

Form **8868**
(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. PITCH IN FOR BASEBALL AND SOFTBALL	Taxpayer identification number (TIN) 86-1141299
	Number, street, and room or suite no. If a P.O. box, see instructions. 21 BON AIR DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WARMINSTER, PA 18974	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **MEREDITH KIM**
21 BON AIR DRIVE - WARMINSTER, PA 18974

Telephone No. **(267) 263-4069** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

Form **8868** (Rev. 1-2024)

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PITCH IN FOR BASEBALL AND SOFTBALL		D Employer identification number 86-1141299
	Doing business as PITCH IN FOR BASEBALL & SOFTBALL		E Telephone number 267-263-4069
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 8,707,486.
	21 BON AIR DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WARMINSTER, PA 18974		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: MEREDITH KIM SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PIFBS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2005 M State of legal domicile: PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE BASEBALL AND SOFTBALL EQUIPMENT FOR THE ECONOMICALLY DISADVANTAGED AND UNDER-RESOURCED		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	250
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,232,496.	8,692,422.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17.	2,339.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-868.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,232,513.	8,693,893.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,299,942.	8,385,336.
	14 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)	395,947.	454,821.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	59,643.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	531,335.	663,954.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,227,224.	9,504,111.	
19 Revenue less expenses. Subtract line 18 from line 12	-994,711.	-810,218.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,834,530.	End of Year 2,901,906.
	21 Total liabilities (Part X, line 26)	717,559.	595,153.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,116,971.	2,306,753.

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 <i>Meredith Kim</i>	Date 10/28/2024			
Signature of preparer <i>Danielle NIHILL</i>	Date 10/28/24			
Sign Here MEREDITH KIM, CEO Type or print name and title				
Paid Preparer Use Only				
Print/Type preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 10/28/24	Check if self-employed <input type="checkbox"/>	PTIN P01350943
Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749		Phone no. (781) 982-1001	
Firm's address 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169				

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: PITCH IN FOR BASEBALL AND SOFTBALL (PIFBS) HELPS GIVE THE GIFT OF PLAY AND CONTRIBUTES TO POSITIVE YOUTH DEVELOPMENT BY PROVIDING EQUIPMENT TO THE ECONOMICALLY DISADVANTAGED AND UNDER-RESOURCED CHILDREN AROUND THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 9,294,156. including grants of \$ 8,385,336.) (Revenue \$) PITCH IN FOR BASEBALL & SOFTBALL REMOVES EQUIPMENT AS A BARRIER TO PARTICIPATION AND PROMOTES YOUTH DEVELOPMENT BY INCREASING ACCESS TO THE GAME FOR UNDERPRIVILEGED CHILDREN AROUND THE WORLD. OVER THE PAST 19 YEARS, PITCH IN FOR BASEBALL & SOFTBALL HAS DONATED MORE THAN \$30 MILLION WORTH OF EQUIPMENT TO HELP NEARLY 2 MILLION CHILDREN PLAY BALL. SINCE 2005, PIFBS HAS BEEN COMMITTED TO ENSURING CHILDREN LIVING UNDER A VARIETY OF DIFFERENT CIRCUMSTANCES ARE ABLE TO ACCESS THE GAME. PRIORITIZING THOSE MOST IN NEED, PIFBS ACHIEVES ITS MISSION THROUGH FOUR CORE STRATEGIES: DOMESTIC AND INTERNATIONAL EQUIPMENT GRANTS THESE GRANTS ARE A BLEND OF NEW AND USED EQUIPMENT AND DESIGNED TO HELP LEAGUES, TEAMS, AND COMMUNITY ORGANIZATIONS AROUND THE GLOBE RECEIVE THE PROPER EQUIPMENT TO PLAY BASEBALL AND SOFTBALL.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 9,294,156.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 9		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 8		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	

Section 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed PA, CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 - (267)263-4069
21 BON AIR DRIVE, WARMINSTER, PA 18974

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEREDITH KIM CEO	50.00			X			125,000.	0.	4,474.	
(2) STEVEN BIZON COO	2.00	X		X			73,500.	0.	4,474.	
(3) TERRY SMITH PRESIDENT	2.00	X		X			0.	0.	0.	
(4) SUSAN LOWE CFO	5.00	X		X			0.	0.	0.	
(5) DAVID ICKES SECRETARY/DIRECTOR	2.00	X		X			0.	0.	0.	
(6) SYDNEY GINSBERG DIRECTOR	2.00	X					0.	0.	0.	
(7) MICHAEL MARKOVICH DIRECTOR	2.00	X					0.	0.	0.	
(8) CATHY MCINDOO DIRECTOR	2.00	X					0.	0.	0.	
(9) ALLISON PARSELL DIRECTOR	2.00	X					0.	0.	0.	
(10) BILL PISZEK DIRECTOR THRU 08/2023	2.00	X					0.	0.	0.	
(11) DAN SHERIDAN DIRECTOR	2.00	X					0.	0.	0.	

