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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning and ending Check If applicable C Name of organization D Employer identification number Address change PITCH IN FOR BASEBALL Name change 86-1141299 Doing business as initiai roturn Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 1541 GEHMAN ROAD 267-263-4069 termin-1,312,682. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ HARLEYSVILLE, PA 19438 H(a) is this a group return Applica-tion F Name and address of principal officer: DAVID RHODE for subordinates? ____Yes X No pending 60 RIVERSIDE DRIVE, APT 8F, NEW YORK, NY 10 H(b) Are all subordinates included? _____Yes L 1 Tax-exempt status; X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L 527 If "No." attach a list, (see instructions) J Website: ➤ WWW.PITCHINFORBASEBALL.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2005 M State of legal domicile; PA Part I | Summary Briefly describe the organization's mission or most significant activities: PROVIDE BASEBALL EQUIPMENT FOR Activities & Governance THE NEEDY Check this box Fig. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 13 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 ٥. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 588,722 1.312.666. Revenue 0. Program service revenue (Part VIII, line 2g) 0 23 16. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0. 588,745. 312,682. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 156,020. 452,178. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part iX, column (A), lines 5-10) 248,262. 265,086. 16a Professional fundralsing fees (Part IX, column (A), Ilne 11e) b Total fundraising expenses (Part IX, column (D), line 25)

46,975. 133,799 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 160,949. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 538.081 878,213. Revenue less expenses. Subtract line 18 from line 12 ______ 50,664. 434,469. Assets or 1 Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 322,768. 774,704. 21 Total liabilities (Part X, line 26) 34,316. 51,783. 288,452. 722,921. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian DAVID RHODE, EXECUTIVE DIRECTOR Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid KELLY MOONO, CPA CIA 09/21 ₱00028741 /16 self-employed Firm's name KIMMEL, LORAH + ASSOCIATES CPA Firm's EIN 🛌 Preparer 23-1380332 Use Only Firm's address 400 CRESSON BLVD., P.O. BOX 979 OAKS, PA 19456 Phone no. (610)666-0450X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	1 III Statement of Program Service Accomplishments
Pai	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission;
	TO PROVIDE BASEBALL EQUIPMENT AND SUPPLIES TO YOUTHS IN LOW INCOME AND
	TRAGEDY STRICKEN AREAS
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
	-
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	TO PROVIDE BASEBALL EQUIPMENT AND SUPPLIES TO YOUTHS IN LOW INCOME AND
	TRAGEDY STRICKEN AREAS
4b	(Code:) (Expenses \$ including grents of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	
	Other was greated and the said to the said
40	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 754,102.

Part IV Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 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 X 4 Section 501(c)(3) organizations. Did the organization engage In lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 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 X 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 Х в 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 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? If "Yes," complete Schedule D, Part IV Х 9 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a Х 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 Х e Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 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 X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b 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 X 15 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 X 16 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 X 17 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 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

complete Schedule G, Part III

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	!		
	any tax-exempt bonds?	240		<u> </u>
	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		İ	
	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			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	•	
	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		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	l		
	of any of these persons? If "Yes," complete Schedule L, Part III	27	10.27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	* 665		
	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
С	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	00-		_{**} -
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	X	<u>X</u>
29 30	Did the organization receive more than \$25,000 in no reason contributions of art, historical treasures, or other similar assets, or qualified conservation	29	+≏	\vdash
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	.31		┼^
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	1	 _
~~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	100		
٠.	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		T-
7	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?	300	1	
	If "Yes," complete Schedule R, Part V, Ilne 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	7.5		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			T
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2015) PITCH IN FOR BASEBALL
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									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable									
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ic	İ	•						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			٠.						
-	filed for the calendar year ending with or within the year covered by this return 2a 6									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	•							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	: :		. 8						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ <u>.</u>	<u> </u>						
6a	• • • • • • • • • • • • • • • • • • • •									
	any contributions that were not tax deductible as charitable contributions?	ба		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b	ļ	<u> </u>						
7	Organizations that may receive deductible contributions under section 170(c).	17.		[2 <u>4</u>						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	 						
C	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year		1787							
e	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	-	—						
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	ļ						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?	7h	3.8	50 O v						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		100	9:32						
	sponsoring organization have excess business holdings at any time during the year?	8	100 (000)	 W. C. S.						
9	Sponsoring organizations maintaining donor advised funds.		1.78.	[· · · ·						
a	Did the sponsoring organization make any taxable distributions under section 4966?	_9a	 	 						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	See	. j. j. 6 . ::						
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
р 1 1	Section 501(c)(12) organizations. Enter:									
11 a										
	Gross income from members or shareholders		1							
D	amounts due or received from them.)	l 🚉								
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	F 6	1 "						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1935	137						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state?	13a	4 1076 000	1						
u	Note. See the instructions for additional information the organization must report on Schedule O.	.02	, XX	18 V.A						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans	3								
c	Enter the amount of reserves on hand		18							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
	·····									

Form 990 (2015) PITCH IN FOR BASEBALL 86-1141299 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		4000	X
<u>Sec</u>	tion 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]	ļ	•
	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 0.	1		
ь	Enter the number of voting members included in line 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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		ļ	
	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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	.		
	more members of the governing body?	7a	ļ	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:	7. kg		111
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
1 1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			6: 10 Sec. 13
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	002-0000	X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1903-0	.25 B	83.3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		2000 2000 1 000	
a	The organization's CEO, Executive Director, or top management official	15a	1 87 4	X
h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions),	Se 185	W/80 1	4. (3)
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	10.00	x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation:	· v	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	į.	\$32.0	3 · · · ·
Sec	tion C. Disclosure) 16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed ▶PA			~~~~~
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	21/25/25		
18	·	ıvallaD	ii C	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
40				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	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:			
	MEREDITH KIM, CHIEF OPERATING OFFICER - 267-263-4069			
	ISAI GRENIAN KIALI BAKIBYSVILLE VA IVAK			

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PITCH IN FOR BASEBALL

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Page **7**.

