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. Internal Revenue Service Information about Form 990 and its instructions is at www.lrs.gov/form990.

A For the 2015 calendar year, or tax year beginning NOV 1, 2015 and ending OCT 31,

Open to Public Inspection

В	Check it	C Name of organization		D Employer identif	ication number
Г	Addr	DACHDALL AMEDICA HOUNDAMION INC			
F	chan			22-2	2793367
F	chan Initia		oom/suite	E Telephone number	
F	lreturi Final	1020 CMARTA COTTRE	01	(91.9	9)474-8721
_	returi termi ated	4		G Gross receipts \$	696,774.
Γ	Amer	aded Difference and 27702		H(a) Is this a group	
Ē	Appli			for subordinate	s? Yes X No
	pend	1030 SWABIA COURT, SUITE 201, DURHAM, NO	c 27	H(b) Are all subordinates	included? Yes No
ī	Tax-ex	tempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		If "No," attach a	a list. (see instructions)
J	Webs	ite: ► WWW.USABASEBALL.COM		H(c) Group exemption	on number 🕨
K	Form o	forganization: X Corporation Trust Association Other	L Year o	of formation: 1987	M State of legal domicile; NJ
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	FUNDING FO	OR THE
Activities & Governance		UNITED STATES BASEBALL FEDERATION, INC.			
e <u>r</u> a	2	Check this box if the organization discontinued its operations or disposed	d of more	1	
્ટ્રે	3			3	5
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ties	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0
ţ.	6.	Total number of volunteers (estimate if necessary)			
Ą	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	d	Net unrelated business taxable income from Form 990-T, line 34	·····	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82,506.	75,096.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		82,506.	75,096.
		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.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)) <u>.</u> 🥸		
m	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		22,606.	106,132.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		22,606.	106,132.
- 0	19	Revenue less expenses. Subtract line 18 from line 12		59,900.	-31,036.
sets or	3		Red	inning of Current Year 1,580,029.	End of Year 1,441,568.
SS6	20	Total assets (Part X, line 16)	·····	1,560,029.	1,441,300.
Net Ass	21	Total liabilities (Part X, line 26)		1,580,029.	1,441,568.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,300,023.	1,441,500.
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts, and to the best of m	v knowledge and belief, it is
		ct, and complete. Deplaration of preparer (other than officer) is based on all information of which			/ /
	,	1 Can January		9/	15/17
Sig	ın	Signature of officer		Date <i>t</i>	
He		RAY DARWIN, CHIEF FINANCIAL OFFICER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature 3 // -	/ //// 1	ate Check [PTIN
Pai		DAVID HASKINS DAVID HASKINS ,	0.9	9 / 1 2 / 1 7 self-employ	ed P01300877
	parer	Firm's name FROST, PLLC		Firm's EIN ▶	71-0817652
Use	Only	Firm's address 3605 GLENWOOD AVE SUITE 370			0 700 0410
_		RALEIGH, NC 27612		Phone no.91	9-782-8410
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 3

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

Form 990 (2015) BASEBALL AMERICA F Part IV Checklist of Required Schedules (continued)

