Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning NOV 1, 2016 and ending DEC 31, 2016

Open to Public Inspection

| В | Check i applica | C Name of organization | | D Employer identif | ication number |
|--------------------|------------------------|--|----------|-----------------------------------|---|
| | Add | ess Dacedati amedica edimbamidat iato | | | |
| 뉴 | lchar Nam | | | ,, , | NT 0 2 2 C T |
| | char Initia | . 9 | | | 2793367 |
| H | iretur Final | | n/suite | E Telephone number | |
| <u></u> | Final retur term | P., | <u> </u> | | 0)474-8721 |
| | ated Ame | only of the my state of province, country, and an or foreign postar body | | G Gross receipts \$ | 679,933. |
| F | Appl | | | H(a) Is this a group i | |
| _ | Ition pend | F Name and address of principal officer: RAY DARWIN 1030 SWABIA COURT, SUITE 201, DURHAM, NC | 27 | for subordinate | ······ — — |
| _ | T | | 7 | H(b) Are all subordinates | |
| | | kempt status: X 501(c)(3) 501(c) () (insert πο.) 4947(a)(1) or tite: WWW.USABASEBALL.COM | 527 | • | a list. (see instructions) |
| | | | Voor | H(c) Group exemption 1 9 9 7 I | on number > NJ M State of legal domicile: NJ |
| | art I | | _ rear (| эпоглавон, достр | M State of legal conficile, INO |
| _ | 1 | Briefly describe the organization's mission or most significant activities: TO PROV | TDE | FUNDING FO | R THE |
| Governance | ' | UNITED STATES BASEBALL FEDERATION, INC. | 100 | TONDING TO | /1 11113 |
| Ë | 2 | Check this box 🕨 🔲 if the organization discontinued its operations or disposed of | f more | than 25% of its net a | ssets. |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 6 |
| બ્ઇ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 6 |
| es | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 0 |
| ívit | 6 | Total number of volunteers (estimate if necessary) | | 6 | 0 |
| Activities | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | ļ | Prior Year | Current Year |
| 9 | 8 | Contributions and grants (Part VIII, line 1h) | | 0. | 0. |
| œ. | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 75,096. | 119,896. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 75,096. | 119,896. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | 0. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | | |
| 쬬 | l | , at a state of the state of th | . | 106,132. | 1,764. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 106,132. | 1,764. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | -31,036. | |
| <u> </u> | 19 | Revenue less expenses. Subtract line 18 from line 12 | | <u></u> | |
| ets or | 200 | Total agents (Dort V. line 16) | peg | inning of Current Year 1,441,568. | |
| Sala | 20 | Total assets (Part X, line 16) | · | 0. | 0. |
| Net Ass Fund Ba | 21 22 | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | - | 1,441,568. | 1,480,328. |
| P; | irt II | Signature Block | | I, 441, 500 + | 1,400,520. |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and | stateme | nts, and to the hest of m | v knowledge and helief it is |
| | | ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr | | | / / |
| , | | 1 Run Inner | opu.s. | // / | 13/17 |
| Sign | 1 | Signature of officer | | Date / | |
| Her | | RAY DARWIN, CHIEF FINANCIAL OFFICER | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature 3/4 | na Da | ite Check | PTIN |
| Paid | | Print/Type preparer's name DAVID HASKINS DAVID HASKINS DAVID HASKINS | " 1: | L/13/17 if self-employs | P01300877 |
| Prep | arer | Firm's name FROST, PLLC | | Firm's EIN ▶ | 71-0817652 |
| | Only | Firm's address 3605 GLENWOOD AVE SUITE 370 | | | |
| | | RALEIGH, NC 27612 | | Phone no.91 | 9-782-8410 |
| Мау | the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

Form 990 (2016) BASEBALL AME Part IV Checklist of Required Schedules

| L | | | Yes | No |
|-----|---|------|--------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 103 | 110 |
| - | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | 1 |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | l | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| 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 | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | v |
| 40- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 400 | | Х |
| | Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? | 12a | - | |
| ม | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 12 | ls the organization a school described in section 170/b)/1)/(A)(ii)? If "Yes " complete Schedule F | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1.10 | | |
| - | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Ī | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | <u>X</u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | _X_ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 37 |
| | complete Schedule G, Part III | 19 | aan // | X |
| | | | | |

Form **990** (2016)

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Form 990 (2016) BASEBALL AMERICA FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-------------|---|----------|----------------------|---------------|
| -00- | Distribution of the second of | 20a | 169 | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| b 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| ۷۱ | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | <u> </u> | | |
| ~~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| 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 | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | 056 | | Х |
| | Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| ۲, | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV | 1. | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | - 1 | | 117 |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | 17 |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | $\frac{x}{x}$ |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | _X_ |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | Х |
| | contributions? If "Yes," complete Schedule M | 30 | - | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | : | Х |
| 00 | If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | |
| 32 | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | <u> </u> | | |
| 00 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | ** |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ٠., |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | _X_ |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | х | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | $\frac{\Delta}{000}$ | 00.00 |