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	5,502.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,686,920.				
	g Noncash contributions included in lines 1a-1f	1g	\$6,224,810.				
	h Total. Add lines 1a-1f		8,692,422.				
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,339.			2,339.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 5,502. of contributions reported on line 1c). See Part IV, line 18	8a		12,725.				
			13,593.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-868.			-868.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			8,693,893.	0.	0.	1,471.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,738,946.	7,738,946.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	646,390.	646,390.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	207,448.	169,857.	27,219.	10,372.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	203,896.	165,538.	23,652.	14,706.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,676.	7,799.	1,184.	693.
10 Payroll taxes	33,801.	27,553.	4,179.	2,069.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,626.		7,626.	
c Accounting	31,940.		31,940.	
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.)	33,148.	2,084.	22,947.	8,117.
12 Advertising and promotion	16,375.	16,375.		
13 Office expenses	44,608.	35,883.	6,972.	1,753.
14 Information technology	8,845.	8,845.		
15 Royalties				
16 Occupancy	153,252.	150,399.	1,938.	915.
17 Travel	53,085.	53,085.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,651.		5,651.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,581.	1,581.		
23 Insurance	24,885.	20,677.	2,846.	1,362.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT DELIVERY	208,223.	208,223.		
b EVENT EXPENSES	19,656.			19,656.
c REPAIRS/MAINTENANCE	17,136.	17,136.		
d WAREHOUSE COSTS	2,065.	2,065.		
e All other expenses	35,878.	21,720.	14,158.	
25 Total functional expenses. Add lines 1 through 24e	9,504,111.	9,294,156.	150,312.	59,643.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	33,898.	1	16,225.
	2 Savings and temporary cash investments	1,400.	2	5,593.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,189,600.	8	2,385,930.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,688.		
	b Less: accumulated depreciation	10b 32,824.	11,765.	10c 1,864.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	597,867.	15	492,294.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,834,530.	16	2,901,906.	
Liabilities	17 Accounts payable and accrued expenses	156,964.	17	135,439.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	560,595.	25	459,714.
	26 Total liabilities. Add lines 17 through 25	717,559.	26	595,153.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,988,615.	27	2,072,864.
	28 Net assets with donor restrictions	128,356.	28	233,889.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,116,971.	32	2,306,753.
	33 Total liabilities and net assets/fund balances	3,834,530.	33	2,901,906.

Part 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	8,693,893.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,504,111.
3	Revenue less expenses. Subtract line 2 from line 1	3	-810,218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,116,971.
5	Net unrealized gains (losses) on investments	5	
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,306,753.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1497605.	1261177.	3556738.	2232496.	8705147.	17253163.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1497605.	1261177.	3556738.	2232496.	8705147.	17253163.
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)						7279575.
6 Public support. Subtract line 5 from line 4.						9973588.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1497605.	1261177.	3556738.	2232496.	8705147.	17253163.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1.	9.	210.	17.	2,339.	2,576.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	3,374.	600.				3,974.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17259713.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	57.79	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	79.16	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 additional information. (See instructions.)

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

PITCH IN FOR BASEBALL AND SOFTBALL

Employer identification number

86-1141299

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,080,157.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
<u>1</u>	BASEBALL AND SOFTBALL EQUIPMENT _____ _____ _____	\$ <u>6,080,157.</u>	<u>12/18/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
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Part III 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 completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
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	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PITCH IN FOR BASEBALL AND SOFTBALL Employer identification number 86-1141299

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		3,539.	3,539.	0.
d Equipment		23,174.	21,310.	1,864.
e Other		7,975.	7,975.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,864.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT OF USE	462,388.
(2) DEPOSITS	29,906.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	492,294.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	459,714.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	459,714.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	8,718,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	10,658.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		10,658.
3	Subtract line 2e from line 1		3	8,707,486.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-13,593.	
c	Add lines 4a and 4b	4c		-13,593.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	8,693,893.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	9,528,362.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,658.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	13,593.	
e	Add lines 2a through 2d	2e		24,251.
3	Subtract line 2e from line 1		3	9,504,111.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,504,111.