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 lin 	e in this Part VII

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

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

(A) Name and Title	(B) Average		not c	(C Posi heck	ition more	than		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for	offi	cer ar	ss pe	ireck	or/trus	tee)	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	related organizations below line)	Individual trustes or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W·2/1099·MISC)		organization and related organizations
(1) JEFFREY MICHAEL	5.00					"				
TREASURER		X		X		1	_	0.	0.	0.
(2) ROY SMALLEY, III	10.00								_	
PRESIDENT		X	<u> </u>	X	_	<u> </u>		0.	0.	0.
(3) DAVID I DAVIS	2.00	١.,					i		_	•
SECRETARY	1 2 00	X	<u> </u>	X	_		ļ	0.	0.	0.
(4) BILL PISZEK	2.00	x						_		
DIRECTOR	2.00	_	╁			┼─	\vdash	0.	0.	0.
(5) JOHN YENGO	2.00	X						0.	0.	_
DIRECTOR (6) ARTHUR PINCUS	2.00	<u> </u>				 	-	<u>v.</u>	0.	0,
DIRECTOR	2.00	x						0.	0.	0.
(7) RICHARD GELLES	2.00		 			 		•		<u>~</u> .
DIRECTOR		ĺχ.						0.	0.	0.
(8) MICHAEL MARKOVICH	2.00									
DIRECTOR		x				<u> </u>		0.	0.	0.
(9) THOMAS BRIANT	2.00									
DIRECTOR		X						0.	0.	0.
(10) PAUL SEILER	2.00	ļ								
DIRECTOR		X	ļ.,	<u> </u>		_		0.	0.	0.
(11) MICHAEL KOPECH	2.00								_	_
DIRECTOR		X		<u> </u>	_			0.	0.	0.
(12) TIM ROWLAND	2.00	-						_	_	
DIRECTOR		X	-			ļ <u>.</u>	_	0.	0.	0.
(13) SHANNON S. SMITH	2.00	.						,		,
DIRECTOR	40.00	X	1			_		0.	0.	0 ,
(14) DAVID RHODE EXECUTIVE DIRECTOR (SEE SCHED O)	40.00	1		X				112,000.	0.	13,225
DABOUTTY DIABOTOR (DBS BCHED C)								112,000.		13,243
		-				\vdash		[<u>-</u>		<u> </u>
		_	<u> </u>	_		<u> </u>				
		1								
						_	_		'	

1 a Federated campaigns 1a b b b b b b b b b		Check if Schedule O cont	with a respective U	note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Page 100 d d d d d d d d d d d d d d d d d d	and Other Similar Amounts	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions Included in lines	1b 1c 1d ions) 1e ts, and ve 1f 1, 3	86,769.				
3 Investment income (including dividends, interest, and other similar amounts) 16 .	_ '	All other program service reve	enue					
(i) Personal (ii) Personal (ii) Personal (iii) Personal Personal (iii) Personal Personal Personal (iii) Personal Perso	3	Investment income (including other similar amounts)	dividends, interest	t, and 	16.			16.
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	6 a b	Gross rents	(i) Real	(ii) Personal				
d Net gain or (loss)	7 a	Gross amount from sales of assets other than inventory Less; cost or other basis and sales expenses	(i) Securities					
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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	d 8a	Net gain or (loss)	g events (not of 1c). See	>				
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 Miscellaneous Revenue Business Code	9 a	Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	draising events	>				
Miscellaneous Revenue Business Code	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns a b				150 0 / 5 1750 2 4072	
b	11 a b	Miscellaneous Revenu	В	usiness Code				

