EXTENDED TO NOVEMBER 15, 2022

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.

2021
Open to Public Inspection

Form 990 (2021)

Department of the Treasury Internal Revenue Service

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

A F	or the	2021 calendar year, or tax year beginning and ending									
Вс	hack if pplicable:	C Name of organization	D Employer identifi	cation number							
	Addross change										
	Name change	Doing business as	38-61115	30							
	hifin nustos	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
	Figal roluny	2933 SOUTH MIAMI BLVD 119	919-474-								
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Grossreceipts\$	17,306,431.							
]Amenda roturn	DORHAM, NC 27703	H(a) Is this a group re								
Application F Name and address of principal officer: RAY DARWIN for subordinates? Yes X											
	panding	12933 SOUTH MIAMI BLVD, SUITE 119, DURHAM, N	C H(b) Are all subordinates in								
				list. See instructions							
		WWW.USABASEBALL.COM	H(c) Group exemptio								
		The state of the s	ear of formation: 1900 h	A State of legal domicile; MI							
Pa		Summary	ים ודאדו מחזי	T P C							
g	1 B	riefly describe the organization's mission or most significant activities: TO DEVELO	JE ONTIED SIK	100							
Activities & Governance		Check this box if the organization discontinued its operations or disposed of m	are then GER/ of its not see	rote							
ē			1 .	16							
ģ		lumber of voting members of the governing body (Part VI, line 1a) lumber of independent voting members of the governing body (Part VI, line 1b)	***************************************	16							
જ		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		184							
ţį		otal number of volunteers (estimate if necessary)		325							
Ę	7a T	otal unrelated business revenue from Part VIII, column (C), line 12	7a	860,605.							
۲		let unrelated business taxable income from Form 990-T, Part I, line 11		0.							
			Prior Year	Current Year							
	8 C	Contributions and grants (Part VIII, line 1h)	5,113,625.	6,539,147.							
ž		rogram service revenue (Part VIII, line 2g)	500,707.	5,931,960.							
Вечепие		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	11,502.	41,451.							
œ.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,576,642.	3,961,474.							
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,202,476.	16,474,032.							
	13 G	trants and similar amounts paid (Part IX, column (A), lines 1-3)	263,000.	303,500.							
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
8	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,149,575.	3,574,583.							
SE	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.							
Expenses	ЬT	otal fundraising expenses (Part IX, column (D), line 25) 135,863.	4 4CE 077	11 102 657							
ш	17 C	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,455,977. 7,868,552.	11,193,657. 15,071,740.							
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	333,924.	1,402,292.							
	19 F	levenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year							
Assets or Ralances	00 7	otal assata (Dask V. Ban 16)	5,122,144.	6,998,610.							
SSE		otal assets (Part X, line 16) otal liabilities (Part X, line 26)	924,662.	1,442,377.							
計		let assets or fund balances. Subtract line 21 from line 20	4,197,482.	5,556,233.							
	rt II	Signature Block		<u> </u>							
Unde	r penalt	les of perjury, I declare that I have examined this return, including accompanying schedules and sta	ements, and to the best of m	y knowledge and belief, it is							
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer									
		Kay Dawy	(1)	19/2022							
Sign	,	Signature of officer	Date /	/							
Here	9	RAY DARWIN, CHIEF FINANCIAL OFFICER									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Date Check	PTIN							
Paid		HRISTOPHER DUFFUS	11/7/202 2 self-emplo	yed P00171587							
Preparer Firm's name DEAN DORTON ALLEN FORD, PLLC Firm's EIN 27-3858252											
Use 1	Only	Firm's address P. O. BOX 17806	. 01	9-782-9265							
	<u> </u>	RALEIGH, NC 27619-7806	I Phone no. 9,1	X Yes No							
BRALL	tha IDS	annung this column with the executor choice about 500 inclinitions	· ·	143 1 7 195 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

	1990 (2021) UNITED STATES BASEBALL FEDERATION, INC. 38-6111530 Page 2
Pai	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 DEVELOP UNITED STATES BASEBALL NATIONAL TEAMS AND TO ENSURE THE
	HEALTH AND PROLIFERATION OF THE GAME THROUGH SPORT DEVELOPMENT
	INITIATIVES.
	LNL 1 111 1 V 110 •
	the state of the s
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-F7? Yes X No
	phot total coo or occur.
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program service reported.
4a	(Code:) (Expenses \$ 13,860,425. Including grants of \$ 303,500.) (Revenue \$ 9,032,829.)
-7u	USA BASEBALL (USAB) NATIONAL TEAMS & SELECTION EVENTS - AMERICA'S BEST
	BALL PLAYERS IDENTIFIED THROUGH VARIOUS EVENTS (USAB CHAMPIONSHIPS,
	NTIS, PDP, ETC.) TO PARTICIPATE ON USAB'S PROFESSIONAL, COLLEGIATE,
	NATIONAL TEAM DEVELOPMENT PROGRAMS THAT COMPETE IN DOMESTIC EXHIBITION
	GAMES AND INTERNATIONAL COMPETITIONS. USAB SPORT DEVELOPMENT
	INITIATIVES INCLUDE VARIOUS ONLINE RESOURCES (I.E. ONLINE EDUCATION
	CENTER, MOBILE COACH, LTAD, ETC.) AND PROGRAMS (FUN AT BAT, PITCH
	SMART, PROSPECT DEVELOPMENT PIPELINE, ETC.).
	(Code:) (Expenses \$ including grants of \$)) (Revenue \$)
4b	(Code:) (Expenses \$
4c	(Gode:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
4-	Total program service expenses \(\) 13,860,425.
<u>4e</u>	Total program service expenses 13,000,423.