Part XIII Supplemental Information

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

PART X, LINE 2:

PIFBS IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION (IRC) SECTION 501(C)(3) AND APPLICABLE STATE LAW. THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. IF PIFBS WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON INCOME TAX WOULD BE REPORTED AS INCOME TAXES. THERE ARE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2023.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES -13,593.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES 13,593.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2023

Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		5,376,243.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		0.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		0.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		0.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		0.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		978,184.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	NON-CASH GRANTS TO RECIPIENT ENTITIES		27,203.
3 a Subtotal	0	0			6,381,630.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			6,381,630.

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

Schedule F (Form 990) 2023

Part II 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	FASTPITCH SOFTBALL	0.	N/A	6,793.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	BASEBALL AND SOFTBALL EQUIPMENT FOR KIDS	0.	N/A	13,180.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	BASEBALL AND SOFTBALL EQUIPMENT FOR KIDS	0.	N/A	27,203.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	9,785.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROGRAM EXPANSION	0.	N/A	978,184.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	FUNDED PROGRAM	0.	N/A	71,838.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	44,127.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	3536967.	BASEBALL AND SOFTBALL EQUIPMENT	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3

3 Enter total number of other organizations or entities 9

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	42,187.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	66,295.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	1477629.	BASEBALL AND SOFTBALL EQUIPMENT	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROGRAM EXPANSION	0.	N/A	107,442.	BASEBALL AND SOFTBALL EQUIPMENT	FMV

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.

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 the Instructions for Form 926)* Yes 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 Certain Foreign Corporations (see the Instructions for Form 5471)* Yes 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 the Instructions for Form 8621)* Yes 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 the Instructions for Form 8865)* Yes 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

PITCH IN FOR BASEBALL AND SOFTBALL STAYS IN CONTACT WITH EQUIPMENT GRANT RECIPIENTS TO ENSURE THE DONATED EQUIPMENT IS UTILIZED CORRECTLY. GRANTEES ARE REQUIRED TO COMPLETE IMPACT REPORTS AND SEND PHOTOS.

PART I, LINE 3:

EXPENDITURES ARE ACCOUNTED FOR VIA PHYSICAL COUNT RECORDS OF EQUIPMENT SHIPPED TO EACH RECEIVING ORGANIZATION AND THE ALLOCATED INVENTORY VALUE OF EACH SHIPMENT IS CALCULATED.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **PITCH IN FOR BASEBALL AND SOFTBALL** Employer identification number **86-1141299**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF EVENT (event type)	(event type)	NONE (total number)	
Revenue	1	18,227.			18,227.
	2	5,502.			5,502.
	3	12,725.			12,725.
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	13,593.			13,593.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-868.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **PITCH IN FOR BASEBALL AND SOFTBALL** Employer identification number **86-1141299**

Part I General Information on Grants and Assistance

- 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? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DODGERS RBI 1000 VIN SCULLY AVE LOS ANGELES, CA 90012	95-4623022	501(C)3	0.	169,800.	FAIR MARKET VALUE	GLOVES	FUNDED PROGRAM
JR GIANTS SUPP BASEBALL 24 WILLIE MAYS PL SAN FRANCISCO, CA 94107	94-3200061	501(C)3	0.	45,631.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
MINNEAPOLIS TWINS RBI 3101 BRYANT AVE S MINNEAPOLIS, MN 55408	41-1697280	501(C)3	0.	24,050.	FAIR MARKET VALUE	GLOVES	FUNDED PROGRAM
ST. PAUL TWINS RBI 1500 RICE STREET ST. PAUL, MN 55117	41-1697280	501(C)3	0.	24,025.	FAIR MARKET VALUE	GLOVES	FUNDED PROGRAM
COUNTY SOUTH BASEBALL 12910 ATHENS WAY LOS ANGELES, CA 90061	95-4623022	501(C)3	0.	23,237.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
LUCAS GILBREATH BASEBALL 13445 MAGNOLIA CT THORNTON, CO 80602	13-3549861	501(C)3	0.	19,677.	FAIR MARKET VALUE	BASEBALL AND GLOVES	PROGRAM EXPANSION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **55.**