b If "Yes" to line 20s., did the organization attach is copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (I), line 17 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 27 (If "Yes," complete Schedule Part IX, column (I), line 28 (If IX), section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, functions, key employees, and highest compensated employees? If "Yes," complete Schedule IX (If "Yes," complet				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 li "ves," complete Schedule I, Parts I and II 21 22 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 li "Yes," complete Schedule I, Parts I and III 22 22 23 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 li "Yes," complete Schedule I, Part II 22 23 X 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 249 through 24d and complete Schedule I, "Part I be 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25chedule I, "Part I be 10 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25chedule I, Part I be 11 the part I selected or the organization with a disqualified person and the selected or any of the organization with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? 1 li "Yes," complete Schedule I, Part I be 10 the organization exercise that it engaged in an excess benefit transaction with a disqualified person during the year? 1 li "Yes," complete Schedule I, Part IV Schedule I, Part II be 11 the part II li "Yes," complete Schedule I, Part IV Schedule I,			20a		Х
domestic government on Part IX, column (A), line 17 (If "Yes," complete Schedule I, Parts I and II 21 32 22 Did the organization report from \$5.00 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 32 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization acurrent and former officers, directors, trustoes, key employees, and highest compensated employees? If "Yes," complete Schedule I 24 33 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 34 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 35 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 36 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 37 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 38 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess barefit transaction with a disqualified person large in a prior year, and that the transaction with a disqualified person of any of the organization special prior year. 35c 38 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, trustees, key employees, highrest compensated employees, or disqualified personne? If "Yes," complete Schedule I, Part II 25b 39 Did the organization report any amount or the resistance to an officer, director, fustees, eye employee, substantial contributions of a party to a business transaction with one of the following parties (see		If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 20 bit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, coturn (A), line 2? If "Yes," complete Schedule I, Part I and III 22 X 23 24 24 24 24 24 24 24	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 If "Yes," complete Schedule I, Part I and III 22 Jü dit de organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. 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 5 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 7 24d Jüd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 8 2a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 8 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person during the year? 9 25a X 8 25b Is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of a current or former officer, director, trustee, or		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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, flirectors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I was in the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, I was a support to be presented and the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, I was a support to be presented as a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Sectino 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person on 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 Schedule L, Part I 25b 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, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, custamatial contributor or employee thereof, a grant selection committee member, or to a 5% controlled entity or family member of a current or former officer, director, trustee, or key employees, or a family member of a current or former officer, director, trustee, or key employees or a family member theroof) w	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization animatial an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b 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 Schedule L, Part I 25b X 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		- · · · · · · · · · · · · · · · · · · ·	2/12		х
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b Is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 15b 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 Schedule L, Part I 25b X 25b X 26b 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 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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 28b X 4 anily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 X 28a X 28b X 4 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X	25a	Section 504(a)(3) 504(a)(4) and 504(a)(0) an	24d		
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c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c			-		X
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32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 37 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 38 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 39 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 30 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 32 Did the organization under Regulation under Regulation under Regulations 33 Did the organization value of the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part II, III,	31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
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35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b			34	х	
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36 Section 501(a)(3) organizations. Did the organization make any transfer to the section 501(a)(3) organizations.		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
decition 30 f(0)(0) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	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		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	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2015)

532005 12-16-15

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2015)

Form 990 (2015) BASEBALL AMERICA FOUNDATION, INC. 22-2793367 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to 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	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.		87.57						
b	The state of the s	1b	5						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other	4.85						
_	officer, director, trustee, or key employee?	***************************************	. 2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			X				
	of officers, directors, or trustees, or key employees to a management company or other person?								
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	. 5		X				
6	Did the organization have members or stockholders?		6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	· · · · · · · · · · · · · · · · · · ·							
L	more members of the governing body?	• • • • • • • • • • • • • • • • • • • •	. 7a	X					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				ļ				
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	- •	44964		1,44914				
a b	The governing body?		8a	X					
9	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the							
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re		9		X				
	tion B. 1 Oncies (this section b requests information about policies not required by the internal Re	evenue Code.)		1					
10a	Did the organization have local aboutors, branches, or affiliated		T	Yes	No				
h	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such ch		10a		Х				
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters, amiliates,							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, b of one filling the fame of	10b	Х	-				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before filing the form?	11a	Δ	post of T				
12a	22. Did the organization have a written conflict of interest will not filled. If you do								
b									
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye		12b		X				
	in Schedule O how this was done	-	100		Х				
13	Did the organization have a written which blower a plice?		12c		X				
	Did the organization have a witten decomposition of the discontinuous		14	х	- 22				
15	Did the process for determining compensation of the following persons include a review and approva	I by independent	4600		196607				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by independent	1.79/43/ 45/0/43						
а	The organization's CEO, Executive Director, or top management official		15a	х					
	Other officers or key employees of the organization		15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		102	3776.87					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a							
	taxable entity during the year?		16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation	186.66	6489. ·	930				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's							
	exempt status with respect to such arrangements?		16b						
Sect	ion C. Disclosure	· · · · · · · · · · · · · · · · · · ·		•	···········				
	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)	availab	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 a	n Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	flict of interest policy, ar	ıd 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 boo	ks and records:							
	RAY DARWIN - (919) 474-8721								
	1030 SWABIA CT SUITE 201, DURHAM, NC 27703								