Form 990 (2021)

38-6111530 UNITED STATES BASEBALL FEDERATION, INC. Page 3 Form 990 (2021) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments · program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV 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 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 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

1c and 8a? If "Yes," complete Schedule G, Part II 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

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

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Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 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% X 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV 28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X 28c "Yes," complete Schedule L, Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? |f "Yes," complete Schedule M X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 366 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2021)

UNITED STATES BASEBALL FEDERATION, INC. 38-6111530 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 184 filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, See instructions. X За Did the organization have unrelated business gross income of \$1,000 or more during the year? За X 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5h b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 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 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Х Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

UNITED STATES BASEBALL FEDERATION, INC.

38-6111530 Form 990 (2021) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? ------Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X a8 b Each committee with authority to act on behalf of the governing body? 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...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X

Section	n C. I	Disclos	ure

47	List the states with which a copy of this Form 990 is required to be filed	ightharpoonupNC

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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) available for public inspection. Indicate how you made these available. Check all that apply

Another's website X Own website

exempt status with respect to such arrangements?

- X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Other officers or key employees of the organization

taxable entity during the year?

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

State the name, address, and telephone number of the person who possesses the organization's books and records RAY DARWIN - (919) 474-8721

Ji US			

15b

16a

16t

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

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

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

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

Name and title	Check this box if neither the organization	ion nor any related o	orga	niza	tion	con	npen	sate			
(1) NIKE GASKI (1) NIKE GASKI (1) AGON DOLE REASIDENT (2) JASON DOLE (3) ELLIOT HOPKINS SECRETARY (4) GEORGE GRANDE (5) JOHN DALTON-HILL DIRECTOR (6) JERNY DALTON-HILL DIRECTOR (7) VERDILGA LIVAREZ (7) SERVE CLOUD DIRECTOR (7) VERDILGA LIVAREZ DIRECTOR (7) VERDILGA LIVAREZ DIRECTOR (1) GEORGE MAY DIRECTOR (2) JASON DALTON-HILL DIRECTOR (3) STEVE CLOUD DIRECTOR (3) STEVE CLOUD DIRECTOR (1) JOHN SALTON-HILL DIRECTOR (2) JASON BANDAN DIRECTOR (3) STEVE CLOUD DIRECTOR (4) GEORGE GRANDE DIRECTOR (7) VERDILGA LIVAREZ DIRECTOR (1) JOHN SALTON-HILL DIRECTOR (2) CHIS SARNINA DIRECTOR (3) STEVE CLOUD DIRECTOR (4) GEORGE GRANDE DIRECTOR (5) JOHN SALTON-HILL DIRECTOR (7) VERDILGA LIVAREZ DIRECTOR (7) VERDILGA LIVAREZ DIRECTOR (1) JACON MAY DIRECTOR (1) JACON MAY DIRECTOR (1) JACON MAY DIRECTOR DIRECTOR (1) JACON MAY DIRECTOR (1) JACON MAY DIRECTOR DIRECTOR (1) JACON MAY DIRECTOR (1) JOHN SARINA DIRECTOR DIRECTOR DIRECTOR (1) JOHN SARINA DIRECTOR DIRECTOR DIRECTOR DIRECTOR (1) JOHN SARINA DIRECTOR DIRECTO	, ,	1 ' '			Post	D) ition	ı		(D)	(E)	(F)
Color and a discentify motion Color and a discentific motion	Name and title		(do	not a	heck i	more	than e	one	,	,	
Compensation from the organizations below line) Early Ea			offi	unle: cerar	ss per ıda d	son i irecta	s both r/trust	ee)	i '		
The storm		1	ctor								compensation
The storm		1 '	rdire	_			ted ted				
The storm		1	stee o	rustee			ense			1099-NEC)	•
The storm			al tru	t lenc		og a	com se		1099-NEC)		
The storm		l l	dividu	stitut	ffcer	ıy em	ghest	ē			Organizations
Resident	(1) MINE CACHT		虚	=	8	32	도급	<u> </u>			
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SELIOT HOPKINS		0.00	x						0.	0.	0.
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(4) GEORGE GRANDE			\mathbf{x}						0.	0.	. 0.
Director X		0.00						Г			
S JOHN GALL	· - /		Х						0.	0.	0.
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Theorem	(6) JENNY DALTON-HILL	0.00		Γ							
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O	(8) STEVE CLOUD	0.00						Į			,
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(11) JACOB MAY DIRECTOR (12) WES SKELTON DIRECTOR (13) STEVE KEENER DIRECTOR (14) TONY REAGINS DIRECTOR (15) DEREK TOPIK DIRECTOR (16) ERNIE YOUUNG DIRECTOR (17) PAUL V. SEILER (10. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0		0.00	-							^	
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(14) TONY REAGINS (14) TONY REAGINS DIRECTOR (15) DEREK TOPIK DIRECTOR (16) ERNIE YOUUNG DIRECTOR (17) PAUL V. SEILER (17) PAUL V. SEILER (18) D. O.	• •	0.00	- ₩						0.	0.	0.
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(17) PAUL V. SEILER 40.00			\mathbf{x}^{\dagger}						10,000.	0.	0.
		40.00	†	Τ	1	T	T^-		- CHIAN		
	EXECUTIVE DIRECTOR/CEO	1.00	1		x				317,050.	0.	32,259.