Form 990 (2015) PITCH IN FOR BASEBALL
Part IX | Statement of Functional Expenses

Check if Schadule O contains a response or note to any line in the Part IX Column of the contains reported on these St. 73, 86, 86, and 106 of Part VIII. Column of the column of	Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Series and other assistance to demissible to gashelicitis and correctic governments. See Part IV, like 21 288,019 288,01												
and domestic governments. See Part IV, line 21 288,019. 288,019. Grants and other assistance to clorevelue individuals. See Part IV, line 22 3 drants and other assistance to forevign organizations, coreign governments, and foreign individuals. See Part IV, line 16 and 16 4 Semetts paid to r for members 5 Compensation of current officers, directors, trustose, and key employees 6 Compensation of current officers, directors, trustose, and key employees 7 Other salestined in section 4950(r)(3)(B) 8 Persistant and vargees 9 112,000. 89,600. 16,800. 5,600. 8 Organization of included above, to disquilling persons disantiant is section 4950(r)(3)(B) 9 Other salestined with section 4950(r)(3)(B) 9 Other salestined and vargees 19,833. 15,866. 2,975. 992. 9 Persist plan acurula and contributions (include section 401(r)) and 403(b) employer contributions (include			Total expenses	Program service expenses	Management and	Fundraising expenses						
2 Grants and other assistance to domestic includious. See Part IV, line 22 3 Grants and other assistance to torsign organizations, foreign governments, and foreign includious. See Part IV, line 51 and 16 4 Benefits paid to or for members 5 Compensation of current officiers, directors, tructose, and key employees 6 Compensation for funded above, to disqualified paracres (as disfaed under section 4956(7)(3) and persons disacretion the funded above, to disqualified paracres (as defaed under section 4956(7)(3) and persons disacretion the section 4956(7)(3) and persons disacretion the section 4956(7)(3) and persons disacretion the section 4956(7)(3) and 4950 employee or combinations (include section 4016) and 4950 employee or combinations) 9 Other employee benefits 11 Fees for services (con-employees): 11 Fees for services (con-employees): 12 Feyroll taxes 18 Fees for services (con-employees): 13 Management 14 Lobit (Logia Con-employees): 14 Information individual services. See Part IV, line 17 investment in management fees to services (con-employees): 2 Advantating and promotion 4 Lobityring 2 Professional Individual services. See Part IV, line 17 investment in management fees to services (con-employees): 2 Advantating and promotion 3 Confessional Individual services. See Part IV, line 17 investment in management fees to services (con-employees): 3 Confessional Individual services. See Part IV, line 17 investment in management fees to services (con-employees): 4 Confessional Individual services. See Part IV, line 17 investment services (con-employees): 5 Confessional Individual Services. See Part IV, line 17 investment services (con-employees): 6 Confessional Individual Services. See Part IV, line 17 investment services (con-employees): 7 Travel 20, 347, 120, 347, 20,	1	-		222 242								
Individuals. See Part V, line 22 Grants and other assistance to troeign organizations, foreign governments, and foreign organization orga			<u> </u>	288,019.								
Signate and other assistance to foreign organizations, foreign organizations, foreign powerments, and foreign individuals. See Part IV, fines 15 and 16 164,159	2											
Comparison of the Comparison	_											
Individuals. See Part IV, lines 16 and 16. 164,159. 164,169.	3											
Benefits paid to or for members 112,000			164 150	164 150								
112,000			104,139.	164,159.								
toutsees, and keey employees Compensation not included above, to disqualified parsons (as defined under section 4558(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7 Other sellates and wages 8 Pension plen accrusts and contributions (include section 401(x) and 408(t)) employer contributions 9 9 Other employee benefits 19,833. 15,866. 2,975. 992. 10 Payroll taxes 118,122. 12,332. 3,056. 2,734. 118,122. 12,332. 3,056. 2,734. 15 Fees for services (non-employees): a Management b Legal 4 A 650. 4 A650. 4 A650. 4 A650. 4 A650. 6 Accounting A 650. 7 Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g appearses on Sch 0). 8 A395. 8,395. 13,535. 10 Office expenses 10 Occupancy 10 Occupancy 10 Occupancy 11 Occupancy 12 Advertising and promotion 13 Office expenses 13 Office expenses 14 Information technology 15 Payments of travel or entertainment expenses for any footeral, state, or local public officials 16 Occupancy 17 Travel 18 Payments to diffiliates 19 Payments to diffiliates 10 Occupancy 10 Occupancy 10 Other expenses. Iteratic expenses for any footeral, state, or local public officials 11 Office expenses. Iteratic expenses on Schedule (I) 12 Agramonts to diffiliates 14 Office expenses on Schedule (I) 14 Office expenses. Iteratic expenses on Schedule (I) 15 Office expenses. Iteratic expenses on Schedule (I) 16 Occupancy 17 Office expenses. Iteratic expenses on Schedule (I) 18 Office expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 Office expenses. Iteratic expenses on Schedule (I) 19 O					<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>						
6 Compareation not included above, to disqualified persons (as defined under section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and persons described in section 4958(r)(3)(8) and 203(s) employer contributions (include section 401(k) and 403(s) employer contribution (include section 401(k) and 403(s) employer contribution (include section 401(k) and 403(s) employer contribution (include section 401(k) and 403(s) employer contribution (include section 401(k) and 403(s) employer contribution (include section 401(k) and 403(s) employer cont	5		112 000	99 600	16 000	F 600						
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7 Other salaries and wages 115,131. 64,964. 21,500. 28,667. 8 Pension pian accruals and contributions (include section 401(k) and 402(k) employer contributions) 19,833. 15,866. 2,975. 992. 10,734. 11 15,865. 2,975. 992. 11,8122. 12,332. 3,056. 2,734. 11,8122. 12,332. 11,8122. 12,332. 11,8122. 12,332. 11,8122. 12,332. 11,8122. 12,332. 11,8122. 12,332. 11,8122. 12,332.												
B Pension plan accurates and contributions (Include section 401 (k) and 403(b) employer contributions)	7		115 131	64 964	21 500	28 557						
Section 401(k) and 403(b) employer contributions 19,833.	_		<u></u>	マティンしま	- VVV -	20,001.						
9 Other employee benefits 19,833, 15,866, 2,975, 992, 18,122, 12,332, 3,056, 2,734, 19 Feyroll taxes 18,122, 12,332, 3,056, 2,734, 19 Feyroll taxes 18,122, 12,332, 3,056, 2,734, 19 Feyroll taxes 19,122, 19,123, 19 Feyroll taxes	_											
10 Payroll taxes 18,122. 12,332. 3,056. 2,734. 11 Fees for services (non-employees):	9		19.833.	15.866.	2.975.	992						
Teles for services (non-employees): a Management b						2 734						
a Management b Legal c Accounting					3,050.	27734.						
b Legal												
Comparison of the companies of the com												
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 2 Adverticing and promotion 8, 3.95. 8, 3.95. 13 Office expenses 13, 5.35. 13, 5.35. 14 Information technology 15 Royalties 20, 347. 20, 347. 17 Travel 20, 347. 20, 347. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 461. 461. 11 Payments to affiliates 20 Depreciation, depetion, and amortization 1, 0.52. 1, 0.52. 21 Insurance 4, 9.31. 3, 6.29. 7.89. 513. 24 Other expenses. Ilenize expenses not covered above. (List miscellaneous expenses in line 24e. If filing 24e amount, list line 24e expenses on Schedula O.) 20 POSTAGR AND DELIVERY 20, 157. 20, 157. 21 WEBSITE COSTS 10, 190. 10, 190. 20, 190. 3, 533. 46, 975. 25 Total functional expenses, Add lines 1 through 24e 878, 213. 754, 102. 77, 136. 46, 975. 26 John List miscellet list line only if the organization reported in column (R) joint costs from a combined educational campaign and fundraising solicitation.			4,650.		4,650.							
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13		column (A) amount, list line 11g expenses on Sch 0.)										
14	12	Advertising and promotion		8,395.								
15 Royalties	13	Office expenses	13,535.		13,535.							
16 Occupancy 32,718. 32,718.	14	Information technology										
17 Travel 20,347. 20,347.	15	Royalties										
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 461. 461. 21 Payments to affiliates 21 pereciation, depletion, and amortization 1,052. 1,052. 22 Insurance 4,931. 3,629. 789. 513. 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.) 2 POSTAGE AND DELIVERY 20,157. 20,157. 3 POSTAGE AND DELIVERY 10,190. 10,190. 4 POSTAGE AND DELIVERY 20,157. 20,157. 5 WEBSITE COSTS 10,190. 10,190. 6 BOARD EXPENSES 8,553. 8,553. 7,906. 6 All other expenses. Add lines 1 through 24e 878, 213. 754,102. 77,136. 46,975. 25 Total functional expenses. Add lines 1 through 24e 878, 213. 754,102. 77,136. 46,975.	16											
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Payments to affiliates Payments to affiliate Payments to affiliate Payments to affiliates Payments to affiliate Pa			100	<u> </u>								
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amount, list line 24e expenses on Schedule 0.) a POSTAGE AND DELIVERY b WEBSITE COSTS c BOARD EXPENSES d FUNDRAISING e All other expenses 28,054. 22,674. 4,817. 563. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	24	above. (List miscellaneous expenses in line 24e. If Ilne.										
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## BOARD EXPENSES ## BOARD EXPENSES ## FUNDRAISING ## All other expenses ## All other expenses ## All other expenses ## Add lines 1 through 24e ## BOARD EXPENSES ## All other expenses ## Add lines 1 through 24e ## BOARD EXPENSES ## All other expenses ## Add lines 1 through 24e ## BOARD EXPENSES ## All other expenses ## Add lines 1 through 24e ## BOARD EXPENSES ## BOARD EXPENSES ## All other expenses ## Add lines 1 through 24e ## BOARD EXPENSES ## BOARD EXPENSES ## All other expenses ## All other expen	•		20 157	ንስ 157	Parker St. Gert Little (1975) in 1984 Sign	1 1 1 1 1 1 1 1 1 1						
BOARD EXPENSES d FUNDRAISING All other expenses All other expenses. Add lines 1 through 24e Total functional expenses. Add lines 1 through 24e BY 878,213. Total functional column (B) joint costs from a combined educational campaign and fundraising solicitation.												
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e All other expenses 28,054. 22,674. 4,817. 563. 25 Total functional expenses. Add lines 1 through 24e 878,213. 754,102. 77,136. 46,975. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					0,555	7 906						
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				754.102.	77.136.							
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			,	, , , , , , , , , , , , , , , , , , , ,	,							
educational campaign and fundraising solicitation.												
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· · · · · · · · · · · · · · · · · · ·		. —		. <u></u> .								