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

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) **PITCH IN FOR BASEBALL AND SOFTBALL**

86-1141299

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO- RECREATION & PARKS BASEBALL - 799 MOSCOW STREET - SAN FRANCISCO, CA 94112	94-3200061	501(C)3	0.	19,295.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
JR GIANTS SUPP SOFTBALL 24 WILLIE MAYS PL SAN FRANCISCO, CA 94107	94-3200061	501(C)3	0.	16,470.	FAIR MARKET VALUE	SOFTBALL, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
CITY OF CLEVELAND, DIVISION OF RECREATION BASEBALL - 601 LAKESIDE AVENUE - CLEVELAND, OH 44114	34-1618536	501(C)3	0.	15,265.	FAIR MARKET VALUE	BASEBALL GLOVES BATS	FUNDED PROGRAM
LOYAL TO MY SOIL BASEBALL 150 OAKGATE DRIVE DANVILLE, CA 94506	13-3549861	501(C)3	0.	13,480.	FAIR MARKET VALUE	BASEBALLS GLOVES BGS	FUNDED PROGRAM
PASADENA GIRL'S SOFTBALL 4950 BURKE RD HOUSTON, TX 77504	76-0492296	501(C)3	0.	13,413.	FAIR MARKET VALUE	SOFTBALLS CATCHER'S GEAR BAGS	FUNDED PROGRAM
DODGERS RBI BASEBALL 1000 VIN SCULLY AVE LOS ANGELES, CA 90012	95-4623022	501(C)3	0.	13,156.	FAIR MARKET VALUE	CATCHER'S GEAR, BATS, BAGS, BUCKETS, TEES	FUNDED PROGRAM
SAN FRANCISCO- RECREATION & PARKS (ACADEMY) BASEBALL - 799 MOSCOW STREET - SAN FRANCISCO, CA 94112	94-3200061	501(C)3	0.	11,702.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
LONG BEACH BASEBALL 2760 N STUDEBAKER ROAD LONG BEACH, CA 90815	95-4623022	501(C)3	0.	11,436.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
COUNTY SOUTH SOFTBALL 12910 ATHENS WAY LOS ANGELES, CA 90061	95-4623022	501(C)3	0.	11,386.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM

Schedule I (Form 990)

Schedule I (Form 990)

PITCH IN FOR BASEBALL AND SOFTBALL

86-1141299

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRENTWOOD BASEBALL 35 OAK STREET BRENTWOOD, CA 94513	94-3200061	501(C)3	0.	10,672.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
MAJOR LEAGUE BASEBALL YOUTH ACADEMY BASEBALL - 901 E ARTESIA BLVD - COMPTON, CA 90221	95-4623022	501(C)3	0.	10,194.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
ROD DEDEAUX FOUNDATION 1430 S EASTMAN AVE LOS ANGELES, CA 90023	20-4084224	501(C)3	0.	9,000.	FAIR MARKET VALUE	BAGS	PROGRAM EXPANSION
HOLLISTER BASEBALL 300 WEST ST HOLLISTER, CA 95023	94-3200061	501(C)3	0.	8,629.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
CACTUS LITTLE LEAGUE 5410 EAST HOLMES STREET TUCSON, AZ 85711	23-1688231	501(C)3	0.	8,540.	FAIR MARKET VALUE	BASEBALLS, CATCHER'S GEAR, HELMETS, BATS, BATTING	PROGRAM EXPANSION
PORTERVILLE AFTERSCHOOL PROGRAM BASEBALL - 15 E. THURMAN AVE., PORTERVILLE - PORTERVILLE, CA 93257	94-3200061	501(C)3	0.	8,087.	FAIR MARKET VALUE	GLOVES BAGS	FUNDED PROGRAM
MANTECA BASEBALL 252 MAGNOLIA AVE MANTECA, CA 95337	94-3200061	501(C)3	0.	7,834.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
NORTH TYLER BASEBALL 159 LETHA COURT TYLER, TX 75702	13-3549861	501(C)3	0.	7,806.	FAIR MARKET VALUE	BASEBALL, MITTS CATCHER'S GEAR	FUNDED PROGRAM
KEARNY MESA LITTLE LEAGUE 3436 ARGYLE STREET SAN DIEGO, CA 92111	23-1688231	501(C)3	0.	7,738.	FAIR MARKET VALUE	BASEBALLS, GLOVES, CATCHERS GEAR, BATS, PANTS	PROGRAM EXPANSION