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hi	ghes	t C	ompensated Employee		-	-
(A) (B) (C)							(D)	(E)		(F)	
Name and title	Average	(do		Pos		ì than c	one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pa	rson i	is both	n an	compensation	compensation		amount of
	week		cer an	na a	n ecse	Arous	lea)	from	from related organizations		other compensation
	(list any hours for	individual trustee or director						the organization	organizations (W-2/1099-MISC		from the
	related	e or d	ge			sated		(W-2/1099-MISC/	1099-NEC)		organization
	organizations	ruste	trus		g.	шафш		1099-NEC)	,0000,		and related
	below	dualt	Institutional trustee	,	еу етріоуве	sst co	<u> </u>				organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former				
(18) DAVID P PERKINS	40.00										
CHIEF OPERATING OFFICER				Х			<u> </u>	205,280.	() •	28,388.
(19) RAY DARWIN	40.00						l				00 115
CHIEF FINANCIAL OFFICER/CF	1.00	<u> </u>		Х	<u> </u>		<u> </u>	184,500.) •	28,447.
(20) ASHLEY BRATCHER	40.00										44 000
GENERAL MANAGER, 18U NATIONAL TEAM		ļ				Х	<u> </u>	129,740.).	11,833.
(21) ERIC CAMPBELL	40.00				ĺ				,		05 000
GENERAL MANAGER, NATIONAL TEAMS			<u> </u>	_	Ļ	X		107,700.).	25,003.
(22) LAUREN RHYNE	40.00	-						100 050		,	24 420
SENIOR DIRECTOR, ATHLETE SAFETY AND			<u> </u>	ļ		X	<u> </u>	102,250.).	24,429.
			┝	ļ	┡	\vdash	<u> </u>				
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A		-	⊢	<u> </u>	┞	-	├		- THAINT		
		-									
***************************************	<u> </u>	<u> </u>		L	<u></u>		Ļ.	1,060,020.). l	150,359.
1b Subtotal		<i></i>						0.		<u>;</u>	0.
c Total from continuation sheets to Part V	I, Section A							1,060,020.			150,359.
d Total (add lines 1b and 1c)							>			J • 1	±30,332.
2 Total number of individuals (including but r	ot limited to th	iose	liste	d al	DOV	e) wr	io re	eceived more than \$100,	ooo or reportable		6
compensation from the organization						_					Yes No
								.ht	lavas on	F	
3 Did the organization list any former officer											3 X
line 1a? If "Yes," complete Schedule J for s	uch individual	1						an companyation from t	ho organization	·	
4 For any individual listed on line 1a, is the si											4 X
and related organizations greater than \$15	0,000? <i>If</i> "Yes	," cc	mpl	ete	Sch	eduk	e J f	tor such individual	fuel for condices	··	
5 Did any person listed on line 1a receive or	accrue comper	nsat 	ion i	rom	any	y unr	енац	ed organization or individ	iual for services	- 1	5 X
rendered to the organization? If "Yes," con	nplete Schedul	e J	or s	uch	per	son_	4.1.4.		***************************************		<u> </u>
Section B. Independent Contractors 1 Complete this table for your five highest co			and c	nt o	ont:	racto	re +1	hat received more than 4	100 000 of compe	nsatio	on from
Complete this table for your five highest co the organization. Report compensation for	mpensated inc	uepe	ondi.	ne e ne	urith vith	מטנט	ua U ithin	nac received more triall of the organization's tay u	ear.	,	
	the calendar y	ear	enun	ny v	VIEII	<u> </u>	147 (11	(B)	<u> </u>		(C)
(A) Name and business	address	N	ON:	F!				Description of s	ervices	Co	mpensation
			<u> </u>							**	
							-	1,000			
	Lillian			····							

2 Total number of independent contractors (including but r	ot li	mite	d to	tho	se li	sted	dabove) who received m	ore than		
\$100,000 of compensation from the organ						0					
										F	orm 990 (2021)

		-7.7.5	Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
			Oriodkii Comada a comana a respense		(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								sections 512 - 514
र श	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts.			Membership dues 1b	4,613.				
2,0			Fundraising events 1c					
E E			Related organizations 1d	100,000.				
, Eig.			Government grants (contributions) 1e	778,334.				
ë		f	All other contributions, gifts, grants, and					
Per			similar amounts not included above	5,656,200.				
풀질		g	Noncash contributions included in lines 1a-1f 1g \$	231,618.				
SE		h	Total. Add lines 1a-1f	📐	6,539,147.			
				Business Code				
ģ.	2	а	EVENT REGISTRATION	711300	1,833,927.	1,833,927.		
ار ځ		b	JOINT EVENTS	711300	1,541,663.	1,541,663.		
Seg		C	MLB COMBINE	711300	1,471,501.	1,471,501.		
E a		d	MLB PRO TEAM	711300	613,343.	613,343.		
Program Service Revenue		е	TICKET SALES TO EVENTS	711300	471,526.	471,526.		
ă		f	All other program service revenue					
		g	Total. Add lines 2a-2f	>	5,931,960.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		41,451.			41,451.
	4		Income from investment of tax-exempt bond pr	roceeds 🕨				
	5		Royalties		2,901,674.	2,901,674.		
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
ā			and sales expenses					
len.		c	Gain or (loss) 7c					
é			Net gain or (loss)	>				
Other Revenue	8	а	Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b			Karajajajajajajajajaj		Bistoria de la companya del companya de la companya del companya de la companya d
		c	Net income or (loss) from fundraising events	>				
	9		Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses 9b					
		C	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold10b	832,399.				
		С	Net income or (loss) from sales of inventory	>	860,605.		860,605.	
10				Business Code				
ă,	11	a	ROOM REBATES	711300	153,985.	153,985.		
ane		b	MISCELLANEOUS	711300	38,187.	38,187.		
i je		С	WEB AFFILIATE REVENUE	711300	7,023.	7,023.		ļ
Miscellaneous				L	JA5 JA5			
	<u>L</u>	е	Total, Add lines 11a-11d	>	199,195.		960 60F	41,451.
	12	!	Total revenue. See instructions	> _	16,474,032.	9,032,829.	860,605.	£ 000 (0004