532006 12-16-15

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	S)		-	(D)	(E)	(F)
Name and Title	Average	(do	(C) Position (do not check more than one box, unless person is both an			than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is b officer and a director/tr		is both an		compensation	compensation	amount of other	
	week						,	from the	from related organizations	compensation
	(list any hours for	direct				-5		organization	(W-2/1099-MISC)	from the
	related	96 O.	stee			ınsate		(W-2/1099-MISC)		organization
	organizations	individual trustee or director	Institutional trustee		ese o	Highest compensated employee				and related
	below	ividua	it the	Officer	Key employee	plest d	Former			organizations
	line)	를	la la	8	ā	FE	횬			
(1) KIM NG	0.00	-	\					0.	0.	0
TRUSTEE	1 000	<u> </u>	X	<u> </u>		_	<u> </u>	V •	<u> </u>	-
(2) MICHAEL GASKI	0.00	1		٦,				0.	0.	0
PRESIDENT	1 00		ļ	X		ļ	<u> </u>	0.	0.	
(3) ROBERT DARWIN	1.00	4		٦,				0.	113,167.	22,188
TREASURER	1 - 0 0 0	<u> </u>	-	X		_	<u> </u>		113,107.	22,100
(4) DON ETHERIDGE	0.00	-		Х				0.	o.	0
SECRETARY	1 00	_	-	Δ	-	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(5) PAUL SEILER	1.00	-		x				0.	222,296.	30,459
ASSISTANT SECRETARY		├	-	Δ.		-		V •	222,230.	
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532007 12-16-15

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	dΗ	ighe	st (Compensated Employe	es (continued)			<u>.</u>
(A) Name and title	(B) Average hours per week	(do box	not c	Pos Pos heck ss pe	C) sition more erson		one than	(D) Reportable	(E) Reportable compensation from related		(F) Estimate amount	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Оfficer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M	ons	other compensa from the organizati and relate organizatio	e ion ed

									· · · · · · · · · · · · · · · · · · ·			
			_									

											· management	
									10.00			
1b Sub-total c Total from continuation sheets to Part VII	, Section A)	>	0.	335,4	0.	52,64	0.
d Total (add lines 1b and 1c) Total number of individuals (including but no	ot limited to the	ose I	iste	d ab	ove) wh	o re	0. ceived more than \$100,	335,4 000 of reportal		52,64	
compensation from the organization Did the organization list any former officer, or	director or true	ntoo	koi	, om	nlo	100	or h	inhool			Yes	No No
line 1a? If "Yes," complete Schedule J for su 4 For any individual listed on line 1a, is the sur	ich individual n of reportable		npe	nsat	 tion	and	 oth	er compensation from t	ne organization	7.		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or accordance to the same in the 20 KeV color	ccrue compen	satio	ภ fr	om a	any	unre	J fo late	or such individual d organization or individ	lual for services		4 X	
rendered to the organization? If "Yes," comp Section B. Independent Contractors 1 Complete this table for your five highest con												X
Complete this table for your five highest con the organization. Report compensation for th (A)	npensated inde ne calendar ye	eper ar er	nden	t co g wi	intra ith o	ctor r wit	sth hin	the organization's tax ye	100,000 of cor ear.	npensa		
Name and business a	address	NO	NE					(B) Description of se	rvices	Co	(C) mpensation	
							+					
				***-			_					
	, , , , , , , , , , , , , , , , , , , ,						+					
Total number of independent contractors (inc \$100,000 of compensation from the organiza	cluding but no	t limi	ited	to th	hose	e list	ed a	above) who received mo	re than			
22000										F/	orm 990 (20	15)

532008 12-16-15

Form 990 (2015)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 Unrelated Related or Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns b Membership dues _____ 1b 1c c Fundraising events _____ d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f. Business Code Program Service Revenue 2 a f All other program service revenue _____ Total, Add lines 2a-2f Investment income (including dividends, interest, and 22,320. 22,320. other similar amounts) \mathbf{r} Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses _____ c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 674,454 assets other than inventory b Less: cost or other basis 621,678 and sales expenses 52,776. c Gain or (loss) 52,776 52,776. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less; direct expenses _____ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 22,320. 75,096. Total revenue. See instructions.