Schedule I (Form 990)

Schedule I (Form 990)

PITCH IN FOR BASEBALL AND SOFTBALL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUCK LEONARD ASSOCIATION FOR SPORTS & HUMAN ENRICHMENT BASEBALL - 148 S. WASHINGTON STREET, SUITE 107 - ROCKY MOUNT, NC 27801	13-3549861	501(C)3	0.	7,454.	FAIR MARKET VALUE	GLOVES, CATCHER'S GEAR, BATS, PANTS	FUNDED PROGRAM
SACRAMENTO BASEBALL 4623 T STREET SACRAMENTO, CA 95919	94-3200061	501(C)3	0.	7,254.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
FERNLEY BASEBALL 396 US HWY 95A S STE 401 FERNLEY, NV 89408	94-3200061	501(C)3	0.	7,164.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
LIVINGSTON BASEBALL 1416 C STREET LIVINGSTON, CA 95334	94-3200061	501(C)3	0.	7,090.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
LOMITA LITTLE LEAGUE BASEBALL 26800 S WESTERN AVE LOMITA, CA 90717	94-3200061	501(C)3	0.	7,090.	FAIR MARKET VALUE	BATTING GLOVES, BUCKETS, BATS, CATCHER'S	FUNDED PROGRAM
PSL LITTLE LEAGUE SOFTBALL 31 PIAZZA DRIVE PORT ST. LUCIE, FL 34986	86-1432100	501(C)3	0.	7,051.	FAIR MARKET VALUE	TEAM KITS SOFTBALL	FUNDED PROGRAM
CITRUS HEIGHTS BASEBALL 7801 AUBURN BLVD. CITRUS HEIGHTS, CA 95610	94-3200061	501(C)3	0.	6,843.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
OCTORARA AREA LITTLE LEAGUE 325 N. BRIDGE STREET PARKESBURG, PA 17509	23-1688231	501(C)3	0.	6,814.	FAIR MARKET VALUE	GLOVES CATCHER'S GEAR HELMETS BAGS BUCKETS	PROGRAM EXPANSION
ANTIOCH BASEBALL 4703 LONE TREE WAY ANTIOCH, CA 94531	94-3200061	501(C)3	0.	6,679.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM

Schedule I (Form 990)

Schedule I (Form 990)

PITCH IN FOR BASEBALL AND SOFTBALL

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN BRUNO BASEBALL 2481 FLEETWOOD DRIVE SAN BRUNO, CA 94066	94-3200061	501(C)3	0.	6,561.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
MERCED (THE CITY OF MERCED) BASEBALL - 678 W 18TH ST - MERCED, CA 95340	94-3200061	501(C)3	0.	6,443.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
LONG BEACH SOFTBALL 2760 N STUDEBAKER ROAD LONG BEACH, CA 90815	94-3200061	501(C)3	0.	6,248.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
MAJOR LEAGUE BASEBALL YOUTH ACADEMY SOFTBALL - 901 E ARTESIA BLVD - COMPTON, CA 90221	95-4623022	501(C)3	0.	6,204.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
ST. LOUIS CARDINALS RBI SOFTBALL 700 CLARK AVE ST. LOUIS, MO 63102	43-1768625	501(C)3	0.	6,052.	FAIR MARKET VALUE	GLOVES, CATCHER'S GEAR, HELMETS, BATS, BAGS	FUNDED PROGRAM
DALY CITY BASEBALL 111 LAKE MERCED BLVD. DALY CITY, CA 94015	94-3200061	501(C)3	0.	5,988.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
PLATTSMOUTH BASEBALL ASSOCIATION PO BOX 54 PLATTSMOUTH, NE 68048	83-2373459	501(C)3	0.	5,881.	FAIR MARKET VALUE	BASBEALLS, GLOVES, MITTS, CATCHER SETS, HELMETS, BATS,	FUNDED PROGRAM
CLEARLAKE BASEBALL 14050 OLYMPIC DRIVE CLEARLAKE, CA 95422	94-3200061	501(C)3	0.	5,822.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
SAN JOSE FMCI BASEBALL 3975 MIRA LOMA WAY SAN JOSE, CA 95111	94-3200061	501(C)3	0.	5,801.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **PITCH IN FOR BASEBALL AND SOFTBALL**