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (C) (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 303,500. 303,500. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 632,433. 1,210,377. 577,944. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 73,615. 50,250. 1.772.800. 1,648,935. Other salaries and wages Pension plan accruals and contributions (include 2,152. 3,083. 55,207. 60,442. section 401(k) and 403(b) employer contributions) 296,259. 266,614. 15,689. 13,956. Other employee benefits 5,636. 34,199. 234,705. 194,870. Payroll taxes 10 Fees for services (nonemployees): 30,351. 95,056 1,125,216. 999,809. Management 40,557. 104,623. 64,066. Legal 15,500. 15,500. c Accounting d Lobbying Professional fundraising services. See Part IV. line 17 5,954. 5,954. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 11,024. 16,074. 27,098. 13 Office expenses 14 Information technology Royalties 15 15,548. 872,035. 856,487. Occupancy _____ 16 574. 916. 3,669,000. 3,670,490. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... 25. 11.696. 21,656. 9,935. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 309. 119,229.9,369. 128,907. Depreciation, depletion, and amortization 22 414,013. 68,161. 345,852. 23 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 O.) 1,600,986. 1,600,986. BAT LICENSING PROGRAM 1,198,407. 31,766. 6,385. 1,236,558. PROGRAM SUPPLIES 1,047,552. 1,047,552. HONARARIUM/UMPIRE FEES 1,587. 35,524 640,447. 603,336. d OTHER EXPENSES 282,622. 282,622. e All other expenses 135,863. 1,075,452. 15,071,740. 13,860,425. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

ar.	t X				<u> </u>
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	24,313.	1	23,983
	2	Savings and temporary cash investments	3,048,596.	2	1,258,218
	3	Pledges and grants receivable, net		3	19,500
	4	Accounts receivable, net	559,979.	4	2,608,430
- 1	5	Loans and other receivables from any current or former officer, director,			
	_	trustee, key employee, creator or founder, substantial contributor, or 35%		Mai	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net		7	
2	8	Inventories for sale or use	797,324.	8	582,274
	9	Prepaid expenses and deferred charges	317,217.	9	256,450
	•				
	""	hasis Complete Part VI of Schedule D 10a 1,058,694.		WHEN HEET	
	h	Less: accumulated depreciation 10b 874,300.	236,410.	10c	184,394
	11	Investments - publicly traded securities		11	1,820,185
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	138,305.	15	245,176
	16	Total assets, Add lines 1 through 15 (must equal line 33)	5,122,144.	16	6,998,610
	17	Accounts payable and accrued expenses	189,635.	17	506,494
	18	Grants payable		18	
	19	Deferred revenue	340,314.	19	293,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	394,713.	21	642,383
	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		i i i i i i i i i i i i i i i i i i i	
		controlled entity or family member of any of these persons		22	
į į	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	924,662.	26	1,442,377
		Organizations that follow FASB ASC 958, check here X			
ė,		and complete lines 27, 28, 32, and 33.			
E	27	Net assets without donor restrictions	4,060,023.	27	5,285,832
ğ	28	Net assets with donor restrictions	137,459.	28	270,401
	:	Organizations that do not follow FASB ASC 958, check here			
<u>.</u>		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
300	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ž	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	4,197,482.	32	5,556,233
_	33	Total liabilities and net assets/fund balances	5,122,144.	33	6,998,610 Form 990 (20

SCHEDULE A

(Form 990)

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

2021

Open to Public Inspection

Employer identification number Name of the organization 38-6111530 UNITED STATES BASEBALL FEDERATION. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 X activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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? (v) Amount of monetary (vi) Amount of other (i) Name of supported (iii) Type of organization (described on lines 1-10 support (see instructions) support (see instructions) organization No Yes above (see instructions))

dule A (Form 990) 2021	UNITED	STATES	BASEBALL	FEDERATION,	INC.	<u> 38-6111530</u>	Page 2
						- 4 1 1 1 1 1 1 1 1 1 1	

Sche 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 (e) 2021 (f) Total (c) 2019 (d) 2020 Calendar year (or fiscal year beginning in) (b) 2018 (a) 2017 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 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 (e) 2021 (f) Total (c) 2019 (d) 2020 (a) 2017 (b) 2018 Calendar year (or fiscal year beginning in) 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) 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 2021 (line 6, column (f), divided by line 11, column (f)) 14 15 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2021 Schedule A (Form 990) 2021 UNITED STATES BASEBALL FEDERATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

b Amounts included on lines 2 and 3 received from other than disquellified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year coad lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ [a) 2017 [b) 2018 [c] 2019 [d] 2020 [e] 2021 [f] Total 12000191.10528076.12495190. 5959237.13331712. 54314406. B Unrelated business taxable income (less section 511 taxes) from businesses activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain	Section A. Public Support						
### Part	- · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513							
2 Gross receipts from admissions, merchandise sold or services performed, or fallities furnished in any activity that is related to the organization's tex-excempt purpose of consistence of the consistenc					E44060E	6500145	02402406
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activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain		1045067.	8189356.	4067963.	2169915.	2943125.	<u> 18415426.</u>
	activities not included on line 10b, whether or not the business is					AWM	
or loss from the sale of capital 296, 782. 395, 953. 346, 080. 73, 324. 122, 821. 1234960.	or loss from the sale of capital	296 782	395 953.	346.080.	73.324.	122.821.	1234960.
assets (Explain in Part VI.)	assets (Explain in Part VI.)	13342040	19113385.	16909233.			
13 Total support. (Add lines 9, 10c, 11, and 12.) 13342040 . 19113385 . 16909233 . 8202476 . 16397658 . 73964792 . 14 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	Section C. Computation of Publi	c Support Per	centage				
59.56 W				column (f))		15	59.56 %
	• • • • •					1	
Section D. Computation of Investment Income Percentage	Section D. Computation of Inves	stment Income	Percentage				
	17 Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18 Investment income percentage from	2020 Schedule A,	Part III, line 17				
19a 33 1/3% support tests - 2021. 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	19a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	line 18 is not more than 33 1/30/ she	ck this hovendet	on here. The orga	nization qualifies	is a publicly supno	rted organization	▶ 🗀
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	> □

UNITED STATES BASEBALL FEDERATION, INC.