Form 990 (2015)
Part X Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	****************************	.,,,,,,	18,001.	1	4,554.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied persons (as defined ur	nder			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contrib	uting			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			177	
ş		employees' beneficiary organizations (see instr).	-			6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			298,694.	8	757,109.
	9	Prepaid expenses and deferred charges	<u></u>			9	
	10 a	Land, buildings, and equipment: cost or other			 A series and darking the property of the property of the property of the property of the control of the property /li>		
		basis. Complete Part VI of Schedule D		52.		12.5	
	b	Less: accumulated depreciation	<u> </u>	86.	1,289.	10c	5,86 <u>6.</u>
	11	Investments - publicly traded securities				11	2,391.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	4,784.	15	4,784.		
	16	Total assets, Add lines 1 through 15 (must equ			322,768.	16	774,704.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	1 (208) (2 (208), 10 (10) (2) (2) (2) (2) (2) (2)
jes	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee				3335	
Liabilities		Complete Part II of Schedule L			20 000	22	20 000
	23	Secured mortgages and notes payable to unrela			30,000.	23	30,000.
	24	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		·			4,316.	\ AF	21,783.
	26	Schedule D Total liabilities, Add lines 17 through 25			34,316.	25 26	51,783
	20	Organizations that follow SFAS 117 (ASC 958				20	J., 783.
_o		complete lines 27 through 29, and lines 33 ar		ur i u			
8	27	Unrestricted net assets			256,452.	27	665,921.
Net Assets or Fund Balances	28	Temporarily restricted net assets			32,000	_	57,000
99	29		***************************************		32,000	29	1
Ě		Organizations that do not follow SFAS 117 (A			-265848, 20 (4849)	353.00	
논		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds			Literature du even e 1900 i de la 1919 i militario	30	The control of the Property of the Control of the C
SSe	31	Paid-in or capital surplus, or land, building, or ed				31	
Ţ	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			288,452.		722,921.
	34	Total liabilities and net assets/fund balances			322,768.		774.704

	990 (2015) PITCH IN FOR BASEBALL	86-114	:1299	₽age	э 12.		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	***********		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,312	, 68	32.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	878				
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5	288				
6	Donated services and use of facilities	6		·			
7	Investment expenses	7			_		
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		,	0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	722	3,92	21.		
Pa	t XIII Financial Statements and Reporting			-			
	Check if Schedule O contains a response or note to any line in this Part XII	*******			X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Corual X Other MODIFIE	D CASH			₹¥.:		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				Stariti Santa		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X.		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:				ere ej. Alteka		
	X Separate basis Consolidated basis Both consolidated and separate basis						
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		2. R J				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		7.302.30				
	Act and OMB Circular A-133?		., 3a		X		
b	If "Yes," dld the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2015

Open to Public Inspection

Name of the organization Employer identification number PITCH IN FOR BASEBALL 86-1141299 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii), Enter the hospital's name, 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). X 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). 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 JII 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, Type 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) (i) Name of supported (ii) EIN (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9) organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes

Schedule A (Form 990 or 990-EZ) 2015 PITCH IN FOR BASEBALL 86-1141299 Page 2

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

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

Sec	Section A. Public Support									
Cale	ndar 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.")	373,337.	388,562.	491,387.	588,722.	1,312,666.	3,154,674,			
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	373,337.	388,562.	491,387.	588,722.	1,312,666.	3,154,674.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)				Sir Sandania		416,089.			
6	Public support. Subtract line 5 from line 4.					99% r. 318 f. 6	2 738 585			
	ction B. Total Support						, , , , , , , , , , , , , , , , , , , ,			
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
7	Amounts from line 4	373,337.	388,562.	491,387.	588,722.	1,312,666.	3,154,674,			
8	Gross Income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	2.	1.	583.	23.	16.	625.			
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.)			<u>L</u>						
11	Total support. Add lines 7 through 10	548 - 5605 AT 1040 - 50 K Tolkina (140, 26) - 540 A 100 A					3,155,299.			
12	Gross receipts from related activities,	etc. (see instructi	ons)			12				
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectic	n 501(c)(3)	· · · · · ·			
	organization, check this box and stor			.,	,.	*******************************	>			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2015 (ine 6, column (f) d	ivided by line 11, d	column (f))	********	14	86.79 <u>%</u>			
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	87.95 %			
16 a	33 1/3% support test - 2015, if the	-				•				
	stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual	ifles as a publicly :	supported organiz	ation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
17a	10% -facts-and-circumstances tes									
	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 organiza	tion qualifies as a	publicly supported	d organization	*******************	▶□			
b	10% -facts-and-circumstances tes									
	more, and if the organization meets th									
	organization meets the "facts-and-circ						▶□			
18	Private foundation. If the organization		•	•			s			

Schedule A (Form 990 or 990-EZ) 2015 PITCH LN FOR BASEBALL [Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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
gualify 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- lness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				İ		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total, Add lines 1 through 5				1		·
7a Amounts included on lines 1, 2, and			ĺ			
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 7e from line 6.)		SECTION OF S				
Section B. Total Support		<u> </u>	d			<u></u>
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						
ç Add lìnes 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.)						
13 Total support. (Add lines 9, 100, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi:	zation,
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			.
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2015 (li			column (f))		15	%
16 Public support percentage from 2014					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	15 (line 10c, colur	mn (f) divided by li	ne 13, column (f))	-++!4-+++4-+++	17	%
18 Investment income percentage from 2						9
19a 33 1/3% support tests - 2015. If the						
more than 33 1/3%, check this box ar						·
b 33 1/3% support tests - 2014, If the	-	= :				
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						▶□

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 11b 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.
- 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 filling 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