Form 990 (2016) BASEBALL AMERICA FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|-----|---|-----------|------------|---------------------------------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | 11111 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C | 1 | | |
| С | | | 3.43 | |
| | (gambling) winnings to prize winners? | 1c | | i |
| 2a | | | 10.00 | |
| | filed for the calendar year ending with or within the year covered by this return 2a 2 | | | , , |
| b | | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 1.1 | 5,75.1 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | х |
| b | If "Yes," enter the name of the foreign country: ▶ | 117 | 54. | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 11.7 | 11. | |
| 5a | | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5с | | ſ |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | İ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | Table 1 and | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | 111 | 783 |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 7.44 | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | Ching A | 435 | , t |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1,13 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 4.54 | |
| 11 | Section 501(c)(12) organizations. Enter: | 141 | | |
| а | Gross income from members or shareholders 11a | | | |
| þ | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | 1.0 | | *. * * |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | Stanta Co. | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 4 2 4 4 4 | .:: :: | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 1,000 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | *** | 37 |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>X</u> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 000 | חמאים. |
| | | rorm | 990 (| ZU 10) |

Form 990 (2016) BASEBALL AMERICA FOUNDATION, INC. 24-2193301 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|----------|--|------------|----------|----------|
| Sec | ction A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1 | 5 | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in fine 1a, above, who are independent |) | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | <u> </u> | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | <u> </u> | X |
| 5 | 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? | 6 | X | <u> </u> |
| 7a | | | | |
| | more members of the governing body? | 7a | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | Х | ļ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | r | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ^ | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | х | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Х |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | -23 |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 40- | | Х |
| 40 | in Schedule O how this was done | 12c | | X |
| 13 | Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? | 14 | х | 21 |
| 14 15 | | 14 | | 153.5 |
| Ю | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 100 | |
| _ | The organization's CEO, Executive Director, or top management official | 150 | х | |
| | Other officers or key employees of the organization | 15a 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 102 | 4.5 | 4410 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| 100 | taxable entity during the year? | 16a | | X |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 100 | 13.5 | Tyres: |
| ., | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | ĺ | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►NC | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | i finan | cial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | RAY DARWIN - (919) 474-8721 | | | |
| | 1030 SWABIA CT SUITE 201, DURHAM, NC 27703 | | | |
| 632006 | 3 11-11-16 | Form | 990 (| 2016) |

Form 990 (2016)

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

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

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

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

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

| Check this box if neither the organization (A) | (B) | (C) | | | | | | (D) | (E) | (F) | |
|--|------------------------|---------------------|--|---------|-------------|------------------------------|--------|---------------------|----------------------------------|--------------------------|--|
| Name and Title | Average | (do | Position do not check more than one | | | | OTE | Reportable | Reportable | Estimated | |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of | |
| | week | ⊢ | cer ar | lo a o | Hiscia | ortrus | itee) | from | from related | other | |
| | (list any hours for | trustee or director | | | | | | the organization | organizations (W-2/1099-MISC) | compensation from the | |
| | related | 9.01 | stee | | | saled | | (W-2/1099-MISC) | (VV-2/1099-IVIIOO) | organization | |
| | organizations | truste | Institutional trustee | | yee | un bei | | (11 2, 1000 111100) | | and related | |
| | below | Individual | utton | la la | Кеу етрюуее | estoc | 뇶 | | | organizations | |
| | line) | ıbn | Inst | Officer | Key | Hignest compensated employee | Former | | | | |
| (1) KIM NG | 0.00 | | | | | | | | _ | _ | |
| TRUSTEE | | | Х | | | | | 0. | 0. | 0 | |
| (2) WILLIE BLOOMQUIST | 0.00 | | | ĺ | | | | | | | |
| TRUSTEE | | | Х | | | | | 0. | 0. | 0 | |
| (3) MICHAEL GASKI | 0.00 | | | | | ŀ | | _ | _ | _ | |
| PRESIDENT | | | L | X | | | | 0. | 0. | 0 | |
| (4) ROBERT DARWIN | 0.00 | Į | İ | | | | | _ | _ | _ | |
| TREASURER | | | ļ | Х | | | | 0. | 0. | 0 | |
| (5) DON ETHERIDGE | 0.00 | | | | | | | | | | |
| SECRETARY | | | | Х | | | | 0. | 0. | 0 | |
| (6) PAUL SEILER | 0.00 | | | | | | | _ | | | |
| ASSISTANT SECRETARY | | | | Х | | | | 0. | 0. | 0 | |
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Form 990 (2016)

| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | ees/ | , an | d Hi | ghe | st C | ompensated Employe | es (continued) | | | |
|--|--|-----------------|-------|-------------------|---------------------|-------------------------------------|-------------|---------------------------------------|--|----------------|---|----------------------------|
| (A) Name and title | (B) Average hours per | (do | not c | (C Pos heck | C) ition more | | one | (D) Reportable compensation | (E) Reportable compensation | | (F) Estimate amount | |
| | week (list any hours for related organizations below line) | tee or director | | | irecto | Highest compensated may be employee | itee) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | + | other compensa from th organizat and relat organizat | ation ne tion ted |
| | in ie) | <u>=</u> | 118 | JJG OH | Ke | 至5 | 묜 | | J.W.L11- | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | _ | | |
| 1b Sub-total | | | | | | | | 0. | | | | 0. |
| c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r | | | | , | | | > | 0. | Ć | | - | 0. |
| compensation from the organization | | | | | | | | W | | ,, | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | Х |
| 4 For any individual listed on line 1a, is the st and related organizations greater than \$15 | 0,000? If "Yes, | " co. | mple | ete S | Sche | edule | J fo | or such individual | | | 4 | Х |
| 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com | | | | | | | | | | | 5 | Х |
| Section B. Independent Contractors Complete this table for your five highest contractors. | | | | | | | | | | nsa | ition from | |
| the organization. Report compensation for (A) Name and business | | |)NE | | nur g | OI W | | (B) Description of s | | Сс | (C) ompensatio | 'n |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | <u>.</u> | | |
| - (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) | | | | | | | _ | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot lir | nited | d to | thos | se lis | sted | above) who received m | ore than | | | |
| \$100,000 of compensation from the organi | zation 🕨 | | | | C |) | | | | <u> </u> | | |