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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
1		
9		
2 3a		100 mm (100 mm) 100 mm (100 mm) 100 mm (100 mm)
3b	V 20 0 000	
3c		
4 <u>a</u>		
4b 4c		
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9c	1	
10a		ľ
10b		

Sche	dule A (Form 990) 2021 UNITED STATES BASEBALL FEDERATION, INC. 38-61	1153	0 Pa	ige 5
Pai	t IV Supporting Organizations (continued)		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?		res	NO
11	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		ĺ
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		L
Sec	tion B. Type I Supporting Organizations			
		V-5000000000000000000000000000000000000	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	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	1	1,510,510	40,410,41
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			1353
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10.000000000000000000000000000000000000		120 (16) 13 (16)
•	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_1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
		V-12-12-12-1	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	[Water	11116	551555
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1000000	1,500,000
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	2	1.555.500.50	55,1950
	the organization maintained a close and continuous working relationship with the supported organization(s).			
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			
		3		
Sec	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s)	
2	Activities Test. Answer lines 2a and 2b below.	<u> </u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			10,300
	that these activities constituted substantially all of its activities.	2a	188.66	24.5
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	2b	r dedukli	
_	these activities but for the organization's involvement.	20	18886	
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За	1	
L	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
Ŋ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

Sche	dule A (Form 990) 2021 UNITED STATES BASEBALL	FEDER	RATION, INC. 3	8-6111530 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	2		
2	Recoveries of prior-year distributions	1		
3	Other gross income (see instructions)	3		t
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		<u>. </u>
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		(0) (0)
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	1001160		
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	ia		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(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,			
7	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		
	ion C - Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
<u>-</u>	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
3	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
5	Distributable Amount. Subtract line 5 from line 4, unless subject to	<u> </u>		
6		6		
_	emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functional		ited Tyne III supporting organ	nization (see
7		my mregra	troa Type in aupporting organ	
	instructions).			

Schedule A (Form 990) 2021

UNITED STATES BASEBALL FEDERATION, INC. 38-6111530 Page 7 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2021 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020

Schedule A (Form 990) 2021

e Excess from 2021

Schedule A	(Form 990) 2021	UNITE	O STATES	BASEBALI	J FEDERAT.	ION, INC.	38-6111530 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5, (See instructions.)	Information. P lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 3 6, and 8; and Part V	rovide the explaids, 4c, 5a, 6, 9a b, 4c, 5a, 6, 9a b; Part IV, Section C, Section E, lin	anations required , 9b, 9c, 11a, 11b on E, lines 1c, 2a, es 2, 5, and 6. Als	by Part II, line 10; , and 11c; Part IV 2b, 3a, and 3b; P so complete this p	Part II, line 17a o Section B, lines art V, line 1; Part art for any additio	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V, nal information.
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Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2021

** Do Not File **

*** Not Open to Public Inspection ***

MAJOR LEAGUE BASEBALL 1,770,539. 2,315,085. 2,531,085. 178,519. 3,462,	Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
3ASEBALL 1,770,539. 2,315,085. 2,531,085. 178,519. 3,462,	MAJOR LEAGUE					
		1,770,539.	2,315,085.	2,531,085.	178,519.	3,462,530.
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	La containe					
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Total to Schedule A, Part III, Line 7b 1,770,539. 2,315,085. 2,531,085. 178,519. 3,462,	otal to Schedule A,	4 880 500	0 245 005	2 521 005	170 610	3 463 530

Schedule A

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2021

** Do Not File ** *** Not Open to Public Inspection ***

	· · · · · · · · · · · · · · · · · · ·	Payer's Name	Amount Received in 2021	2021 Excess Payments
MAJOR I	EAGUE BASEBALL		3,626,507.	3,462,530.
				NATE -
****		No. Accounts		
		- Andrews - Andr		- Augusta
	(V) (M			
	· · · · · · · · · · · · · · · · · · ·			<u></u>
		AND THE RESIDENCE OF THE PARTY		
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	- 1944-1944			<u> </u>

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		- The state of the	100	
		- Andrew - A		3 462 530

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Name of the organization

Employer identification number

38-6111530 UNITED STATES BASEBALL FEDERATION, Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

UNITED STATES BASEBALL FEDERA	TION,	INC
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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAJOR LEAGUE BASEBALL 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	\$ <u>4,396,557.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PANINI AMERICA 5325 FAA BOULEVARD, SUITE 100 IRVING, TX 75061	\$601,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GATORADE 555 W. MONROE STREET CHICAGO, IL 60661	\$ <u>185,506.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4 BRADENTON AREA CONVENTION AND VISITORS BUREAU P.O. BOX 1000 BRADENTON, FL 34206	\$ <u>175,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	TRACKMAN 16445 N. 91ST STREET SUITE 104 SCOTTSDALE, AZ 85260	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WILSON SPORTING GOODS 8750 W. BRYN MAWR AVENUE CHICAGO, IL 60631	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

UNITED STATES BASEBALL FEDERATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NCSA 1333 N. KINGSBURY STREET CHICAGO, IL 60642	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DIAMOND KINETICS 700 RIVER AVENUE PITTSBURGH, PA 15212	\$\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	BASEBALLISM 3150 NW 31ST AVENUE, SUITE 2 PORTLAND, OR 97210	\$ <u>28,917.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	PHIL BRADLEY 4604 WHISPERING LEAVES DRIVE SARASOTA, FL 34243	\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	STEVE COBB 6632 N 31ST STREET PHOENIX, AZ 85016	- - \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	JASON DOBIS 1458 WELLINGTON WAY EAGAN, MN 55122	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