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	dule A (Form 990 or 990-EZ) 2015 PITCH IN FOR BASEBALL	86-114129	9 <u>Pa</u>	ige 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	116		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c_j		
Sec	tion B. Type I Supporting Organizations			
			Yes	No_
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, If any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		4	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		.:	
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
		<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	2 k. 4 (1)		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		7 4	
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations	· · · · · · · · · · · · · · · · · · ·		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	436		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	· 사람함.		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	Nindi	\$ 60°C.	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	<u>1</u>	Take Sir	3.75.77
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1000 100002
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		Patri	10.40
_	the organization maintained a close and continuous working relationship with the supported organization(s),	2	1.95.7	15 3.35
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		Mile.	1 / 45
500	supported organizations played in this regard.	3		<u> </u>
	tion E. Type III Functionally-Integrated Supporting Organizations	····		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Ins	tructions):		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations, Complete line 3 below.			
b	The organization is the parent of each of its supported organizations, complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity.		ı	
٥	Activities Test. Answer (a) and (b) below.	ny (see instructions		Tal-
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Ø2383.00	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
			la tij n Great	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		N. P	1 1
1-		2a	1300	. e 76
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	T-talony.		varie s
	activities but for the organization's involvement.	2b_		1
3	Parent of Supported Organizations. Answer (a) and (b) below.		3 : 3	l viir
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	· ·:·		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		+
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	[1.1]	1	ļ. ·
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u>

Sche	dule A (Form 990 or 990 EZ) 2015 PITCH IN FOR BASEBALL		8	6-1141299 Page 6
Par		g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970. See instru	ctions, All
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	11		
2	Recoveries of prior-year distributions	. 2		
3	Other gross Income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		•
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	35.1		
	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		
¢	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	11000		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions),	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		·
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

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) 2015

5

4

7

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions)

	1 Type III Noti-Futicitotially integrated 503	taltot pubboi mid Ords	anzanona (commueu)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
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 the	ne organization is responsive)	
	(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)
		Excess Distributions	Underdistributions	Distributable
ecti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
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:	William Inaly Miller	·秋山鄉路里巴亞 跨国省	
а		HEDELEKA TERMENDAKA	y Wildelija waa ka ka ka ka ka ka ka ka ka ka ka ka k	
b				
С				
d	From 2013			
0	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	Graff britiskeligere		
h	Applied to 2015 distributable amount		Millio est dissolu	
í	Carryover from 2010 not applied (see instructions)			
i	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		TW THE COMPANY THE	
c	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			1
	Instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.	10.00 to 10.00 to 10.00 to 10.00		
8	Breakdown of line 7:			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
^	Evenes from 2015	linguar marakatan karasa bahar 1969 -	Banduwse & Process	100000000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	Form 990 or 990 EZ) 2015 PITCH IN FOR BASEBALL	86-1141299 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	175; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V.
		 -
	<u> </u>	
		
	·	
-		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

2015

Employer identification number

PITCH IN FOR BASEBALL 86-1141299 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule 🔟 For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions, Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1, Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule 8 (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

PITCH IN FOR BASEBALL

86-1141299

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COPHAM FAMILY FOUNDATION 11290 LONGWATER CHASE COURT FORT MYERS, FL 33908	\$ <u>33,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
2	HANSEN FAMILY FOUNDATION 432 GREEN STREET SEWICKLEY, PA 15143	\$5 <u>0,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LOS ANGELES DODGERS FOUNDATION 1000 ELYSIAN PARK AVE. LOS ANGELES, CA 90012	\$137,681.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MAJOR LEAGUE BASEBALL CHARITIES INC. 245 PARK AVENUE NEW YORK, NY 10167	s	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	NEW YORK YANKEES ONE EAST 161ST STREET BRONX, NY 10451	\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MATTINGLY CHARITIES C/O S. SHAW, P.O. BOX 353 NORTH HAVEN, CT 06473	\$334,199.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PITCH IN FOR BASEBALL

86-1141299

Part I.	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WILSON SPORTING GOODS PO BOX 3135 CAROL STREAM, IL 60132	<u> </u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	WILSON SPORTING GOODS PO BOX 3135 CAROL STREAM, IL 60132	\$\$,982.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PITCH IN FOR BASEBALL

86-1141299

TCH.	IN FOR BASEBALL		1141299
art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	BASEBALL EQUIPMENT (BATS)		
		\$ <u>334,199.</u>	06/09/15
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
	VARIOUS NEW BASEBALL EQUIPMENT		
7			
		<u>253,669.</u>	03/01/15
(a) No.	(b)	(e)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
·			
		\$	
(a) No.	n.\	(c)	<i>t</i> -n
from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
rati			
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Parti			
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		(222 1121 402010)	·····
		\$	

Name of organization Employer identification number 86-1141299 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this linfo ence.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

Par		Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	kclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or or	donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edi	ucation) Preservation of a historic	ally important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d If the organization held a qualifie	d conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	ture included in (a)	20
đ	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the or	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, Inspection, handling of	
	violations, and enforcement of the conservation easements it i	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, his		
	>	•	- •
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
	▶ \$	•	• •
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oltion, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		,
ь	If the organization elected, as permitted under SFAS 116 (ASC		nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:		ostroop provide the follotting attrouble
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under SFAS 116	•	an houd
-	Revenue included on Form 990, Part VIII, line 1	•	L 4
	Assets included in Form 990 Part X	***************************************	Φ

		N FOR BASE	····						Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Treasures,	or Othe	r Simila	<u>ir Asset</u>	t S (continu	red)
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the following tha	at are a siç	gnificant u	ise of its o	collection	items
	(check all that apply):								
а	Public exhibition	d	1_0	oan or exchange progr	ams				
b	Scholarly research	e		ther					
¢	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how the	y further the organizat	ion's exer	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, hist	orical treasures, or oth	ner similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organi:	zation's collection?			.,.,	Yes	No.
Par	t IV. Escrow and Custodial Arran	gements. Comple	ete if the c	organization answered	"Yes" on	Form 990	, Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontributions or other a	ssets not	included		_	
	on Form 990, Part X?	4************************	44455-551				[Yes	No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:					
								Amount	
C	Beginning balance					10			
d	Additions during the year					. 1d			
е	Distributions during the year					1e			
f	Ending balance					. 11			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	scrow or custodial acc	ount llabili	ity?		Yes	L No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Form 990, Pa	rt IV, line 1	10.			
		(a) Current year	(b) Pri	or year (c) Two ye	ars back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions			<u>-</u>				<u> </u>	
¢	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities			İ					
	and programs								
f	Administrative expenses								
g	End of year balance							<u> </u>	<u> </u>
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
þ	Permanent endowment >	%							
С	Temporarily restricted endowment 🕨	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held and adminis	tered for t	he organi:	zation	_	
	by:								Yes No
	(i) unrelated organizations	.,			************	.,,		3a(I)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R?	******			3b	
4	Describe in Part XIII the intended uses of the		owment fi.	ındş.					
Pai	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	d "Yes" on Form 996	0, Part IV,	line 11a. See Form 99	90, Part X,	, line 10,			
	Description of property	(a) Cost or c	I	(b) Cost or other		ccumulat		(d) Book	k value
		basis (investr	ment)	basis (other)		preciation			
1a	Land	++++			\$78,18				
b	Buildings	• • • • • • • • • • • • • • • • • • • •							
¢	Leasehold improvements								
d	Equipment			12,449		6,5		!	5,866.
e	Other			1,403	•	1,4	03.		0.
Tota	, Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 10c.)	***********		.	!	5,866.

