships and transaction thresholds. | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved |
| (1) UNITED STATES BASEBALL FEDERATION, INC. | щ | .000,09 | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (9) | | | | |
| 332163 09-28-23 | | | Schedule | Schedule R (Form 990) 2023 |

Page 4

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.

| (c) (d) (e) Areal Share of Chelston (c) (e) (e) Areal Share of Chelston (c) (f) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | |
|--|--|--|--|--|
| (b) (c) Primary activity Legal domicile (state or foreign country) | | | | |
| (a) Name, address, and EIN of entity | | | | |

| Schedule R (Form 990) 2023 USA BASEBALL FOUNDATION INC. | 22-2193361 Page 5 |
|--|-------------------|
| Schedule R (Form 990) 2023 USA BASEBALL FOUNDATION INC. Part VII Supplemental Information | |
| Provide additional information for responses to questions on Schedule R. See instructions. | |
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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization, employer, or other filer, see instructions. Print 22-2793367 USA BASEBALL FOUNDATION INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 280 BROOKS PARK LANE, SUITE 200 instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARY, NC 27519 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 **Application Is For** Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) Form 5330 (other than individual) 14 07 Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of RAY DARWIN 280 BROOKS PARK LANE, SUITE 200 - CARY, NC 27519 Telephone No. 919-474-8721 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 _____ , and ending ____ ___ tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System), See instructions. Зc

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)