CHTTMI	STATES	BASEBALL	FEDERATION,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GATORADE 555 W. MONROE STREET CHICAGO, IL 60661	\$ 26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	GEORGE GRANDE 70 FOUR ROD ROAD HAMDEN, CT 06514	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GREATER RALEIGH SPORTS ALLIANCE 421 FAYETTEVILLE STREET, SUITE 1505 RALEIGH, NC 27601	\$ 27,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	MIKE NEILL 155 TIMOTHY CIRCLE WAYNE, PA 19087	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u>	JEFF PINTAR 15 NEW HAVEN LAGUNA NIGUEL, CA 92677	\$ <u>10,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	PAUL SEILER 310 PARKMEADOW DRIVE CARY, NC 27519	\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED STATES BASEBALL FEDERATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a)	(b)	(c)	(d)
No. 19	Name, address, and ZIP + 4 SYNERGY SPORTS 1004 COMMERCIAL AVENUE	* \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	ANACORTES, WA 98221	(c)	(d)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	USOPC 27 S. TEJON STREET COLORADO SPRINGS, CO 80903	\$ 12,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	ERNIE YOUNG 5651 E BENT TREE DRIVE SCOTTSDALE, AZ 85266	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)

UNITED STATES BASEBALL FEDERATION, INC.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	ONAL TEAMS EQUIPMENT		
_3			
		\$ 185,506.	06/30/21
(a)		(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	ONAL TEAMS EQUIPMENT		
6			
		\$ 46,112.	06/30/21
(a)		(c)	(d)
No. from	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I	200, p. 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	(See tuerderions*)	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	Date received
			
		<u> </u>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d) Date received
from Part I	Description of noncash property given	(See instructions.)	
***		\$	
(a)		(c)	I.N
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	peaciful of noticean property gives	(See instructions.)	
		\$	

	Evolucively religious charitable etc. contribu	ATION, INC.	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
rt III	· · · · · · · · · · · · · · · · · · ·	(a) through (a) and the fellewing line entry	Lor organizations
	completing Pert III, enter the total of exclusively religious Use duplicate copies of Part III if additions	charitable, etc., contributions of \$1,000 or lessels space is needed.	ss for the year. (Enter this info. once.)
No. I	Ose duplicate copies of Fare in a against		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
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No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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—		-	
		(e) Transfer of gift	I construction of the second o
		(5) 114 51 911	
	Transferee's name, address	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶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 38-6111530 UNITED STATES BASEBALL FEDERATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). _] Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

the following amounts required to be reported under FASB ASC 958 relating to these items:

Sche	dule D (Form 990) 2021 UNITED	STATES BASI	EBALL FEI	ERATION,	INC			<u> 11530</u>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical ີ	reasures, or	Other	Simila		(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	ne following that	make si	gnificant ι	use of its		
	collection items (check all that apply):								
а	Public exhibition	c	Loan or	exchange progra	m		•		
b	Scholarly research	e	Other_			****			
c	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they furthe	r the organization	n's exem	npt purpo	se in Part i	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical t	easures, or other	similar	assets	r	1	<u> </u>
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?			L	Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "`	Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribut	ions or other asse	ets not i	ncluded		٦.,	TT
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					A	
								Amount	
С	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					_ <u> </u>	T T	Yes	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow of	r custodiai accou	ınt liabili				LNo X
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	cplanation has be	en provided on F	art XIII				
Par	t V Endowment Funds. Complete					(d) Three i	ware back	(e) Four ye	ears hack
		(a) Current year	(b) Prior year	(c) Two years	2 Dack	(d) Tilled	yuara Dauk	(e) i dai y	our o Duon
1a	Beginning of year balance						****		
b	Contributions								
C	Net investment earnings, gains, and losses		<u> </u>						
d	Grants or scholarships								••••
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		0:d	- (-)\ h ald an				<u> </u>	
2	Provide the estimated percentage of the curr			i (a)) rielu as.					
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Torrit ortgottmort	% 							
_	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses	uia equal 100%.	ation that are hal	d and administer	ad for th	e organiz	ation		
За		ssion of the organiza	ation that are net	d and administers	00 101 41	io organiz	44011	Y	es No
	by:							3a(i)	
	(i) Unrelated organizations							3a(ii)	
,	(ii) Related organizations If "Yes" on line 3a(ii), are the related organizations	tione lieted as requi	red on Schedule	R2					
	Describe in Part XIII the intended uses of the			•••					
4 Pai	t VI Land, Buildings, and Equipm	ent.	William Railean						
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line 11	a. See Form 990,	, Part X,	line 10.			
	Description of property	(a) Cost or o	other (b)	Cost or other asis (other)	(c) A	ccumulat		(d) Book	value
	Land		,		Marina.				
	Land	i i				with the same of t			
b	Buildings	1				NIII.V-T			
	Leasehold improvements	1	1.	058,694.		874,3	00.	184	,394.
	Equipment	1		,					
	Other		Y column (R) li	ne 10c.)			. ▶	184	,394.
3010	arrad and ra arradgir ior populating must c								

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

(9)

132054 10-28-21

Schedule D (Form 990) 2021

Schedul	e D (Forn	າ 990) 2021		UNITE mation _{(c}	D STATES	BASEBALL	FEDERATIO	ON, INC.	38-6111530 Page 5
Part X	III Su	oplemen	tal Infor	mation _{(c}	ontinued)		u		
PART	XII,	LINE	2D -	OTHER	ADJUSTME	ENTS:			
COST	OF M	ERCHAI	NDISE	SOLD					832,399.
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PART	XII,	LINE	4B -	OTHER	ADJUSTME	ENTS:			
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SCHEDULE (Form 990)