	Check if Schodule O contains a recon	npiete an columns. All o	arer organizacions music	complete column (A).	
Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	I Se or note to any line i	n this Part IX	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	1 Frogram service	i ivianagement and	Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	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):				***************************************
а	Management				
b	F				
С	<u> </u>				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		en enganan galayan		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				,
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion		,		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		***		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1			
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 fine 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
a	BAF AWARDS	88,020.	17/41	88,020.	
b	INVESTMENT FEES	18,112.		18,112.	
c					
ď	All II				
	All other expenses	106 100			
25_	Total functional expenses. Add lines 1 through 24e	106,132.	0.	106,132.	0.
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)				

Part	X	Balance Sheet				
		Check if Schedule O contains a response or note	to any line in this Part X			
				(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing		95,447.	1	79,917.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
- 1	4		***************************************	1,828.	4	2,203.
- 1	5	Loans and other receivables from current and for			Transport Alexandra	
- 1	-	trustees, key employees, and highest compensat				
					5	
	6	Loans and other receivables from other disqualifi				
		section 4958(f)(1)), persons described in section	' '			
		employers and sponsoring organizations of section			1000	
,		employees' beneficiary organizations (see instr).			6	• "
HSSCIS	7	Notes and loans receivable, net		0.	7	245,000
8		Inventories for sale or use			8	
- 1	9	Prepaid expenses and deferred charges			9	
- 1		Land, buildings, and equipment: cost or other			100000	
		ı	10a			
	b	Less: accumulated depreciation			10c	*
1	11	Investments - publicly traded securities		1,482,754.	11	1,114,448.
	12	Investments - other securities. See Part IV, line 11			12	
1	13	Investments - program-related. See Part IV, line 1		13		
- 1		Intangible assets	- 1		14	
- 1	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		1,580,029.	16	1,441,568
_		Accounts payable and accrued expenses			17	
1		Grants payable			18	
1	9	Deferred revenue		19		
2	20	Tax-exempt bond liabilities		20		
- 1	21	Escrow or custodial account liability. Complete Pa		21		
		Loans and other payables to current and former of				
		key employees, highest compensated employees				
2			, , , , , , , , , , , , , , , , , , , ,	·	22	
2		Secured mortgages and notes payable to unrelate			23	
- 1		Unsecured notes and loans payable to unrelated			24	
2		Other liabilities (including federal income tax, paya	'			
		parties, and other liabilities not included on lines	i			
		Schedule D			25	
2	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958),	check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and				
≟ ₂	7	Unrestricted net assets		1,580,029.	27	1,441,568.
2 2 2 3 3 3 3 0		Temporarily restricted net assets			28	
3 2					29	
5		Organizations that do not follow SFAS 117 (AS				
5		and complete lines 30 through 34.				
3	0	Capital stock or trust principal, or current funds		30		
3		Paid-in or capital surplus, or land, building, or equ	F .		31	
3		Retained earnings, endowment, accumulated incomment			32	
3		Total net assets or fund balances	1,580,029.	33	1,441,568.	
- 1		Total liabilities and net assets/fund balances		1,580,029.	34	1,441,568.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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

За

X

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 22-2793367 BASEBALL AMERICA FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ____ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. _____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (vi) Amount of (v) Amount of monetary (iii) Type of organization (i) Name of supported (ii) EiN listed in your (described on lines 1-9 support (see ather support (see organization above (see instructions)) instructions) instructions) Yes Nο UNITED STATES BASEBALL FEDERATION 38-6111530 0. Х 0. 0 Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 BASEBALL AMERICA FOUNDATION, INC. 22-2793: Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

26	ection A. Public Support									
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not			ļ						
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3										
	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									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,		27 (Page 1, 1977) (Page 1)			10 (13 (14 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17				
	column (f)	riconfiguration (Company)								
	Public support. Subtract line 5 from line 4.									
<u>Se</u>	ction B. Total Support									
	endar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
	Total support. Add lines 7 through 10	Wagania wata kang				EUROLE AND AND ASSESSED.				
	Gross receipts from related activities,					12				
13	First five years. If the Form 990 is for	rthe organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	501(c)(3)				
A	organization, check this box and stor	here	******	***********************			▶ □			
	ction C. Computation of Publ									
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	:olumn (f))		14	<u></u> %			
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2015. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and			
	stop here. The organization qualifies	as a publicly supp	orted organization	***************************************			▶∟_			
b	33 1/3% support test - 2014. If the c	organization did no	t check a box on l	ine 13 or 16a, and l	line 15 is 33 1/3%	or more, check this	s box			
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		▶└			
17a	10% -facts-and-circumstances test	t - 2015. If the orga	anization did not d	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,			
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	organization		▶□			
b	10% -facts-and-circumstances test	t - 2014. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 10	3% or			
	more, and if the organization meets th	ie "facts-and-circur	mstances" test, ch	neck this box and s	top here. Explain	in Part VI how the				
	organization meets the "facts-and-circ	umstances" test.	The organization o	ualifies as a public	ly supported orga	nization	▶□			
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b,	, check this box ar	nd see instructions	<u></u> ▶□			
					Schee	dule A (Form 990 o	r 990-FZ) 2015			