Schedule D (Form 990) 2015 PITCH IN FO	R BASEBALL		86	-1141299 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	7			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				 ,
(8)				
(C)				
(D)			· · · · · · · · · · · · · · · · · · ·	
<u>(E)</u>	<u> </u>			
(F)				
(G) .	1			
(H)	-	tym fram i b		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	<u> </u>	an in a	<u> </u>	
	Les Espe 200 Day 1) /	San 11a Can Farm 000	Dark V. Bas 40	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			s-of-year market value
	(10) 2001. 12.20	to) monoa or v	alderiotii ocor or otto	or your marrier vales
				
(3)				
(4)		- ·-··································		
(5)		•		
(6)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
(7)	· · · · · ·			
(8)	 			
(9)				
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		484 NATE OF STREET		
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			,	
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	**!*********	<u>,,,</u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes'	on Form 990, Part IV,		n 990, Part X, Ilne 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED EXPENSES		6,270.		
(3) CREDIT CARD PAYABLE		15,513.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		04 500		
Total. (Column (b) must equal Form 990, Part X, col. (B) Ilr	ne 25.)	21,783.	N 65 - 10 N 10 M 2 I 11 I	설계하고 하게 중 되었다.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PITCH IN FOR BASEBALL

Schedule D (Form 990) 2015

86-1141299 Page 4

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

PITCH IN FOR BA				86-114129	
Part I General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "Ye	es" on
Form 990, Part IV	, line 14b.				
1 For grantmakers, Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and	the selection criteria used to award the	grants or assistance? 🗶 י	Yes 🔲 No
2 For grantmakers, Descri	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outsi	ide the
United States.					
3 Activities per Region, (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures
	in the region	Independent	services, investments, grants to	describe specific type	for and investments
		contractors in region	recipients located in the region)	of service(s) in region	in region
		-		·	
				BASEBALL EQUIPMENT GIVEN	
CENTRAL				TO NEEDY/TRAGEDY	
AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	STRICKEN AREAS	34,540,
				BASEBALL EQUIPMENT GIVEN	1
				TO NEEDY/TRAGEDY	
EAST ASIA/PACIFIC	0	۵ ا	PROGRAM SERVICES	STRICKEN AREAS	46,953.
MADI RDIA/INCILIO			Trootean partitions		10,2002
				BASEBALL EQUIPMENT GIVEN	
				TO NEEDY/TRAGEDY	
DIDADE		0	PROGRAM SERVICES	STRICKEN AREAS	28,286,
EUROPE			FROGRAM SERVICES	STRICKEN AREAS	20.200,
				EACEBAIL BOUTDWENT GIVEN	
				BASEBALL EQUIPMENT GIVEN	
Ammata hateth		_	DDCGDAM GDDIITGDG	TO NEEDY/TRAGEDY	2 206
MIDDLE EAST	.0		PROGRAM SERVICES	STRICKEN AREAS	2,206.
				PAGENTAL HOLLDWINE GIVEN	
				BASEBALL EQUIPMENT GIVEN	<u> </u>
	_		DDGGDLY GDDYTGDG	TO NEEDY/TRAGEDY	1 654
NORTH AMERICA	0	· · · · · · · · · · · · · · · · · · ·	PROGRAM SERVICES	STRICKEN AREAS	1,654.
			į.		
				BASEBALL EQUIPMENT GIVEN	
				TO NEEDY/TRAGEDY	44.055
SOUTH AMERICA	0	Ų <u>U</u>	PROGRAM SERVICES	STRICKEN AREAS	11,365.
					1
	ļ			BASEBALL EQUIPMENT GIVEN	
		_		TO NEEDY/TRAGEDY	
AFRICA	0	0	PROGRAM SERVICES	STRICKEN ARBAS	31,824.
				BASEBALL EQUIPMENT GIVEN	
RUSSIA AND				TO NEEDY/TRAGEDY	
NEIGHBORING STATES	0		PROGRAM SERVICES	STRICKEN AREAS	7,331.
3 a Sub-total	0	D			164,159,
b Total from continuation					4
sheets to Part I	0	. 0		n 1904 (1904) Tananan da manan kenangan berada da mengelah kenangan berada da mengelah berada da mengelah berada da mengelah	0.
c Totals (add lines 3a					
and 3h)	1 0	l n	1人类异常 60 多级的 5 概许 图代语言		1 164 159

86-1141299

Page 2

PITCH IN FOR BASEBALL

Schedule F (Form 990) 2015

Partilia Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																			4	Schedule F (Form 990) 2015
valu		FMV				FIMV				₽M?				N M	<u> </u>	 	 			lule F
(h) Description of non-cash assistance	GLOVES, CATCHER'S GEAR, BATS,	DASEBALLS, ETC.	GLOVES, CATCHER'S	BEAR, BATS,	JNIFORMS,	BASEBALLS ETC.	GLOVES, CATCHER'S	GEAR, BATS,		BASEBALLS BTC.	GLOVES, CATCHER'S	GEAR, BATS,	JNI FORMS,	BASEBALLS ETC.						Sched
(g) Amount of non-cash assistance		46,585				17,749.				9,369.			-	7,331.				cempt by		
(f) Manner of cash disbursement									•									recognized as tax-ev		
(e) Amount of cash grant		0,				0.				0				0.				foreign country,		
(d) Purpose of grant		BASEBALL PROGRAM EXPANSION			BASEBALL PROGRAM	EXPANSION			BASEBALL PROGRAM	EXPANSION			BASEBALL PROGRAM	EXPANSION		į		Enter total number of recipient organizations listed above that are recognized as charitles by the foreign country, recognized as tax-exempt by	SO (S)(S) equivalency letter	
(c) Region		EAST ASIA AND THE	SUB-SAHARAN	AFRICA - ANGOLA,	BENIN, BOTSWANA,	BURKINA FASO		EUROPE (INCLUDING	ICELAND &	GREENLAND >		RUSSIA AND	NEIGHBORING	STATES				isted above that are r	tre ind, or for writer to be grantee of counser has provided a securificate total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)		<u></u> □		~1	<u>#</u>							PC .		V4				recipient organization	ine granitee or courise other organizations or	
1 (a) Name of organization																		2 Enter total number of	the InS, of for which the grantee of course has pro-	1