| | 200 | Check if Schedule O cor | | | (A) | (B) | (C) | Payanua nyahudad |
|---|----------|--|-------------------|---------------|--------------------|------------------------------------|---|---|
| | | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| ts, Grants Amounts | 1 a | Federated campaigns | 1a | | | | | |
| on a | b | Membership dues | 1b | | | | | |
| A,C | С | Fundraising events | 1c | | | | | |
| ia Gift | d | Related organizations | 1d | | | | | |
| S,E | е | Government grants (contribu | ıtions) 1e | | | | | |
| 후 | f | All other contributions, gifts, gra | nts, and | | | | | |
| 혈흵 | | similar amounts not included ab | ove 1f | | | | | |
| Contributions, Gif and Other Similar | g | Noncash contributions included in line | es 1a-1f: \$ | <u></u> , | | 1987 T | | |
| <u>0</u> # | h | Total. Add lines 1a-1f | | > | | | | |
| Ī | | | ļ | Business Code | | | | the state of the transfer of the |
| e e | 2 a | | | | | | | |
| e S | b | | | | | | | |
| en S | c | | | | | | | |
| Re a | đ | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| " | f | | | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 | Investment income (including | , | ' | C 500 | | | 6 500 |
| | | other similar amounts) | | | 6,588. | | | 6,588. |
| | 4 | Income from investment of to | | · • | | | | |
| l | 5 | Royalties | 1 | 1 | . 2 44.2 4. 54. 4. | | e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de | The street with the street |
| | | | (i) Real | (ii) Personal | | 1987 | | |
| | | Gross rents | | | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | . "" | | |
| | | Net rental income or (loss) | | | 4,, | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 673,345. | | | | | |
| | þ | Less: cost or other basis | 560 027 | | | | | |
| | | and sales expenses | 112 300 | | | | | |
| | c | Gain or (loss) | 113,300. | | 113,308. | 113,308. | | 12112-214 |
| | | Net gain or (loss) | | | 113,300. | 113,300. | | |
| enne | ва | Gross income from fundraising | - 1 | | | | | |
| | | including \$ | | | | | | |
| ag | | contributions reported on line | | | | | | |
| Other Rev | L | Part IV, line 18 | | | | | NAME OF THE | |
| ಕ | | Less: direct expenses Net income or (loss) from fun | | | | | | |
| | | Gross income from gaming a | | | | | TERRORENEES CONTRACT | |
| 1 | 9 a | | 1 | | | | | |
| | L. | Part IV, line 19 Less: direct expenses | | | | | | |
| | | Net income or (loss) from gar | | A | | | | |
| | | Gross sales of inventory, less | | | | | | |
| | iv a | and allowances | | | | | | |
| Ì | h | Less: cost of goods sold | | | | | | |
| | | Net income or (loss) from sale | _ | | | | | |
| ŀ | <u> </u> | | | Susiness Code | 11.0 | | | The depth of the |
| - | 11 a | Miscellaneous Revenu | 2 □ | manness Code | | | | • • |
| | b | | | | | | | |
| | | | | | | | | |
| | C | All other revenue | ———— | | | | | |
| | | All other revenue Total. Add lines 11a-11d | | | | | | N |
| | 4- | Total revenue See instructions | | ····· | 119.896. | 113.308. | 0. | 6.588. |

Form 990 (2016) BASEBALL AMER
Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | · · · · · · · · · · · · · · · · · · · | | ompiete column (A). | |
|--------|---|---------------------------------------|-----------------------------|------------------------------------|-------------------------|
| | Check if Schedule O contains a respon | ise or note to any line in (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundralsing expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9. | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d e | Lobbying Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other, (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | : | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 1 764 | 1 14 12 11 11 14 | 1,764. | 2,356,000 |
| а | ADMINISTRATIVE FEES | 1,764. | | 1,/04. | |
| þ | | 4 | | | |
| c | | | | | |
| d | All all | | | | |
| | All other expenses | 1,764. | 0. | 1,764. | 0. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,104. | 0. | ±,,,,,, | V • |
| 26 | Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | 11 tollowing our 96-2 (Not 900-120) | | | | |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 79,917. 30,392. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2,203. 1,324. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 245,000. 360,000. Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation ______ 10b 1,088,612. 1,114,448 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 1,441,568. 1,480,328. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of, 0. 0. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🐰 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,441,568. 1,480,328. 27 Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,441,568. 1,480,328. Total net assets or fund balances 33 33

Total liabilities and net assets/fund balances

1,441,568.