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received 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						
8 Public support. (Subtract line 7c from line 6.)		SECTION SECTION				
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b 11 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						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiza	tion,
check this box and stop here						>
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2015	(line 8, column (f) d	livided by line 13,	column (f))	***************************************	15	%
16 Public support percentage from 201	4 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2015. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 17	'is not ౖ
more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2014. If the	∍ organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	na 🛌
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	<u>.</u>	No
	V	89/2011	
1	X	10 V 10 V 10 V	
2	94977		X
3a	1 / A / A / A / A / A / A / A / A / A /	+	<u> </u>
3b	147.486 1487.14 1867.14		
3c	.500.013 .000.013		William See
4a			Х
4b			
4c			
5a			X
5b		╀	
-5c		1000	
7			<u>x</u> x
			X
9a		10 10 10 10 10 10 10 10 10 10 10 10 10 1	X
9b		14.74	X
9c		100	X
10a		1000000	x
			1.5%
990 or 990	D-EZ)	2	2015

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Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2015

1

Enter 85% of line 1

Enter greater of line 2 or line 3

Income tax imposed in prior year

1

2

3

4

5

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)						
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	empt purposes							
2	Amounts paid to perform activity that directly furthers exempt								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos								
4	Amounts paid to acquire exempt-use assets								
-5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э						
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2015 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
-		(i)	(ii)	(iii)					
.	and the second second	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015					
Secti	ion E - Distribution Allocations (see instructions)		P16-2013	Amount for 2010					
1	Distributable amount for 2015 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2015								
	(reasonable cause required-see instructions)								
3	Excess distributions carryover, if any, to 2015:								
а									
b									
c									
d	From 2013								
e	From 2014								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2015 distributable amount								
i	Carryover from 2010 not applied (see instructions)								
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2015 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2015 distributable amount								
С	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2015, if								
	any. Subtract lines 3g and 4a from line 2 (if amount								
	greater than zero, see instructions).								
6	Remaining underdistributions for 2015. Subtract lines 3h								
	and 4b from line 1 (if amount greater than zero, see								
	instructions).								
7	Excess distributions carryover to 2016. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
а	a								
b									
C	Excess from 2013								
d	Excess from 2014								
е	Excess from 2015								

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-E	Z) 2015 BASEBA	LL AMERICA	FOUNDATION,	INC.	22-2793367 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5	I Information. Pro , lines 1, 2, 3b, 3c, 4b ction D, lines 2 and 3; 6, and 8; and Part V	ovide the explanation o, 4c, 5a, 6, 9a, 9b, 9d Part IV, Section E, II	ns required by Part II, lin c, 11a, 11b, and 11c; Pa nes 1c, 2a, 2b, 3a and	e 10; Part II, line 17a or art IV, Section B, lines 1 ib; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V, nal information.
	(See instructions.)	, o, and o, and Fait v	, Section E, lines 2, 3	, and 6. Also complete t	inis part for any addition	nal information.
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SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.
➤ Information about Schedule J (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ГО	at 1 Questions negarating compensation	1	
		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	First-class or charter travel		
	Travel for companions Payments for business use of personal residence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u> </u>	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	L	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		
	establish compensation of the CEO/Executive Director, but explain in Part III.		
	Compensation committee Written employment contract		
	Independent compensation consultant Compensation survey or study		
	Form 990 of other organizations Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
•	organization or a related organization:		
а	Receive a severance payment or change-of-control payment?		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
	Participate in, or receive payment from, an equity-based compensation arrangement?		Х
Ů	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1990000	
	The total of miss is specifically and the process and		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	Total State of the Control of the Co	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
•	contingent on the revenues of:		
а	The organization? 5a		X
	Any related organization? 5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
•	contingent on the net earnings of:		
а	The organization? 6a		X
	Any related organization? 6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.	375000	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		
•	not described on lines 5 and 6? If "Yes," describe in Part III		X
٥	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		100 miles
3			1
	Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Page 2