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

2021	Open to Public Inspection

OMB No. 1545-0047

ê [OF BASEBALL IN THE UNITED OF BASEBALL IN THE UNITED UNITED OF BASEBALL IN THE UNITED UNITED Employer identification number 38-6111530 ADVANCEMENT OF THE GAME ADVANCEMENT OF THE GAME DVANCEMENT OF THE GAME ADVANCEMENT OF THE GAME DVANCEMENT OF THE GAME (h) Purpose of grant OF BASEBALL IN THE THE OF BASEBALL IN THE OF BASEBALL IN THE or assistance X Yes ADVANCEMENT OF TO SUPPORT THE PO SUPPORT THE TO SUPPORT THE TO SUPPORT THE TO SUPPORT THE TO SUPPORT THE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any STATES. STATES, TATES. STATES. STATES. TATES 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. 0 o ់ Ö Ö Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. INC (d) Amount of cash grant ,000 000 56,000, 000 500 25,000, 50 60 Enter total number of section 501 (c)(3) and government organizations listed in the line 1 table 50, 62, UNITED STATES BASEBALL FEDERATION, (c) IRC section (if applicable) 72-0936418 501(C)(3) 38-1337830 501(C)(3) 21-0652304 |501(C)(3) 501(C)(3) 501(c)(3) 501(c)(3) 25-0994080 35-0144250 38-2297093 Part | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization AMEICAN AMATEUR BASEBALL CONGRESS 1670 WHITEHOURSE MERCERVILLE RD FEDERATION INC. - PO BOX 705 NATIONAL AMATEUR BASEBALL government DIXIE BOYS BASEBALL INC. IN 46206 BABE RUTH LEAGUE, INC. WASHINGTON, PA 15301 FARMINGTON, NM 87401 THE AMERICAN LEGION Name of the organization HAMILTON, NJ 08619 PONY BASEBALL INC. DONTHAN, AL 36304 100 WEST BROADWAY BOWIE, MD 20718 1951 PONY PLACE Department of the Treasury internal Revenue Service INDIANAPOLIS, PO BOX 1055 PO BOX 8263 Part Q

3 Enter total number of other organizations listed in the line I table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

38-6111530 Schedule | (Form 990) 2021 UNITED STATES BASEBALL FEDERATION, INC.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

| Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(t) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2: THE ORGANTZATION IS CLOSELY RELATED		BALL AMERI	TO BASEBALL AMERICA FOUNDATION,	ION,	
WHICH ENABLES THE MANAC	AND THE B	OARD OF UN	BOARD OF UNITED STATES BASEBALL	S BASEBALL	
FEDERATION, INC. TO MONITOR THE USE	3 OF GRAN	T FUNDS AN	OF GRANT FUNDS AND THE OVERALL	ALL	
OPERATIONS OF BASEBALL AMERICA FOUNDATION,		INC. OTHER	INC. OTHER GRANTS ARE PROVIDED	E PROVIDED	
TO NATIONAL MEMBER ORGANIZATIONS.					

Schedule I (Form 990) 2021

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. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED STATES BASEBALL FEDERATION, INC. Employer identification number 38-6111530

Pa	rt I Questions Regarding Compensation			
L			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		Table 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,			100
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	tidatees, and different fill of the order of			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
J	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.			
	oomponeed to			A
	The state of the s			
	Form 990 of other organizations Approval by the board or compensation committee	700000		
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4				
	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		х
a	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
b	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
С	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			1974
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each term in that in.	100000		
	a to the Forth No. Forth NA. and Forth No.) arganizations must complete lines 5-9		100000	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
	contingent on the revenues of:	5a		X
a	The organization?	5b		Х
b	•		194500	
	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			
	contingent on the net earnings of:	6a		Х
а	The organization?	6b		X
b	Any related organization?		- 50 A 50	
, -	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	1000000000	Х
	not described on lines 5 and 6? If "Yes," describe in Part III	1000	131.44.1	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	8	40.004.545	х
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	 		1
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	40.00	1000000
	Regulations section 53.4958-6(c)?	1 9	<u> </u>	ــــــــــــــــــــــــــــــــــــــ

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

Schedule J (Form 990) 2021

Part III 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)(f)-(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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	: and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL V. SEILER	Ξ	317,050.	0	0.	11,192.	21,067.	349,309.	0
EXECUTIVE DIRECTOR/CEO	: <u>E</u>	0.	• 0	• 0	0			0
(2) DAVID P PERKINS	ε	205,280.	0.	0.	7,321.	21,067.	233,668.	0
CHIEF OPERATING OFFICER	Ξ	0	0.	0.	0.	0	.0	0.
(3) RAY DARWIN	Ξ	184,50	.0	.0	7,380.	21,067.	212,947.	•0
CHIEF FINANCIAL OFFICER/CF	Ξ		0.	.0	• 0	.0	.0	0
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

UNITED STATES BASEBALL FEDERATION, INC.

Employer identification number 38-6111530

Types of Property Part I (d) (c) Noncash contribution (a) (b) Method of determining Number of Check if amounts reported on contributions or noncash contribution amounts applicable Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 3 Art - Fractional Interests Books and publications Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 12 Securities - Miscellaneous Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other ... Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy _____ 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 231,618. FAIR MARKET VALUE (EQUIPMENT 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes Nο 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2021

Schodula M	1 (Form 990) 2021	UNITED STA	TES E	BASEBALL	FEDERAT	NOI.	INC.	38-61115	30 Page
Part II	Supplemental is reporting in Part this part for any ac	Information. Proceedings of the number of th	ovide the imber of c	information requestions, the	uired by Part I, e number of ite	lines 30b, ems receive	32b, and 33, a ed, or a combi	and whether the on ation of both. Als	rganization so complete
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SCHEDULE 0 (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

Employer identification number

UNITED STATES BASEBALL FEDERATION, INC.	38-6111530
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT O	F ITS FINANCIAL
STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR. THE BOAR	D OF DIRECTORS
REVIEWS A DRAFT OF THE 990 PRIOR TO FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEWS AND DETERMINES THE COMPENSAT	ION FOR THE
ORGANIZATIONS EXECUTIVE DIRECTOR/CEO. THE EXECUTIVE DIRECTO	R DETERMINES THE
COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERA	L PUBLIC THROUGH
ITS WEBSITE OR UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS C	F INTEREST
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PU	BLIC THROUGH ITS
WEBSITE OR UPON REQUEST.	

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED STATES BASEBALL FEDERATION, INC.	Employer identification number 38-6111530
THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT	OF ITS
FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEA	.R
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SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

<u>:</u>	2021
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OMB No. 1545-0047

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

INC.