Form 990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

OMB No. 1545-0047

Inspection

| | | | CA FOUNDATIO | | | | | 22-2793367 | | | |
|--------------|--|---|--|-------------------------------------|-----------------------------------|------------------|----------------|----------------------------|--|--|--|
| Par | I Reason for Public | Charity Status (| All organizations must c | omplete tl | nis part.) S | ee Instruction | s. | | | | |
| The o | ganization is not a private foun | dation because it is: | (For lines 1 through 12, | check only | one box. |) | | | | | |
| 1 | A church, convention of ch | hurches, or associati | on of churches describe | d in sectio | on 170(b)(| 1)(A)(i). | | | | | |
| 2 | A school described in sec | tion 170(b)(1)(A)(ii). (| (Attach Schedule E (Forr | n 990 or 9 | 90-EZ).) | | | | | | |
| 3 | A hospital or a cooperative | e hospital service org | anization described in <mark>s</mark> | ection 170 | 0(b)(1)(A)(| iii). | | | | | |
| 4 | A medical research organi | zation operated in co | njunction with a hospita | ıl describe | d in secti d | on 170(b)(1)(A | .)(iii). Entei | the hospital's name, | | | |
| _ | city, and state: | | | | | | | | | | |
| 5 💄 | An organization operated t | for the benefit of a co | ollege or university owne | d or opera | ited by a g | governmental i | unit descri | bed in | | | |
| _ | section 170(b)(1)(A)(iv). (| Complete Part II.) | | | | | | | | | |
| 6 L | A federal, state, or local go | overnment or governr | mental unit described in | section 1 | 70(b)(1)(A |)(v). | | | | | |
| 7 L | _ | 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). (C | Complete Part II.) | | | | | | | | | |
| 8 F | A community trust describ | - • | | | | | | | | | |
| 9 L | An agricultural research or | ganization described | l in section 170(b)(1)(A) | (ix) operat | ed in conji | unction with a | land-grant | t college | | | |
| | or university or a non-land- | grant college of agric | culture (see instructions) | . Enter the | name, cit | y, and state o | f the colle | ge or | | | |
| _ | university: | | | | | | | | | | |
| 10 L | An organization that norma | • | • | • | | | | | | | |
| | activities related to its exer | | | | | | | | | | |
| | income and unrelated busi | | e (less section 511 tax) fr | om busine | esses acqu | uired by the or | rganizatior | after June 30, 1975. | | | |
| г | See section 509(a)(2). (Co | • | | | | | | | | | |
| 11 L 12 L | An organization organized | • | • | - | | | | | | | |
| 12 L | • • | | | | | | | | | | |
| | more publicly supported or | U | | | | | | PHECK THE DOX III | | | |
| _ | lines 12a through 12d that Type I. A supporting org | • | | | - | | | , giuina | | | |
| а | the supported organizati | | | | | | | | | | |
| | organization. You must | | • • • • | a majomy | or tile dire | ctors or truste | es or trie : | sapporting | | | |
| b | X Type II. A supporting org | • | | tion with it | te eunnart | ad organizatio | nn/e\ hv h | avina | | | |
| S | control or management | | | | | - | | | | | |
| | organization(s). You mus | | | arno poros | ons and o | original or manu | igo ino baj | Sportou | | | |
| С | Type III functionally inte | - · · · · · · · · · · · · · · · · · · · | | in connec | tion with | and functions | llv integrat | ed with. | | | |
| ŭ | its supported organization | | • • | | | | ay iiitogi ar | | | | |
| d | Type III non-functionall | | , | | | | rted organ | ization(s) | | | |
| • | that is not functionally in | | | | | | | | | | |
| | requirement (see instruct | = = | - · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| е | Check this box if the org | • | • | | | | II, Type III | | | | |
| - | functionally integrated, o | | | | | | | | | | |
| f | Enter the number of supported | ** | , | | | | | 1 | | | |
| g l | Provide the following information | n about the supporte | ed organization(s). | | | | | | | | |
| | (i) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | inization listed ing document? | (v) Amount of | , | (vi) Amount of other | | | |
| | organization | | above (see instructions)) | Yes | No | support (see in | istructions) | support (see instructions) | | | |
| | TED STATES | | | | | | | | | | |
| BAS | EBALL FEDERATION | 38-6111530 | 10 | X | | | 0. | 0. | | | |
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Schedule A (Form 990 or 990-EZ) 2016 BASEBALL AMERICA FOUNDATION, INC. 22-27933 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Se | ction A. Public Support | | | | | | |
|------|--|---|-------------------------------|--|----------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | E PONTA | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | 1 | | | | | |
| | Public support. Subtract line 5 from fine 4. | | 100000 | | | | |
| | ction B. Total Support | | | | | г | |
| | ndar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | ļ | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | andan in | The transport of the state of | ** | | recijes result | |
| | Total support, Add lines 7 through 10 | | | ************************************** | | | |
| | Gross receipts from related activities, | | | | | 12 = E01(a)(2) | |
| 13 | First five years. If the Form 990 is for | | | | | | |
| Sec | organization, check this box and stop | ic Support Pe | rcentage | | | | |
| | Public support percentage for 2016 (| | | olumn (fl) | | 14 | % |
| | Public support percentage from 2015 | | | | | 15 | % |
| | 33 1/3% support test - 2016. If the c | | | | | | |
| 108 | stop here. The organization qualifies | | | | | | |
| F | 33 1/3% support test - 2015. If the c | | | | | | |
| • | and stop here. The organization qual | | | | | | ▶ □ |
| 17: | 10% -facts-and-circumstances tes | | | | | | or more, |
| .,, | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| h | 10% -facts-and-circumstances tes | | | | | | |
| i. | more, and if the organization meets the | | | | | | |
| | organization meets the "facts;and-circ | | | | | | ▶□ |
| 18 | Private foundation. If the organization | | | | | | > |
| | | | | | | dule A (Form 990 | |
| | | | | | | | |