86-1141299

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PITTSBURG BASEBALL 65 CIVIC AVE PITTSBURG, CA 94565	94-3200061	501(C)3	0.	5,770.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
CHICO BASEBALL 775 EAST 16TH ST CHICO, CA 95928	94-3200061	501(C)3	0.	5,676.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
YMCA BASEBALL 4801 58TH ST MAYWOOD, CA 90270	95-4623022	501(C)3	0.	5,663.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
ST. LOUIS CARDINALS RBI BASEBALL 700 CLARK AVE ST. LOUIS, MO 63102	43-1768625	501(C)3	0.	5,529.	FAIR MARKET VALUE	GLOVES, CATCHER'S GEAR, HELMETS, BATS, BAGS	FUNDED PROGRAM
PSL NATIONAL LITTLE LEAGUE BASEBALL - 31 PIAZZA DRIVE - PORT ST. LUCIE, FL 34986	86-1432100	501(C)3	0.	5,297.	FAIR MARKET VALUE	TEAM KITS BASEBALL	FUNDED PROGRAM
SAN FRANCISCO- HUNTERS POINT BASEBALL - 380 FULTON STREET - SAN FRANCISCO, CA 94102	94-3200061	501(C)3	0.	5,273.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
LYNWOOD PARK BASEBALL 11301 BULLIS RD LYNWOOD, CA 90262	94-3200061	501(C)3	0.	5,204.	FAIR MARKET VALUE	MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS,	FUNDED PROGRAM
STOCKTON BASEBALL 1760 E SONORA ST STOCKTON, CA 95205	94-3200061	501(C)3	0.	5,202.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
PSL AMERICAN LITTLE LEAGUE BASEBALL - 31 PIAZZA DRIVE - PORT ST. LUCIE, FL 34986	86-1432100	501(C)3	0.	5,195.	FAIR MARKET VALUE	TEAM KITS BASEBALL	FUNDED PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNING BASEBALL 794 THIRD ST CORNING, CA 96021	94-3200061	501(C)3	0.	5,181.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
GREENFIELD BASEBALL 1351 OAK AVENUE GREENFIELD, CA 93927	94-3200061	501(C)3	0.	5,009.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
ORIOLE ADVOCATES BASEBALL 12870 MCCREADY RD LUSBY, MD 20657	52-0848237	501(C)3	0.	11,901.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM
PUERTO RICO AMAZIN' METS PROGRAM BASEBALL - 41 SEAVER WAY - FLUSHING, NY 11368	86-1432100	501(C)3	0.	43,524.	FAIR MARKET VALUE	BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS,	FUNDED PROGRAM

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL APPLICATIONS ARE VETTED BY THE DIRECTOR OF PARTNERSHIPS AND THE MANAGER OF PROGRAMS & OPERATIONS TO ENSURE THAT GRANTEES FIT OUR TARGET DEMOGRAPHIC. STAFF FOLLOW UP WITH APPLICANTS TO MAKE SURE THEY ARE ASKING FOR THE RIGHT TYPE AND RIGHT AMOUNT OF EQUIPMENT. PROGRAM STAFF THEN DETERMINE, BASED ON OUR INVENTORY SYSTEM, WHAT IS AVAILABLE FOR DISTRIBUTION AND CREATES A LIST OF EQUIPMENT TO BE GIVEN TO EACH GROUP. FOR PROJECTS THAT WE RECEIVE FUNDING FOR, BUDGETS ARE DEVELOPED FOR EACH AND THE CEO AND DIRECTOR OF PARTNERSHIPS WORK TOGETHER TO ENSURE THAT IS MET.