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

UNITED STATES BASEBALL FEDERATION,

Name of the organization

Part

Department of the Treasury Internal Revenue Service

Employer identification number

38-6111530

(g) Section 512(b)(13) ŝ M × controlled entity? Direct controlling Yes 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. Direct controlling FEDERATION, INC. DNITED STATES entity BASEBALL End-of-year assets N/A <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code 9 section 501(0)(3) 501(0)(6) ত্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) NORTH CAROLINA NEW JERSEY AN AMATEUR BASEBALL LEAGUE COACHES & UMPIRES THROUGH UNITED STATES BASEBALL TO PROVIDE FUNDING FOR Primary activity Primary activity TO DEVELOP PLAYERS, FEDERATION, INC. 22-2793367, 2933 SOUTH MIAMI BLVD, SUITE Name, address, and EIN (if applicable) APPALACHIAN LEAGUE, INC. - 32-0653713 BASEBALL AMERICA FOUNDATION, INC. Name, address, and EIN 2933 SOUTH MIAMI BLVD, SUITE 119 of related organization of disregarded entity 119, DURHAM, NC 27703 27703 DURHAM, NC Part II

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

Schedule R (Form 990) 2021

Page 2 38-6111530

UNITED STATES BASEBALL FEDERATION, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2021

(j) (k) General or Percentage managing ownership partner? Yes No				e related	Sect 512(b) contro	Yes	W. A.		
General or F managing partner?	 			one or mo	(h) Percentage ownership				
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Pend-of-year o				
(h) Disproportionate allocations? Yes No	 			ırt IV, line 34				 	
(g) Share of end-of-year assets				rm 990, Pa	(f) Share of total income				MANY.
	 		A _e HIMP A. T	Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income				answered '			 		CALIFO .
t income related, tax under 2-514)				e organization	(d) Direct controlling entity				
(e) Predominant (related, un excluded from sections 51				mplete if th	(C) Legal domicile (state or foreign)	country)			
(d) Direct controlling entity					(b) Primary activity				
(c) Legal domicile (state or foreign country)		www.dold/iiis-h-i		as a Corpo	Prin				
(b) Primary activity				ganizations Taxable a	<u>~</u> c				
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				

Schedule R (Form 990) 2021

Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	Ŷ
Note: Compressing the angle of the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more rela	ted organizations listed in P	arts II-IV?		2000	
		•		<u>1</u>		×
receipt of (i) mercel, (ii) distributed, (iii) to distribute (ii) to distribute (iii)		· · · · · · · · · · · · · · · · · · ·		÷		×
b Gift, grant, or capital contribution to related organization(s)				2		
c Gift, grant, or capital contribution from related organization(s)				ပ	×	
				ņ		×
מ בספונא טו זטמון שלממחוופפא גס טו זטר ופימיפט טושמיווטיווא)				ç		×
e Loans or loan guarantees by related organization(s)				2	1	
The state of the s				*		×
† Dividends irom related organization(s)			***************************************			Þ
g Sale of assets to related organization(s)				5		ا ۵
Purchase of assets from related organization(s)				ŧ		×
				ï		×
Excitating of assets with relation or gallice construction or substitution o				ï		×
J Lease of Tacilities, equipment, or other assets to related organization(s)				100	25000	1000
(V) and the minimum of party law and y the state of the s				+		×
K Lease of facilities, equipment, or other assets from related organization(s)				Ŧ		×
Performance of services or membership or fundraising solicitations for related organization(s)	nzanon(s)			= {		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)				1	(;
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uc			F		×
				9		×
						· · · · · · · · · · · · · · · · · · ·
Paimbursement poid to related organization(s) for expenses				đ		×
Deinschilden sein der Angelein (v. 1904) von Tackton (v. 1904) von		* * * * * * * * * * * * * * * * * * *		٦		×
d Reimbursement pala by related organization(s) for expenses	***************************************		***************************************		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				*	×	
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s Other transfer of cash or property from related organization(s)	***************************************			13		4
ģ	no must complete this	s line, including covered rela	information on who must complete this line, including covered relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	volved		
	type (a-5)					
(1) BASEBALL AMERICA FOUNDATION, INC.	U	100,000.				
(2) APPALACHIAN LEAGUE, INC.	ĸ	5,207,640.				
(3)						
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(4)						
(9)						
(9)		-	2000 (1900 mars) of phodos	D (Ear	1000	1 2021
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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.

(h) (i) (k) (k) bispropor Code V-UBI General or Percentage illorations? of Schedule K-1 Partner? Of Schedule K-1 Partner? Of Schedule K-1 Partner? Of Schedule K-1 Partner? Schedule R (Form 990) 2021 Share of end-of-year assets (f) Share of total income Predominant income patriesse. (Figure 2016) (Parall patriesse. (Figure 2016) (Parall Parall P (state or foreign country) Legal domicile <u>ত</u> Primary activity Name, address, and EIN

Schedule B	(Form 990) 2021	UNITED	STATES	BASEBALL	FEDERATION,	INC.	38-6111530	Page 5
Part VII	(Form 990) 2021 Supplemental Info	rmation						
1,541,1-5,5				Cobodulo E) Con instructions			
	Provide additional inform	ation for respor	ises to question	ons on Schedule r	i. See manuchons.			
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UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2022

Name UNITED STATES BASEBALL FEDERATION, INC.	Employer Identification Number 38–6111530
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - MERCHANDISE SAL	ES 785,381.
FEDERAL PRE-2018 NET OPERATING LOSS	127,286.
	- Lavida
	And Address
	- Announce

etion 382	Section 382 Annual Limitation	8	Ner 1	4	DEI AIL C	DEIAIL CARATOVER SCHEDULE	-DUCE	4	,	****	4
igi-	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for				
2018 2019 2020	184,274. 205,270. 395,837.	3/4									
9434 6531 8331											
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