(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.)

| Se | ction A. Public Support | | | | | | |
|------|---|--------------------|---------------------|---------------------|---------------------|---------------------|-----------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| • | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | |] | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to | | | İ | | | |
| | the organization without charge | | | | | | |
| _ | | <u></u> | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| , | 3 received from disqualified persons Amounts included on lines 2 and 3 received | | | | 1 | | |
| L | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | <u> </u> | | | | |
| | ction B. Total Support | | | ı | T | | |
| | ndar year (or fiscal year beginning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | I | | | | | |
| | and income from similar sources | | | | | | |
| t: | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First five years. If the Form 990 is for | the organization's | s first second thir | d fourth or fifth t | ax vear as a sectio | n 501(c)(3) organiz | ation. |
| • | | | | | | | |
| Sec | tion C. Computation of Publi | c Support Pe | rcentage | | | | |
| | Public support percentage for 2016 (li | | | column (fl) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | tion D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | ne 13. column (fl) | **** | 17 | % |
| | Investment income percentage from 2 | | ., | | | 18 | % |
| | 33 1/3% support tests - 2016. If the | | | | | | |
| 100 | more than 33 1/3%, check this box ar | | | | | | . 1 1 |
| L | 33 1/3% support tests - 2015. If the | | | | | | |
| IJ | line 18 is not more than 33 1/3%, che | | | | | | . [|
| an | Private foundation. If the organization | | | | | | |
| ۷_ | Fireate roundation, it are organization | r did not check a | 50A OH III C 14, 19 | a, or too, onedk ti | | adulo A (Earm 000 | |

Part IV | Supporting Organizations

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

| | tion A. All Supporting Organizations | | Yes | No |
|----------|--|-----------------|--|-------------------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | 113.5 | | |
| ' | documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | - 14 | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | Х | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | 100 | 11 | |
| _ | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | 1.5% | 1.0 | 100 |
| | organization was described in section 509(a)(1) or (2). | 2 | | X |
| 0 | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | - - | 1.0 | 150 |
| Ja | | 3a | | X |
| . | (b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | 74.91 | | 444 |
| D | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | 1.4 | | |
| | | 3b | | |
| | organization made the determination. | 30 | <u> </u> | 3,50 |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) | Зс | | |
| _ | purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | - 30 | | 134 |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | 4a | | X |
| | "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | | 1 |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | , A. | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | 4b | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 40 | - | 10,000 |
| C | | - : | 1 | |
| | 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. | 4c | 115 | \vdash |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) 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; | , i | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | _ | | X |
| | was accomplished (such as by amendment to the organizing document). | 5a | 4.5 | ^^ - |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | F. | | |
| | designated in the organization's organizing document? | 5b | | ├ |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | 10,55.5 |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | 1 1 | | |
| | 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 | | | X |
| | Part VI. | 6 | | <u>^</u> |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | Ų. | | |
| | (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with | | | X |
| | regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | 355 | <u>^</u> |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | Х |
| | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | ^ |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | i i | | N. |
| | 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. | 9a | 1.4 | X |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which | | | v |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | X |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | _ | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | X |

10a

10b

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 🛘 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

| Schedule A | | NC. 22-2/9336/ Page i |
|-------------|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p | art v, line 1; Part v, Section 6, line 1e, Part v, |
| | (See instructions.) | Jan for any additional information. |
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SCHEDULE O

Supplemental Information to Form 990 or 990-EZ (Form 990 or 990-EZ)

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

1h

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization BASEBALL AMERICA FOUNDATION, INC. 22-2793367 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO ELECT THE GOVERNING BODY FORM 990, PART VI, SECTION B, LINE 11B: THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR. THE BOARD OF DIRECTORS REVIEWS A DRAFT OF THE 990 PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO SALARIES FOR THIS ENTITY. FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WEBSITE OR UPON REQUEST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC THROUGH ITS WEBSITE OR UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS THE AUDIT COMMITTEE USES TO OVERSEE THE AUDIT OF ITS

FINANCIAL STATEMENTS HAS NOT CHANGED FROM THE PREVIOUS YEAR

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

Schedule O (Form 990 or 990-EZ) (2016)

| Name of the organization BASEBALL AMERICA FOUNDATION, INC. Envoloper identification number 22-2793367 | Schedule O (Form 990 or 9 | 990·EZ) (2016) | | | | Page |
|---|---------------------------|----------------|---|---|---|---|
| | Name of the organization | BASEBALL | AMERICA | FOUNDATION, | INC. | Employer identification number 22-2793367 |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990,