Part IV Supplemental Information

PIFBS REQUIRES RECIPIENTS TO FOLLOW-UP WITH HOW ALL GRANTS RECEIVED WERE LIMITED TO CHARITABLE USES THAT WOULD QUALIFY UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), EVEN IF THE ENTITY IS NOT A 501(C)(3) PUBLIC CHARITY.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: JR GIANTS SUPP BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, NETS, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: COUNTY SOUTH BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO- RECREATION & PARKS BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, NETS, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: JR GIANTS SUPP SOFTBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: SOFTBALL, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, NETS, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT:

SAN FRANCISCO- RECREATION & PARKS (ACADEMY) BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, NETS, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: LONG BEACH BASEBALL

Part IV Supplemental Information

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: COUNTY SOUTH SOFTBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: BRENTWOOD BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT:

MAJOR LEAGUE BASEBALL YOUTH ACADEMY BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS, HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: HOLLISTER BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: CACTUS LITTLE LEAGUE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, CATCHER'S GEAR, HELMETS, BATS, BATTING GLOVES, BAGS

NAME OF ORGANIZATION OR GOVERNMENT: MANTECA BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS, C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SACRAMENTO BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: FERNLEY BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: LIVINGSTON BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: LOMITA LITTLE LEAGUE BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BATTING GLOVES, BUCKETS, BATS,
CATCHER'S GEAR, GLOVES

NAME OF ORGANIZATION OR GOVERNMENT: CITRUS HEIGHTS BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: ANTIOCH BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: SAN BRUNO BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MERCED (THE CITY OF MERCED) BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: LONG BEACH SOFTBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS,
HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT:

MAJOR LEAGUE BASEBALL YOUTH ACADEMY SOFTBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS,
HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: DALY CITY BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: PLATTSMOUTH BASEBALL ASSOCIATION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASBEALLS, GLOVES, MITTS,
CATCHER SETS, HELMETS, BATS, BAGS

NAME OF ORGANIZATION OR GOVERNMENT: CLEARLAKE BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: SAN JOSE FMCI BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: PITTSBURG BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: CHICO BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS,
HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: SAN FRANCISCO- HUNTERS POINT BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: LYNWOOD PARK BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: MITTS, CATCHER'S GEAR, BATS,
HELMETS, BAGS, TEES AND BUCKETS

NAME OF ORGANIZATION OR GOVERNMENT: STOCKTON BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: CORNING BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GREENFIELD BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT: ORIOLE ADVOCATES BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

NAME OF ORGANIZATION OR GOVERNMENT:

PUERTO RICO AMAZIN' METS PROGRAM BASEBALL

(G) DESCRIPTION OF NON-CASH ASSISTANCE: BASEBALLS, GLOVES, MITTS,
C-SETS, HELMETS, BATS, BAGS, BASES, TEES, BOARDS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **PITCH IN FOR BASEBALL AND SOFTBALL**
Employer identification number: **86-1141299**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>WILSON PANTS</u>)	X	76,581	5,742,809.	FMV
26	Other (<u>GENERAL BASEBAL</u>)	X	13,592	398,231.	FMV
27	Other (<u>HELMETS, BATS,</u>)	X	440	83,770.	FMV
28	Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN THIS COLUMN.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

PITCH IN FOR BASEBALL AND SOFTBALL

Employer identification number

86-1141299

FORM 990, ITEM C, DOING BUSINESS AS:

PITCH IN FOR BASEBALL & SOFTBALL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SCHOOL-BASED PROGRAM LAUNCHED IN 2008, OUR SCHOOL-BASED PROGRAM HELPS