SKE PART V FOR COLUMN (D) DESCRIPTIONS

86-1141299

Page 3

PITCH IN FOR BASEBALL

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2015

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	,						
							;
						Schedi	Schedule F (Form 990) 2015

Schedu	ule F (Form 990) 2015 PITCH IN FOR BASEBALL	86-1141299	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	<u></u>	[**
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; do not file with Form 990)	Yes	X No

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ■ Attach to Form 990.

iplete if the organization answered "Yes" on Form 990, Part IV, line 21 of 22.	
101	S
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answered	Attach to Form 000
organization	
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plete	
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OMB No. 1545-0047	2015	Open to Public	Inspection

Employer identification number 86-1141299 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? PITCH IN FOR BASEBALL Part J. General Information on Grants and Assistance Name of the organization

s I

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of ((b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMMANACO DELEMANTE OCA						SHOOTE	
1000 ELYSIAN PARK AVE.						BASEBALLS, BATS,	BASEBALLS, BATS, BASEBALL PROGRAM
LOS ANGELES, CA 90012			0	39,479.	PMV	HELMETS, ETC.	EXPANSION FOR NEEDY
ATLANTA BRAVES RBI/BROWNS MILL RBI						GLOVES,	
755 HANK AARON DRIVE						BASEBALLS, BATS,	BASEBALLS, BATS, BASEBALL PROGRAM
ATLANTA, GA 30315		ļ	0.	26,587.	FMV	HELMETS, ETC.	EXPANSION FOR NEEDY
CITY OF LOS ANGELES						GLOVES,	
1000 ELYSIAN PARK AVE.						BASEBALLS, BATS,	BASEBALLS, BASEBALL PROGRAM
LOS ANGELES, CA 90012			0	25,589.	<u>rw</u> v	HBLMETS, ETC.	EXPANSION FOR MEEDY
ATERALI STUDILI BELL STA						GLOVES,	
725 JULY TABO NE						BASEBALLS, BATS,	BASEBALLS, BATS, BASEBALL PROGRAM
ALBUQUERQUE, NM 87123			0.	13,876,	ĘMV.	HELMETS, ETC.	EXPANSION FOR NEEDY
ditagn commit acre united						GLOVES,	
9518 S. AVALON AVE.			·			BASEBALLS, BATS,	BATS, BASEBALL PROGRAM
CHICAGO, IL 60628		Ī	0.	12,136.	PMV	HELMETS, ETC.	EXPANSION FOR NEEDY
WASHINGTON PARK LITTLE LEAGUE						GLOVES,	
45 RAVINE AVENUE, APT, 104						BASEBALLS, BATS,	BASEBALL I
JERSEY CITY NJ 07307			0.	10,563,	FMV	HELMETS ETC.	EXPANSION FOR NEEDY
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	ne line 1 table				11.
A Charles of the Control of the Cont	A Kata d in the Catal	4.0010					•

3 Enter total number of other organizations listed in the line 1 table.

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

Schedule I (Form 990) (2015)

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Page 1		<u> </u>					h -			orm 990)
86-1141299		(h) Purpose of grant or assistance	BASEBALL PROGRAM EXPANSION FOR NEEDY	BASEBALL PROGRAM EXPANSION FOR NEEDY	BATS, BASEBALL PROGRAM	BASEBALL PROGRAM EXPANSION FOR NEEDX	BASEBALL PROGRAM EXPANSION FOR NEEDY			Schedule I (Form 990)
	art 11.)	(g) Description of non-cash assistance	GLOVES, BASEBALLS, BATS, HELMETS, ETC.	GLOVES, BASEBALLS, BATS, HELMETS, ETC.	GLOVES, BASEBALLS, BATS, HELMEYS, ETC,	GLOVES, BASEBALLS, BATS, RELMETS, ETC,	BATTIŅG GLOVE <i>S.</i>			
	nedule 1 (Form 990), Pa	(f) Method of valuation (book, FMV, appraisal, other)	ΔW.X	FMV	VMT.	VMY	FMV			
	nited States (Sci	(e) Amount of non-cash assistance	8,401	8,052.	5,722	5, 643	5,009			
SALL	nizations in the U	(d) Amount of cash grant	0	0	0	0	0			
	vernments and Orga	(c) IRC section if applicable								
IN FOR BASEBALL	Assistance to Go	(b) EIN								
Scheduje (Form 990) PITCH IN	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	(a) Name and address of organization or government	INNER CITY LITTLE LEAGUE 15535 BALTINGLASS COURT CHARLOTTE NC 28273	BUILDING COMMUNITIES & FAMILIES 2212 COLES AVENUE SCOTCH PLAINS, NJ 07076	EAST ORANGE RECREATION DEPARTMENT 1 FELLOWSHIP CIRCLE EAST ORANGE, NJ 07017	MLB UYA 1000 ELYSIAN PARK AVE, LOS ANGELES, CA 90012	DODGERS REI 1000 ELTSIAN PARK AVE. LOS ANGELES CA 90012			

Schedule I (Form 990) (2015) PITCH IN FOR BASEBALL

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

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

Page 2

86-1141299

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					9 9 9 9 9 9 9
Part IV Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	uired in Part I, line	e 2, Part III, column	(b), and any other ac	dditional information.	
PART I, LINE 2: MONTRODING IS DEPRORMED VIA CORRESPONDANCE WITH RECEIPTENT ORGANIZATIONS	PONDANCE	WITH RECE	TPTENT ORG	ANIZATIONS	
THAT THE BASEBALL EQUIPMENT WAS RECEIVED AND USED BY	CEIVED A	ND USED BY	THE ORGAN	THE ORGANIZATION TO	
DISTRIBUTE TO NEEDY CHILDREN					
			:		

Schedule I (Form 990) (2015)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

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

Inspection Employer identification number

Schedule M (Form 990) (2015)