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 22-2793367 Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **©** Total income ত্র Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) INC. BASEBALL AMERICA FOUNDATION, Primary activity Name, address, and EIN (if applicable) of disregarded entity Part Part

| (8) | (q) | (3) | (2) | (0) | ¥J | (~) |
|--|--------------------------|---|-----------|-------------------------------|--------------------|-----------------------------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | ø | Public charity | Direct controlling | Section \$12(b)(13) controlled |
| טן ופומנגט טן טמווגמוטן ו | | foreign country) | section | status (if section 501(c)(3)) | entity | entity? |
| UNITED STATES BASEBALL FEDERATION INC | | | | ((0)(0) 00 | | Yes No |
| 38-6111530, 1030 SWABIA CT, SUITE 201, | TO DEVELOP UNITED STATES | | | | | |
| DURHAM, NC 27703 | BASEBALL TEAMS | MICHIGAN | 501(C)(3) | | | × |
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Schedule R (Form 990) 2016

22-2793367

Page 2

Schedule R (Form 990) 2016 BASEBALL AMERICA FOUNDATION, 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.

| (k) centage nership | | | elated | Section 512(b)(13) controlled entity? | | | |
|---|-------------|--|--|--|---|--|--|
| (I) (K) General or Percentage managing ownership | Yes No | | e or more r | Percentage 512tc control connership end | - | | |
| (i) Code V-UBI amount in box TOO of Schedule | | | oecause it had one | (g) Share of Perce end-of-year owns | | | |
| rdionate fons? | Ves No | | IV, line 34 l | | | | |
| , ja | | | n 990, Part | (f) Share of total income | | | |
| | | | es" on Fon | (e) Type of entity (C corp., S corp., or trust) | | | |
| (f) Share of total income | | | inswered "Y | | | | |
| 1 | 2-514) | | organization a | (d) Direct controlling entity | | | |
| (e) Predominant income (related, unrelated, excluded from tax under | sections 51 | | nplete if the | (C) Legal domicile [State or foreign country] | | | |
| (d) Direct controlling entity | | | ration or Trust. Correar. | (b) Primary activity | | | |
| (c) Legal comicile (state or foreign | country) | | as a Corpo | Prime | | | |
| (b) Primary activity | | | ganizations Taxable rporation or trust duri | N c | | | |
| (a) Name, address, and EIN of related organization | | | Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. | (a) Name, address, and EIN of related organization | | | |

Schedule R (Form 990) 2016

632162 09-06-16

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 | No |
|---|----------------------------|----------------------------|--|-----------------------------|-----|------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | is with one or more re | lated organizations listed | in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <i>></i> | | | <u>ta</u> | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1P | | × |
| c Gift, grant, or capital contribution from related organization(s) | | | | 2 | | × |
| d Loans or loan guarantees to or for related organization(s) | | | | 1d | × | |
| e Loans or loan guarantees by related organization(s) | | | | £ | | × |
| | | | | 1.2 | | |
| f Dividends from related organization(s) | | | | 7 | | × |
| g Sale of assets to related organization(s) | | | | 19 | | × |
| h Purchase of assets from related organization(s) | | | | £ | | × |
| i Exchange of assets with related organization(s) | | | | F | | M |
| - | | | | ij | | M |
| k Lease of facilities, equipment, or other assets from related organization(s) | | | | * | | × |
| l Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | - | | = | | M |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | Ę | | × |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | ion(s) | | | £ | Γ | × |
| Sharing of paid ampleyees with related organization(s) | | | | | | × |
| | | | | 2 | | 4.4 |
| p Reimbursement paid to related organization(s) for expenses | | | | £ | : | × |
| | | | | 5 | | × |
| r Other transfer of each or avenant to velated avenaization(s) | | | | | | ,> |
| Other transfer of cash or property from related organization(s) | | | | = & | | × |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered | who must complete th | is line, including covered | relationships and transaction thresholds. | | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | pevlove | | |
| (1) USA BASEBALL FEDERATION, INC | Ω | 360,000. | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 632163 09-06-16 | 25 | | 2. Dady | Schodiile B (Form 990) 2016 | 000 | 2016 |

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.

| (k) Percentage ownership | | | | |
|---|--|------|--|---|
| (j) sheral or anaging arther? | | | | ļ |
| Code V-UBI General or Percentage amount in box 20 menaging over Schedule K-1 partner? ownership (Form 1065) | | | | |
| (h) Disproportionale allocations? | | | | |
| <u> </u> | | | | |
| (g) Share of end-of-year assets | | | | |
| (f) Share of total income | | | | |
| Are all software sec. 501(s)(3) ords.? | | | | |
| Predominant income (related, unrelated, sectluded from tax under sections 512-514) | | | | |
| (c) Legal domicile (state or foreign country) | | | | |
| (b) Primary activity | | | | |
| (a) Name, address, and EiN of entity | | | | |

| chedule R (Form 990) 2016 | BASEBALL A | AMERICA FOU | INDATION, INC. | 22-213 | 330 / Page |
|--|------------------------------|-------------------|---------------------------|---|------------|
| chedule R (Form 990) 2016 Part VII Supplemental | Information. | | | | |
| Provide additional | information for responses to | questions on Sche | dule R. See instructions. | | |
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(Rev. October 2014) Department of the Treasury Internal Revenue Service

Application To Adopt, Change, or Retain a Tax Year

Information about Form 1128 and its separate instructions is available at www.irs.gov/form1128.