SCHOOLS/DISTRICTS STRETCH LIMITED BUDGETS, REDUCE PARTICIPATION FEES,

AND SHIFT FUNDS TO OTHER AREAS, SUCH AS TRANSPORTATION. PIFBS DELIVERS

FORMAL SCHOOL-BASED PROGRAMS IN PHILADELPHIA, NORTHERN KENTUCKY, AND

MINNEAPOLIS/ST. PAUL AS WELL AS DOZENS OF INDIVIDUAL SCHOOLS BOTH

DOMESTICALLY AND ABROAD. ON AVERAGE, ABOUT 70% OF STUDENTS IMPROVE

THEIR GRADES AND/OR ATTENDANCE DURING THE SEASON. DISASTER RELIEF

PROGRAM IN TIMES OF TRAGEDY, BASEBALL AND SOFTBALL CAN HELP RESTORE A

SENSE OF NORMALCY FOR CHILDREN AMIDST THE CHAOS. PIFBS HAS HELPED

REBUILD TIRE LEAGUES SO THAT THOUSANDS OF KIDS CAN START THEIR SEASONS

ON TIME. PIFBS HAS ASSISTED WITH RELIEF EFFORTS ON THE NEW YORK/NEW

JERSEY SHORELINE FOLLOWING HURRICANE SANDY; JOPLIN, MO; THE GULF COAST

REGION; JAPAN; HOUSTON; PUERTO RICO; AND MORE. TARGETED PROGRAMS PIFBS

RECEIVES FUNDING FROM PARTNERS AND INDUSTRY LEADERS TO DELIVER

PROGRAMMING IN COMMUNITIES OF INTEREST. PIFBS MANAGES ALL COMPONENTS

INCLUDING IDENTIFYING GROUPS IN NEED OF EQUIPMENT WHEN APPROPRIATE,

PROGRAM DEVELOPMENT, AND MEASURING IMPACT BASED ON PARTNERS'

CHARITABLE INTERESTS. SOME CURRENT PARTNERS INCLUDE MAJOR LEAGUE

BASEBALL, LITTLE LEAGUE, THE MLB/MLBPA YOUTH DEVELOPMENT FOUNDATION,

AND WILSON SPORTING GOODS. EACH EQUIPMENT RECIPIENT COMPLETES A REPORT

DETAILING THE IMPACT OF THE DONATION ON THE PROGRAM AND PARTICIPANTS. IN

ADDITION TO THE PROGRAMS, PIFBS ALSO HAS A VERY ACTIVE VOLUNTEER

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
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PROGRAM THANKS TO THE SUPPORT OF NEARLY 100 CHILDREN WHO CHOOSE US AS THEIR CHARITABLE PARTNER FOR YOUTH SERVICE LEARNING PROJECTS, WHETHER FOR SCHOOL SERVICE LEARNING, BAR/BAT MITZVAHS, EAGLE SCOUT PROJECTS, OR SIMPLY SUPPORTING OTHERS PLAY THE GAME WE LOVE. ABOUT 60% OF THE EQUIPMENT PIFBS HAS AVAILABLE TO DISTRIBUTE COMES FROM THE EFFORTS OF MOTIVATED CARING KIDS WHO RUN EQUIPMENT COLLECTIONS AND FUNDRAISE ON PIFBS' BEHALF.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS - PRESIDENT, TREASURER, AND SECRETARY. THE EXECUTIVE COMMITTEE CAN APPROVE EXPENDITURES EXCEEDING \$5,000 THAT NEEDS QUICK APPROVAL. THIS IS NOT USED OFTEN AS IT HAS NOT BEEN NECESSARY.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE 990 IS READY FOR REVIEW, IT IS SHARED WITH BOARD OF DIRECTORS. PIFBS CREATES A SPECIAL BOARD MEETING FOR 990 APPROVAL WHICH BEGINS WITH A PRESENTATION BY THE AUDITING FIRM CLA. FOLLOWING THE PRESENTATION AND FIELDING QUESTIONS FROM THE BOARD, THE BOARD THEN VOTES TO APPROVE THE 990.

FORM 990, PART VI, SECTION B, LINE 12C:

PIFBS HAS A WRITTEN CONFLICT OF INTEREST POLICIES FOR BOARD MEMBERS INCLUDED IN THE BYLAWS AND A POLICY FOR EMPLOYEES THAT IS IN THE EMPLOYEE HANDBOOK. PIFBS ASKS ALL PARTIES TO DISCLOSE IF THERE IS A POTENTIAL CONFLICT OF INTEREST; EMPLOYEES DISCLOSE TO THE CEO AND BOARD MEMBERS DISCLOSE TO THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. THE CEO AND THE INDEPENDENT BOARD MEMBER, RESPECTIVELY, MAKE THE DETERMINATION AS TO WHETHER A CONFLICT EXISTS OR NOT. IF A CONFLICT WERE TO ARISE, THE BOARD

Name of the organization PITCH IN FOR BASEBALL AND SOFTBALL	Employer identification number 86-1141299
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MEMBER WOULD RECUSE THEMSELVES FROM VOTING, THE SELECTION/VETTING PROCESSES, AND ANY INVOLVEMENT IN DECISION MAKING WITH REGARD TO THE CONFLICTED MATTER. FOR EMPLOYEES, STAFF WOULD RECUSE THEMSELVES FROM ALL DECISION MAKING AS WELL AS DIRECT INTERFACE REGARDING PIFBS BUSINESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ANNUAL REPORT IS ALSO POSTED ON THE ORGANIZATION'S WEBSITE.