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(J)·(B)	in column (B) reported as deferred on prior Form 990
(1) PAUL SEILER	E		0	0		0	0	0
assistant secretary	<u>(ii)</u>	222,296.	.0	0.	8,878.	21,58	252,75	0
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Schedule J (Form 990) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

➤ Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number 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 11: 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. 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 9 Name of the organization		AMERICA	FOUNDATION,	INC.	Employer identification number 22–2793367

-				M. O. France	

			ener .		
	Herr.	· · · · · · · · · · · · · · · · · · ·	****		

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2015

OMB No. 1545-0047

Open to Public Inspection

(g) Section 512(b)(13) controlled Employer identification number 22-2793367 ž × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity Ξ End-of-year assets **(**e) status (if section Public charity 501(c)(3)) <u>e</u> Total income ਉ Exempt Code section 501(C)(3) ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Legal domicile (state or foreign country) MICHIGAN BASEBALL AMERICA FOUNDATION, INC. TO DEVELOP UNITED STATES Primary activity Primary activity BASEBALL TEAMS For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNITED STATES BASEBALL FEDERATION INC. 38-6111530, 1030 SWABIA CT, SULTE 201, Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 27703 DURHAM, NC Part Part II

Schedule R (Form 990) 2015

22-2793367

Page 2

BASEBALL AMERICA FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2015 Part III

(K)	General or Percentage managing ownership partner?										
(3)	Beneral or managing partner?	Yes No				 					
(0)	Code V-UBI amount in box 20 of Schedule	K-1 (Form 1065)									
(h)	Disproportionate allocations?	Yes No									
(6)	Share of end-of-year assets										
(1)	Share of total income										
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)		•••							
(q)	Direct controlling entity										
(၁)	Legal domicile (state or foreign	country)									
(p)	Primary activity										
(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.

22-2793367

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.			***************************************	ľ	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	1
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	elated organizations listed	in Parts II-IV?		3	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>></i>			1a		×
 b Gift, grant, or capital contribution to related organization(s) 				<u></u> =	l	M
c Gift, grant, or capital contribution from related organization(s)				2	T	×
d Loans or loan guarantees to or for related organization(s)				12	×	
e Loans or loan guarantees by related organization(s)				ç	T	×
) 1/2 		
f Dividends from related organization(s)				: : : : :		×
					T	*
ation(s)				2) \$	T	: ×
				=	T	1 ×
				Ŧ	1	: ×
K Lease of facilities, equipment, or other assets from related organization(s)	***************************************			¥		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	anization(s)			F		×
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)			£	r	×
o Sharing of paid employees with related organization(s)				٩	T	×
					1.53	
 p Reimbursement paid to related organization(s) for expenses 				10		×
q Reimbursement paid by related organization(s) for expenses				<u>-</u>		×
r Other trenefer of each or necessivity to valeted evenesimation(s)				148 177 178		
Other transfer of cash or property from related organization(s)				=	1	4
Table of the second of property roll related organization (s)		***************************************		1\$	┨	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	information on who must complete this 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	volved		
(1) USA BASEBALL FEDERATION, INC	Д	245,000.				
(2)						
(8)			The state of the s			
(4)						
(5)						
(9)			TOTAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS			
532163 09-08-15	28		Schedule R (Form 990) 2015	R (Form	(066	2015

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.

V 100 100 100 100 100 100 100 100 100 10	Legal domicile (state or foreign country)	Predominatincome particular (related, unrelated, sectloded from tax under sections 512-514)	(e)	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No	General or managing partner? Yes No	(k) Percentage ownership
								:	

Schedule R	(Form 990) 2015 Supplemental Infor	BASEBALL	AMERICA	FOUNDATION,	INC.	22-2793367 Page 5
Part VII	Supplemental Infor	mation				
	Provide additional informa	ation for responses	to questions or	Schedule R (see instru	ctions).	
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