OMB No. 1545-0134

Attachment

Sequence No. 148

| | nd I | General Information | on . | | | | | | |
|---------------|-----------|--|--------------------------|--|-------------------|------------|-----------------|-------------------------------|--|
| | Importa | nnt: All filers must complete | Part I and sign below | . See instructions. | | | | | |
| | Name of | f filer (if a joint return is filed, | also enter spouse's r | name) (see instructions) | | Filer's id | entifying num | ber | |
| | BASEE | BALL AMERICA FOUND | ATION, INC. | | | | | 22-2793367 | |
| | Number | , street, and room or suite no | o. (if a P.O. box, see i | nstructions) | | Service | Center where | income tax retu | n will be filed |
| Ţ. | | WABIA CT. STE 201 | | | | | | | |
| Type or Print | City or t | own, state, and ZIP code | | | | Filer's ar | rea code and | telephone numb | er/Fax number |
|) Be | | AM, NC 27703 | | | | (919) | 474-87 | | <u>) </u> |
| Ļ | Name of | f applicant, if different than th | ne filer (see instructio | ns) | | Applica | nt's identifyir | ig number (see | Instructions) |
| | | f person to contact (if not the | applicant or filer, att | ach a power of attorney |) | | | | ne number/Fax number |
| | | ARWIN eck the appropriate bo | v/oc) to indicate | the type of applies | nt (see instruct | (919) | 474-8 | 121 / \ |) |
| • | ,,,,,,,, | Individual | Cooperative | | ant (see mstruct | Z | onivo foroiar | invoctment e | ompany (PFIC) |
| | | | | reign corporation (Cl | EC\ (coc 057\ | | c. 1297) | i ilivesaneia c | опірану (гі то) |
| | | Partnership | _ | | | ` | ner foreign o | orporation | |
| | | Estate` | | s corporation (FSC) o ernational sales corp | | | x-exempt or | - | |
| | | Domestic corporation | | | | | | yanization Association (se | . E00\ |
| | | S corporation | • | eign corporation (SF | | | | ASSUCIATION (SE | .C. 520) |
| | _ | Personal service corporation (PSC) | | ration (sec. 904(d)(2)(| E)) | | | and applicable | Code section) |
| | | proval is requested to (| Trust | instructions): | | (0)- | oony onticy | ана арриоавк | 7 0000 00010117 |
| 2 | | Adopt a tax year endir | | | (Partnarchine | and PS | Ce: Go to | Part III after | completing Part I.) |
| | | Adopt a tax your onaii | 19 - | | (i aithershipe | o dila i c | 003. GO 10 | r art in arter | completing rareily |
| | 7 | Change to a tax year o | endina 🔈 DF | CEMBER 31 | | | | | |
| | | , | | | | | | | |
| | | Retain a tax year endir | na ⊳ | | | | | | |
| ı | _ | nanging a tax year, ind | | e present tax year | ends (see instru | uctions). | . 🏲 | осто | BER 31 |
| | | dopting or changing a | | | | | | vear | |
| | | · - | MBER1 ,2 | | | | CEMBER 3 | | 16 |
| 3 | ls th | ne applicant's present | tax year, as stat | ed on line 2b abov | e, also its curre | nt financ | cial reportir | ng year? ▶ | ✓ Yes ☐ No |
| | | | | | | | | | |
| | ۱۴ "۱ | lo," attach an explana | tion. | | | | | | |
| 4 | | cate the applicant's pr | | | _ | | | | |
| | | Cash receipts and disl | oursements met | hod 🔽 Accrual | method | | | | |
| | | Other method (specify | r) Bo- | | | | | | |
| | | te the nature of the ap | | es or principal sour | ce of income | | | | |
| 3 | Otal | te the natare of the up | pilodire o odomoc | o or principal coul | oo or moorno. | | | | |
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| | TO | PROVIDE FUNDING TO | THE UNITED STA | TES BASEBALL FE | DERATION, INC. | . AND TO | OTHER N | ON-PROFIT O | RGANIZATIONS |
| | | T PROMOTE THE GAM | | | | | | | |
| | | 5 | Signature—All | Filers (See Who | Must Sign in | the ins | structions | .) | |
| O: | | | | mined this application, i | | | | | the best of my knowledge ny knowledge. |
| Sig | | 1/. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 1 | 11/12/17 | , 1 | 2 | آ به م | CEA |
| He | MD 1 | Signature of the | ww | | | - 🕽 井 | pe or print na | me and title | 1010 |
| | | Signature of filer Print/Type preparer's nan | me | Prepare signature | nara | P I Da | | ins and this | PTIN |
| Pai | d | j., , . | | | 116. | | 1/13/2017 | | if |
| | parei | | et DLLC | | 1 , 00 | ¥ | | sell-employ | |
| Use | e Only | <i></i> | ST, PLLC | D STE 130 DALEIO | 2H NC 27600 | | | m's EIN ▶ | 71-0817652 |