	PITCH IN FOR	BASEB	ALL	·	8	6-11412	99	
Par	t I Types of Property							
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determinir ontribution am		,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods		William Street					
6	Cars and other vehicles							
7	Boats and planes				ļ <u>.</u>			<u> </u>
8	Intellectual property				<u> </u>			
9	Securities - Publicly traded	X	3	10,686.	PRICE PE	R SHARE	<u> </u>	<u>г s</u>
10	Securities - Closely held stock				ļ			
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous				•			
13	Qualified conservation contribution - Historic structures							•
14	Qualified conservation contribution · Other				İ			
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other		<u>'</u>					
18	Collectibles							
19	Food inventory			· -				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		<u> </u>					
23	Scientific specimens							
24	Archeological artifacts							
25	Other (BASEBALL EQUI)	Х	205	776,083	USED VAI	UE OF	EOU:	IPM
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29	=			
	m to the state of			or and to Book I through the co-	- l- 00 dl 14	86, 51	Yes	No
30a	During the year, did the organization receive k	•		•	-			
	must hold for at least three years from the dai			· · · · · · · · · · · · · · · · · · ·			2504	\$1.00 ***********************************
	exempt purposes for the entire holding period	13			444++144++-+++++	30a l	zańci.	X
b	If "Yes," describe the arrangement in Part II.				4!0		38/35/7/1	.46500 32
31	Does the organization have a gift acceptance					31		X
32a	-							v
						32a	(A. 18.58)	X
b	If "Yes," describe in Part 1.	aabumu t-Y	fana hwa af ar	- ۱۰ (د/ مندینا دم مامامان برمای باست	la a al ca al		40	
33	If the organization did not report an amount in	i coiumn (c)	ior at type or prope	arty for which column (a) is c	пескеа,		453	

Schedule M	(Form 990) (2015)	PITCH	IN FO	R	BASEBALL	86-1141299	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informat I, column (b Iditional info	ໄວກ. Prov), the num mation.	ide t ber d	the information required by Part I, lines 30b, 32b, and 3 of contributions, the number of items received, or a co	33, and whether the organiza mbination of both. Also comp	tion plete
							
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection Internal Revenue Service Employer identification number Name of the organization 86-1141299 PITCH IN FOR BASEBALL FORM 990, PART VI, SECTION B, LINE 11: BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS AND FINANCIAL REPORTS/FILINGS ARE AVAILABLE UPON REQUEST OF THE ORGANIZATION FORM 990, PART XI, LINE 1 MODIFIED CASH METHOD OF ACCOUNTING FORM 990, PART VII, LINE 1A \$17,000 OF THE W-2 COMP TO DAVID RHODE, EXEC. DIRECTOR, WAS ACCRUED IN 2008

Asset	Description of property										
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction			
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4562

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) show⊓ on return

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

Business or activity to which this form relates

Identifying number

		l I				1	
PITCH IN FOR BASEBALI		FOR	M 990 PA	AGE 10		86-1141299	
Part I Election To Expense Cartain Prop				·	V before y		
1 Maximum amount (see instructions)					1	500,000.	
2 Total cost of section 179 property pla	aced in service (see In	structions)			2		
3 Threshold cost of section 179 proper		2,000,000.					
4 Reduction in limitation. Subtract line 3							
5 Dollar limitation for tax year, Subtract line 4 from li							
6 (a) Description of	property	(b) Cost (busin	ess use only)	(c) Elected	oost		
				·		医神经畸形 李茅庄	
·							
7 Listed property. Enter the amount fro	m line 29		7				
8 Total elected cost of section 179 proj	perty. Add amounts i	n column (c), lines 6 and	7		8	L	
9 Tentative deduction. Enter the smalle	er of line 5 or tine 8				9		
10 Carryover of disallowed deduction from							
	1 Business income Ilmitation. Enter the smaller of business income (not less than zero) or line 5						
12 Section 179 expense deduction. Add							
13 Carryover of disallowed deduction to							
Note: Do not use Part II or Part III below	for listed property. In	stead, use Part V.					
Part II Special Depreciation Allow	vance and Other De	preciation (Do not inclu	de listed prope	rty.)			
14 Special depreciation allowance for qu	ualified property (other	er than listed property) pi	aced in service	during			
the tax year	************************				14		
15 Property subject to section 168(f)(1)							
16 Other depreciation (including ACRS)					16	"	
Part III MACRS Depreciation (Do							
		Section A	-				
17 MACRS deductions for assets placed	d in service in tax yea	rs beginning before 201	5		17	464.	
18 If you are electing to group any assets placed in s	-			🕨 🗀			
Section B - Asse	ts Placed in Service	During 2015 Tax Year	Jsing the Gen	eral Deprecia	ition Syst	em	
(a) Classifloation of property	(b) Month and year placed in service	(c) Basis for depreciation(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a 3-year property							
b 5-year property		1,928.	5 YRS.	MQ	200DE	456.	
c 7-year property		3,700.	7 YRS.	MQ	200DE	132.	
d 10-year property							
e 15-year property			.				
f 20-year property				7			
g 25-year property			25 yrs.		S/L		
	/		27.5 yrs,	ММ	S/L		
h Residential rental property	/		27.5 yrs.	ММ	S/L		
	/		39 yrs.	MM	S/L		
 Nonresidential real property 	/			ММ	S/L	., .,	
Section C - Assets	Placed in Service [During 2015 Tax Year U	sing the Alterr			stem	
20a Class life			Ī		S/L		
b 12-year			12 yrs.	·	S/L		
c 40-year	1		40 yrs.	MM	S/L	<u> </u>	
Part IV Summary (See instructions.	.)						
21 Listed property. Enter amount from li	00				21	T	
22 Total. Add amounts from line 12, line				****	···· - <u>#-</u> -		
Enter here and on the appropriate line			•	r.	22	1,052.	
•	•		333,110			148 0 D D D 1 0 0 0 0	
23 For assets shown above and placed	•	current year, enter the	00				

PITCH IN FOR BASEBALL Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for enter Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (c) (e) (a) Date Business/ Basis for depreciation Elected Type of property Cost or Recovery Method/ Depreciation placed in investment (business/trivestment section 179 (list vehicles first) other basis period Convention deduction use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L -S/L -% % S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles, (a) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven_____ 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Nα Yes No Yes Νo Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI | Amortization (a) (d) (f) (e) Date amortization begins Description of costs Amortizable amount Amortization period or percentage 42 Amortization of costs that begins during your 2015 tax year: 43 Amortization of costs that began before your 2015 tax year 43

44

44 Total. Add amounts in column (f). See the instructions for where to report