| | • Identify the revenue procedure under which this automatic approval request is filed | | |
|---------|---|--------------|--------------|
| Secti | ion A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its s | | |
| 1 | Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is allowed to use the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions) | Yes | No |
| 2 | Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) . | | |
| Secti | on B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or | | 180000 |
| | its successor) | | |
| 4 | Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is allowed to use the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) | | |
| 5 | Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? . • | | |
| 6 | Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted) | | |
| 7 8 | Is the S corporation requesting an ownership tax year? (see instructions) | | 1450000 |
| Secti | or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions) | 1000000 | 1000 |
| 9 | Is the applicant an individual requesting a change from a fiscal year to a calendar year? | 1 1944554181 | Patentini |
| | on D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions) | 0.000000 | NEW AND |
| 10 | Is the applicant a tax-exempt organization requesting a change? | 1 | Anticolition |
| Part | | 1 | |
| | applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor) | icu | |
| Section | on A—General Information | Yes | No |
| 1 2 | Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? | | |
| - | ending with the last month of the requested tax year? | | 5051833 |
| 3 | If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented. Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, | | |
| J | denied, or not implemented? | | |
| 4a | Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)? | | |
| þ | If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions). If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box. | | |
| | Annual business cycle test Seasonal business test 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions) | | |
| 5 | Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ First preceding year \$ Third preceding year \$ Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section | | |
| | 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions. | | |

| 6 | Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period: | Yes | No |
|----------------|--|---|-------------|
| | Generated Expiring Net operating loss | | |
| | Net operating loss | | |
| | Unused credits | | |
| 7 | Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of | | |
| • | Rev. Proc. 2002-39, or its successor) | | |
| 8a | Is the applicant a U.S. shareholder in a CFC? | | |
| | If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the | | |
| | percentage of total combined voting power of the applicant, and the amount of income included in the gross | | |
| | income of the applicant under section 951 for the 3 tax years immediately before the short period and for the | | |
| la. | short period. Will each CFC concurrently change its tax year? | SWEET. | 250,000 |
| b | If "Yes" to line 8b, go to Part II, line 3. | 500000 | |
| | If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S. | | |
| | shareholder. | | |
| 9a | Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? | | |
| | If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the | | |
| | percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net | | |
| | capital gain from the PFIC included in the income of the applicant. | 5/305/11 | |
| b | Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? | | |
| 10a | Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation, a shareholder of an IC-DISC, or a shareholder of an FSC? | \$33555 | |
| | If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust, | | |
| | estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of | | |
| | interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year | | |
| | and for the short period. Indicate the percentage of gross income of the applicant represented by each amount. | 5,550 | |
| b | Will any partnership concurrently change its tax year to conform with the tax year requested? | | |
| <u>C</u> 11 | If "Yes" to line 10b, has any Form 1128 been filed for such partnership? | | |
| 1.1 | advice request pending with the IRS National Office? | 200000000000000000000000000000000000000 | |
| | If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved | | N 8133 (8) |
| | in each request. | | |
| 12 | Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? | | 19492750447 |
| 13 | Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the | | |
| 14 | IRS proposes to disapprove the application? | l | |
| | tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions) | | |
| 15 | Enter the date of incorporation. | | |
| | | Yes | No |
| 16a | Does the corporation intend to elect to be an S corporation for the tax year immediately following the short | | |
| | period? | | |
| b | If "Yes," will the corporation be going to a permitted S corporation tax year? | | |
| 17 | Is the corporation a member of an affiliated group filing a consolidated return? | 923392220 | second del |
| •• | If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return, | | |
| | tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of | | |
| | each member of the affiliated group; (c) the taxable income (loss) of each member for the 3 years immediately | | |
| , | before the short period and for the short period; and (d) the name of the parent corporation. | | |
| 18a | Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity | | |
| | (individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and | | |
| h | amount of income received from the PSC for the first preceding year and the short period. If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year. | | |
| þ | Grandfathered (attach copy of letter ruling) Section 444 election (date of election) | | |
| | Letter ruling (date of letter ruling (attach copy)) | | |
| | | | |

| | 128 (Rev. 10-2014) ction C—S Corporations (see instructions) | | Page 4 |
|------|--|--|--------|
| 19 | Enter the date of the S corporation election. ▶ | Yes | No |
| 20 | Is any shareholder applying for a corresponding change in tax year? | | |
| 21 | If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy)) | | |
| 22 | Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period. | | |
| Sec | ction D-Partnerships (see instructions) | | |
| 23 | Enter the date the partnership's business began. ▶ | Yes | No |
| 24 | Is any partner applying for a corresponding change in tax year? | | |
| 25 | Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits. | | |
| 26 | Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)? | | |
| 27 | If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year. Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy)) | | |
| Sec | ction E—Controlled Foreign Corporations (CFC) | | |
| 28 | Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period. | | |
| Sec | ction F—Tax-Exempt Organizations | T | |
| 29 | Type of organization: ☐ Corporation ☐ Trust ☐ Other (specify) ▶ | Yes | No |
| 30 | Date of organization. ▶ | 1000 AND 100 | |
| 31 | Code section under which the organization is exempt. ▶ | | |
| 32 | Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶ | 100000000000000000000000000000000000000 | |
| 33 | Enter the date the tax exemption was granted. Attach a copy of the letter ruling granting | | |
| | exemption. If a copy of the letter ruling is not available, attach an explanation. | | |
| 34 | If the organization is a private foundation, is the foundation terminating its status under section 507? | | L |
| Sec | ction G—Estates | | |
| 35 | Enter the date the estate was created. ▶ | | |
| 36 a | Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each per | rson v | vho |

an interested party of any portion of the estate.

b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period.

Section H-Passive Foreign Investment Companies

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned.