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Form **990**Department of the Treasury  
Internal Revenue Service301.7508A-1(C)(1) DR-4856-CA  
**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2023**Open to Public  
Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.**A** For the **2023** calendar year, or tax year beginning **SEP 1, 2023** and ending **AUG 31, 2024****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**WESTLAKE BASEBALL ASSOCIATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 7122**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**WESTLAKE VILLAGE, CA 91359****F** Name and address of principal officer: **CHRIS PARKER****SAME AS C ABOVE****D** Employer identification number**77-0181079****E** Telephone number**(805) 300-0190****G** Gross receipts \$**379,030.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.WESTLAKEBASEBALL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1987****M** State of legal domicile: **CA****Part I Summary**

|                             |                                                                                  |                                                                                                                                                                                          |
|-----------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities & Governance     | <b>1</b>                                                                         | Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION PROVIDES FAMILY ENTERTAINMENT AND THE OPPORTUNITY FOR CHILDREN TO LEARN TEAMWORK AND</b> |
|                             | <b>2</b>                                                                         | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                  |
|                             | <b>3</b>                                                                         | Number of voting members of the governing body (Part VI, line 1a) <b>3</b>                                                                                                               |
|                             | <b>4</b>                                                                         | Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>                                                                                                   |
|                             | <b>5</b>                                                                         | Total number of individuals employed in calendar year 2023 (Part V, line 2a) <b>0</b>                                                                                                    |
|                             | <b>6</b>                                                                         | Total number of volunteers (estimate if necessary) <b>85</b>                                                                                                                             |
|                             | <b>7a</b>                                                                        | Total unrelated business revenue from Part VIII, column (C), line 12 <b>0.</b>                                                                                                           |
| <b>7b</b>                   | Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b> |                                                                                                                                                                                          |
| Revenue                     | <b>8</b>                                                                         | Contributions and grants (Part VIII, line 1h) <b>0.</b>                                                                                                                                  |
|                             | <b>9</b>                                                                         | Program service revenue (Part VIII, line 2g) <b>294,716.</b>                                                                                                                             |
|                             | <b>10</b>                                                                        | Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>0.</b>                                                                                                                  |
|                             | <b>11</b>                                                                        | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>26,682.</b>                                                                                                  |
|                             | <b>12</b>                                                                        | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>321,398.</b>                                                                                       |
|                             | Expenses                                                                         | <b>13</b>                                                                                                                                                                                |
| <b>14</b>                   |                                                                                  | Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>                                                                                                                  |
| <b>15</b>                   |                                                                                  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b>                                                                                              |
| <b>16a</b>                  |                                                                                  | Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>                                                                                                                  |
| <b>b</b>                    |                                                                                  | Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>                                                                                                                      |
| <b>17</b>                   |                                                                                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>296,550.</b>                                                                                                             |
| <b>18</b>                   |                                                                                  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>296,550.</b>                                                                                                |
| Net Assets or Fund Balances | <b>19</b>                                                                        | Revenue less expenses. Subtract line 18 from line 12 <b>24,848.</b>                                                                                                                      |
|                             | <b>20</b>                                                                        | Total assets (Part X, line 16) <b>256,378.</b>                                                                                                                                           |
|                             | <b>21</b>                                                                        | Total liabilities (Part X, line 26) <b>0.</b>                                                                                                                                            |
|                             | <b>22</b>                                                                        | Net assets or fund balances. Subtract line 21 from line 20 <b>256,378.</b>                                                                                                               |

**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.

|                        |                                             |                      |                       |                                                 |                  |
|------------------------|---------------------------------------------|----------------------|-----------------------|-------------------------------------------------|------------------|
| Sign Here              | Signature of officer                        | Date                 |                       |                                                 |                  |
|                        | <b>CHRIS PARKER, TREASURER</b>              |                      |                       |                                                 |                  |
| Paid Preparer Use Only | Print/Type preparer's name                  | Preparer's signature | Date                  | Check if self-employed <input type="checkbox"/> | PTIN             |
|                        | <b>SCOTT GILMORE</b>                        |                      |                       |                                                 | <b>P00739477</b> |
| Preparer Use Only      | Firm's name                                 | Firm's EIN           | Phone no.             |                                                 |                  |
|                        | <b>ASCEND TAX AND BUSINESS ADVISORS LLP</b> | <b>92-0691097</b>    | <b>(818) 914-7100</b> |                                                 |                  |
|                        | Firm's address                              |                      |                       |                                                 |                  |
|                        | <b>27001 AGOURA ROAD, SUITE 280</b>         |                      |                       |                                                 |                  |
|                        | <b>CALABASAS, CA 91301</b>                  |                      |                       |                                                 |                  |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES FAMILY ENTERTAINMENT AND THE OPPORTUNITY FOR CHILDREN TO LEARN TEAMWORK AND HONE ATHLETIC SKILLS. THE ORGANIZATION'S PRIMARY PURPOSE IS TO CREATE AND MANAGE A BASEBALL LEAGUE WHERE ITS MEMBERS MAY ENJOY THE OPPORTUNITY FOR INTERLEAGUE

**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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 310,793. including grants of \$ ) (Revenue \$ 311,291. )  
 THE ORGANIZATION RUNS A BASEBALL LEAGUE FOR IN EXCESS OF 750 KIDS 5 YEARS OLD TO 15 YEARS OLD.

**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 310,793.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      |          | <b>X</b> |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          |          | <b>X</b> |
| <b>3</b> 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>                                                                                                                      |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>                                                                                                       |          |          |
| <b>5</b> 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>                                                                                      |          | <b>X</b> |
| <b>6</b> 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>                                                    |          | <b>X</b> |
| <b>7</b> 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>                                                                                            |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         |          | <b>X</b> |
| <b>10</b> 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>                                                                                                                               |          | <b>X</b> |
| <b>11</b> 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.                                                                                                                                                                |          |          |
| <b>a</b> 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>                                                                                                                                                                       |          | <b>X</b> |
| <b>b</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>                                                                                                  |          | <b>X</b> |
| <b>c</b> 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>                                                                                                  |          | <b>X</b> |
| <b>d</b> 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>                                                                                                                     |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     |          | <b>X</b> |
| <b>f</b> 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>                                                            |          | <b>X</b> |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        |          | <b>X</b> |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>b</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> |          | <b>X</b> |
| <b>15</b> 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>                                                                                                           |          | <b>X</b> |
| <b>16</b> 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>                                                                                                     |          | <b>X</b> |
| <b>17</b> 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. See instructions</i>                                                                                             |          | <b>X</b> |
| <b>18</b> 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>                                                                                                                           | <b>X</b> |          |
| <b>19</b> 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>                                                                                                                                                     |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     |          |          |
| <b>21</b> 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>                                                                                            |          | <b>X</b> |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|
| <b>22</b> 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> .....                                                                                                                                                                                        | <b>22</b>  | X  |
| <b>23</b> 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> .....                                                                                                                            | <b>23</b>  | X  |
| <b>24a</b> 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> .....                                                                                                  | <b>24a</b> | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....                                                                                                                                                               | <b>25a</b> | X  |
| <b>b</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> .....                                                                                                               | <b>25b</b> | X  |
| <b>26</b> 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> .....                                                       | <b>26</b>  | X  |
| <b>27</b> 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> ..... | <b>27</b>  | X  |
| <b>28</b> 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):                                                                                                                                                                                           |            |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | X  |
| <b>c</b> 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> .....                                                                                                                                                                                                                                      | <b>28c</b> | X  |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | X  |
| <b>32</b> 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> .....                                                                                                                                                                                                                                             | <b>32</b>  | X  |
| <b>33</b> 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> .....                                                                                                                                                                                             | <b>33</b>  | X  |
| <b>34</b> 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> .....                                                                                                                                                                                                                                         | <b>34</b>  | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | X  |
| <b>b</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> .....                                                                                                                                                                 | <b>35b</b> |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>  |    |
| <b>37</b> 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> .....                                                                                                                                                    | <b>37</b>  | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....                                                                                                                                                                                                                                                                          | <b>38</b>  | 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 0  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> |    |

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

|                                                                                                                                                                                                                                                      | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>2a</b> 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  | 0  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | 2b  |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | 3a  | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                                                 | 3b  |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a  | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | 5a  | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | 5b  | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | 5c  |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | 6a  | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | 6b  |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | 7a  | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | 7b  |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | 7c  | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | 7d  |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | 7e  |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | 7f  |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | 7g  |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | 7h  |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | 8   |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | 9a  |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | 9b  |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | 10a |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | 10b |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | 11a |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | 11b |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | 12a |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | 12b |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | 13a |    |
| <b>b</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 |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | 13c |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | 14a | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                                                   | 14b |    |
| <b>15</b> 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?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | 15  | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | 16  | X  |
| <b>17 Section 501(c)(21) organizations.</b> 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?<br>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**

|                                                                                                                                                                                                                            | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year                                                                                                                              | 4  |    |   |   |   |   |   |    |    |    |    |   |     |    |
| 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.          |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent                                                                                                                                |    | 4  |   |   |   |   |   |    |    |    |    |   |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                             |    |    | 2 |   |   |   |   |    |    |    |    |   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? |    |    |   | 3 |   |   |   |    |    |    |    |   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                  |    |    |   |   | 4 |   |   |    |    |    |    |   |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                        |    |    |   |   |   | 5 |   |    |    |    |    |   |     | X  |
| <b>6</b> Did the organization have members or stockholders?                                                                                                                                                                |    |    |   |   |   |   | 6 |    |    |    |    |   |     | X  |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                               |    |    |   |   |   |   |   | 7a |    |    |    |   |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                         |    |    |   |   |   |   |   |    | 7b |    |    |   |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                 |    |    |   |   |   |   |   |    |    |    |    |   |     |    |
| <b>a</b> The governing body?                                                                                                                                                                                               |    |    |   |   |   |   |   |    |    | 8a |    |   | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?                                                                                                                                             |    |    |   |   |   |   |   |    |    |    | 8b |   | X   |    |
| <b>9</b> 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      |    |    |   |   |   |   |   |    |    |    |    | 9 |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                       | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                         | 10a |     |     |     |     |     |    |    |     |     |     |     |     | X  |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                   |     | 10b |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                |     |     | 11a |     |     |     |    |    |     |     |     |     |     | X  |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                    |     |     |     | 12a |     |     |    |    |     |     |     |     |     | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          |     |     |     |     | 12b |     |    |    |     |     |     |     |     |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done                                                                                                                                           |     |     |     |     |     | 12c |    |    |     |     |     |     |     |    |
| <b>13</b> Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                   |     |     |     |     |     |     | 13 |    |     |     |     |     |     | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                              |     |     |     |     |     |     |    | 14 |     |     |     |     |     | X  |
| <b>15</b> 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?                                                                        |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       |     |     |     |     |     |     |    |    | 15a |     |     |     |     | X  |
| <b>b</b> Other officers or key employees of the organization                                                                                                                                                                                                                                          |     |     |     |     |     |     |    |    |     | 15b |     |     |     | X  |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                    |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                      |     |     |     |     |     |     |    |    |     |     | 16a |     |     | X  |
| <b>b</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? |     |     |     |     |     |     |    |    |     |     |     | 16b |     |    |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed 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  
**CHRIS PARKER - 805-390-7142**  
**P.O. BOX 7122, WESTLAKE VILLAGE, CA 91359**





**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 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1 a</b>                                                  | Federated campaigns .....                                                                                                      | <b>1a</b>            |               |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                    | Membership dues .....                                                                                                          | <b>1b</b>            |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                    | Fundraising events .....                                                                                                       | <b>1c</b>            |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                    | Related organizations .....                                                                                                    | <b>1d</b>            |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                    | Government grants (contributions) .....                                                                                        | <b>1e</b>            |               |                                    |                            |                                                    |
|                                                               | <b>f</b>                                                    | All other contributions, gifts, grants, and similar amounts not included above ...                                             | <b>1f</b>            |               |                                    |                            |                                                    |
|                                                               | <b>g</b>                                                    | Noncash contributions included in lines 1a-1f                                                                                  | <b>1g</b>            | \$            |                                    |                            |                                                    |
|                                                               | <b>h</b>                                                    | <b>Total.</b> Add lines 1a-1f .....                                                                                            |                      |               |                                    |                            |                                                    |
| <b>Program Service Revenue</b>                                | <b>2 a</b>                                                  | <b>REGISTRATION FEES</b>                                                                                                       | <b>Business Code</b> |               |                                    |                            |                                                    |
|                                                               |                                                             |                                                                                                                                | 713940               | 292,141.      | 292,141.                           |                            |                                                    |
|                                                               | <b>b</b>                                                    | <b>TEAM SPONSORSHIP</b>                                                                                                        | 713940               | 19,150.       | 19,150.                            |                            |                                                    |
|                                                               | <b>c</b>                                                    |                                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                    |                                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                    |                                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>f</b>                                                    | All other program service revenue .....                                                                                        |                      |               |                                    |                            |                                                    |
|                                                               | <b>g</b>                                                    | <b>Total.</b> Add lines 2a-2f .....                                                                                            |                      | 311,291.      |                                    |                            |                                                    |
| <b>Other Revenue</b>                                          | <b>3</b>                                                    | Investment income (including dividends, interest, and other similar amounts) .....                                             |                      | 6,048.        |                                    |                            | 6,048.                                             |
|                                                               | <b>4</b>                                                    | Income from investment of tax-exempt bond proceeds .....                                                                       |                      |               |                                    |                            |                                                    |
|                                                               | <b>5</b>                                                    | Royalties .....                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>6 a</b>                                                  | Gross rents .....                                                                                                              | (i) Real             | (ii) Personal |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                    | Less: rental expenses ...                                                                                                      |                      |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                    | Rental income or (loss) .....                                                                                                  |                      |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                    | Net rental income or (loss) .....                                                                                              |                      |               |                                    |                            |                                                    |
|                                                               | <b>7 a</b>                                                  | Gross amount from sales of assets other than inventory .....                                                                   | (i) Securities       | (ii) Other    |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                    | Less: cost or other basis and sales expenses .....                                                                             |                      |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                    | Gain or (loss) .....                                                                                                           |                      |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                    | Net gain or (loss) .....                                                                                                       |                      |               |                                    |                            |                                                    |
|                                                               | <b>8 a</b>                                                  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>            | 18,469.       |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                    | Less: direct expenses .....                                                                                                    | <b>8b</b>            | 12,068.       |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                    | Net income or (loss) from fundraising events .....                                                                             |                      | 6,401.        |                                    |                            | 6,401.                                             |
|                                                               | <b>9 a</b>                                                  | Gross income from gaming activities. See Part IV, line 19 .....                                                                | <b>9a</b>            |               |                                    |                            |                                                    |
| <b>b</b>                                                      | Less: direct expenses .....                                 | <b>9b</b>                                                                                                                      |                      |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from gaming activities .....           |                                                                                                                                |                      |               |                                    |                            |                                                    |
| <b>10 a</b>                                                   | Gross sales of inventory, less returns and allowances ..... | <b>10a</b>                                                                                                                     | 43,222.              |               |                                    |                            |                                                    |
| <b>b</b>                                                      | Less: cost of goods sold .....                              | <b>10b</b>                                                                                                                     | 24,913.              |               |                                    |                            |                                                    |
| <b>c</b>                                                      | Net income or (loss) from sales of inventory .....          |                                                                                                                                | 18,309.              |               |                                    | 18,309.                    |                                                    |
| <b>Miscellaneous Revenue</b>                                  | <b>11 a</b>                                                 |                                                                                                                                | <b>Business Code</b> |               |                                    |                            |                                                    |
|                                                               | <b>b</b>                                                    |                                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>c</b>                                                    |                                                                                                                                |                      |               |                                    |                            |                                                    |
|                                                               | <b>d</b>                                                    | All other revenue .....                                                                                                        |                      |               |                                    |                            |                                                    |
|                                                               | <b>e</b>                                                    | <b>Total.</b> Add lines 11a-11d .....                                                                                          |                      |               |                                    |                            |                                                    |
|                                                               | <b>12</b>                                                   | <b>Total revenue.</b> See instructions .....                                                                                   |                      | 342,049.      | 311,291.                           | 0.                         | 30,758.                                            |

**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

☒ X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                                                                                                                    |                       |                                 |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16                                                                                                        |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                                                                                            |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                                      |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>b</b> Legal                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>c</b> Accounting                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>d</b> Lobbying                                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 76,370.               | 76,370.                         |                                        |                             |
| <b>12</b> Advertising and promotion                                                                                                                                                                                                              | 677.                  | 677.                            |                                        |                             |
| <b>13</b> Office expenses                                                                                                                                                                                                                        | 185.                  |                                 | 185.                                   |                             |
| <b>14</b> Information technology                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>15</b> Royalties                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>16</b> Occupancy                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>17</b> Travel                                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                         |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>20</b> Interest                                                                                                                                                                                                                               |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates                                                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>23</b> Insurance                                                                                                                                                                                                                              |                       |                                 |                                        |                             |
| <b>24</b> 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.)                                    |                       |                                 |                                        |                             |
| <b>a</b> ALL STARS                                                                                                                                                                                                                               | 56,549.               | 56,549.                         |                                        |                             |
| <b>b</b> UNIFORMS                                                                                                                                                                                                                                | 55,935.               | 55,935.                         |                                        |                             |
| <b>c</b> UMPIRE EXPENSE                                                                                                                                                                                                                          | 36,004.               | 36,004.                         |                                        |                             |
| <b>d</b> FALL BALL                                                                                                                                                                                                                               | 28,253.               | 28,253.                         |                                        |                             |
| <b>e</b> All other expenses SEE SCH O                                                                                                                                                                                                            | 72,156.               | 57,005.                         | 15,151.                                |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 326,129.              | 310,793.                        | 15,336.                                | 0.                          |
| <b>26</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 256,378.                 | <b>1</b>   | 31,248.            |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>   | 241,050.           |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>   |                    |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        |                          | <b>4</b>   |                    |
|                                                                                  | <b>5</b> 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 ..... |                          | <b>5</b>   |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>   |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>   |                    |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                          | <b>8</b>   |                    |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           |                          | <b>9</b>   |                    |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b>               |            |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b>               | <b>10c</b> |                    |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>  |                    |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>  |                    |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>  |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>  |                    |
|                                                                                  | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             |                          | <b>15</b>  |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 256,378.                                                                                                                                                                                                                       | <b>16</b>                | 272,298.   |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          |                          | <b>17</b>  |                    |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>  |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>  |                    |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>  |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>  |                    |
|                                                                                  | <b>22</b> 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 .....     |                          | <b>22</b>  |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                          | <b>23</b>  |                    |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>  |                    |
|                                                                                  | <b>25</b> 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 .....                                          |                          | <b>25</b>  |                    |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 0.                       | <b>26</b>  | 0.                 |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                               |                          |            |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          |                          | <b>27</b>  |                    |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b>  |                    |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                  |                          |            |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             | 0.                       | <b>29</b>  | 0.                 |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               | 0.                       | <b>30</b>  | 0.                 |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               | 256,378.                 | <b>31</b>  | 272,298.           |
|                                                                                  | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 256,378.                 | <b>32</b>  | 272,298.           |
|                                                                                  | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 256,378.                 | <b>33</b>  | 272,298.           |

Form 990 (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |                                                                                                                |           |          |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 342,049. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 326,129. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | 15,920.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 256,378. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |          |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |          |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |          |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.       |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 272,298. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes       | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |           |          |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> | <b>X</b> |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                            | <b>2b</b> | <b>X</b> |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | <b>2c</b> |          |
| <b>3a</b> 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? _____                                                                                                                                                                                                                                                           | <b>3a</b> | <b>X</b> |
| <b>b</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 _____                                                                                                                                                                                                       | <b>3b</b> |          |

Form 990 (2023)

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

Name of the organization

WESTLAKE BASEBALL ASSOCIATION, INC.

Employer identification number

77-0181079

## 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<br>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 |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
|                                                              |               |                                                                |    |                                   |                                                                   |                                                   |
| <b>Total</b>                                                 |               |                                                                |    |                                   |                                                                   |                                                   |

**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|-----------------------------------------------------------------------|----------------------------|--------------|------------------------|--------------------------------------------------------|
|                 |                                                                       | FUNDRAISER<br>(event type) | (event type) | NONE<br>(total number) |                                                        |
| Revenue         | 1 Gross receipts .....                                                | 18,469.                    |              |                        | 18,469.                                                |
|                 | 2 Less: Contributions .....                                           |                            |              |                        |                                                        |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 18,469.                    |              |                        | 18,469.                                                |
| Direct Expenses | 4 Cash prizes .....                                                   |                            |              |                        |                                                        |
|                 | 5 Noncash prizes .....                                                |                            |              |                        |                                                        |
|                 | 6 Rent/facility costs .....                                           |                            |              |                        |                                                        |
|                 | 7 Food and beverages .....                                            |                            |              |                        |                                                        |
|                 | 8 Entertainment .....                                                 |                            |              |                        |                                                        |
|                 | 9 Other direct expenses .....                                         | 12,068.                    |              |                        | 12,068.                                                |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                            |              |                        | 12,068.                                                |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                            |              |                        | 6,401.                                                 |

**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<br>bingo/progressive bingo                    | (c) Other gaming                                                    | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|----------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
|                 |                                                                            |                                                                     |                                                                     |                                                                     |                                                     |
| Revenue         | 1 Gross revenue .....                                                      |                                                                     |                                                                     |                                                                     |                                                     |
|                 |                                                                            |                                                                     |                                                                     |                                                                     |                                                     |
| Direct Expenses | 2 Cash prizes .....                                                        |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 3 Noncash prizes .....                                                     |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 4 Rent/facility costs .....                                                |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 5 Other direct expenses .....                                              |                                                                     |                                                                     |                                                                     |                                                     |
|                 | 6 Volunteer labor .....                                                    | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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.

|                |                                                    |
|----------------|----------------------------------------------------|
| <b>Part IV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|----------------|----------------------------------------------------|

[illegible]

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

WESTLAKE BASEBALL ASSOCIATION, INC.

Employer identification number

77-0181079

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HONE ATHLETIC SKILLS. THE ORGANIZATION'S PRIMARY PURPOSE IS TO CREATE  
AND MANAGE A BASEBALL LEAGUE WHERE ITS MEMBERS MAY ENJOY THE  
OPPORTUNITY FOR INTERLEAGUE COMPETITION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMPETITION.

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

NO REVIEW WAS OR WILL BE CONDUCTED.

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

GOVERNING DOCUMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE. FURTHERMORE,  
FINANCIAL STATEMENTS ARE REVIEWED AT BOARD MEETING THAT ARE OPEN TO THE  
PUBLIC TO ATTEND.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FIELD MAINTENANCE:

PROGRAM SERVICE EXPENSES 76,370.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 76,370.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 76,370.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

USAGE FEE:

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

WESTLAKE BASEBALL ASSOCIATION, INC.

Employer identification number

77-0181079

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 25,425. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 25,425. |

## EQUIPMENT &amp; BASEBALLS:

|                                 |         |
|---------------------------------|---------|
| PROGRAM SERVICE EXPENSES        | 12,318. |
| MANAGEMENT AND GENERAL EXPENSES | 0.      |
| FUNDRAISING EXPENSES            | 0.      |
| TOTAL EXPENSES                  | 12,318. |

## CREDIT CARD FEES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 0.     |
| MANAGEMENT AND GENERAL EXPENSES | 8,235. |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 8,235. |

## TROPHIES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 6,832. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 6,832. |

## SUPPLIES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 6,266. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 6,266. |

|                          |                                     |                                |            |
|--------------------------|-------------------------------------|--------------------------------|------------|
| Name of the organization | WESTLAKE BASEBALL ASSOCIATION, INC. | Employer identification number | 77-0181079 |
|--------------------------|-------------------------------------|--------------------------------|------------|

## PICTURES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 4,352. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 4,352. |

## FRONT OFFICE EXPENSES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 0.     |
| MANAGEMENT AND GENERAL EXPENSES | 3,851. |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 3,851. |

## BANK CHARGES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 0.     |
| MANAGEMENT AND GENERAL EXPENSES | 2,223. |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 2,223. |

## MEMBERSHIP DUES:

|                                 |        |
|---------------------------------|--------|
| PROGRAM SERVICE EXPENSES        | 1,427. |
| MANAGEMENT AND GENERAL EXPENSES | 0.     |
| FUNDRAISING EXPENSES            | 0.     |
| TOTAL EXPENSES                  | 1,427. |

## BOARD MEETING EXPENSE:

|                                 |      |
|---------------------------------|------|
| PROGRAM SERVICE EXPENSES        | 0.   |
| MANAGEMENT AND GENERAL EXPENSES | 643. |

Name of the organization

WESTLAKE BASEBALL ASSOCIATION, INC.

Employer identification number

77-0181079

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 643.

## OPENING DAY CEREMONIES:

PROGRAM SERVICE EXPENSES 385.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 385.

## POSTAGE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 199.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 199.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 72,156.

2023

California Exempt Organization  
Annual Information Return

199

|                                                                                                         |                               |
|---------------------------------------------------------------------------------------------------------|-------------------------------|
| Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) 09/01/2023, and ending (mm/dd/yyyy) 08/31/2024 |                               |
| Corporation/Organization name<br><b>WESTLAKE BASEBALL ASSOCIATION, INC.</b>                             |                               |
| California corporation number<br><b>1421448</b>                                                         |                               |
| Additional information. See instructions.                                                               |                               |
| FEIN<br><b>77-0181079</b>                                                                               |                               |
| Street address (suite or room)<br><b>P.O. BOX 7122</b>                                                  |                               |
| PMB no.                                                                                                 |                               |
| City<br><b>WESTLAKE VILLAGE</b>                                                                         | State<br><b>CA</b>            |
| ZIP code<br><b>91359</b>                                                                                |                               |
| Foreign country name                                                                                    | Foreign province/state/county |
| Foreign postal code                                                                                     |                               |

|                                                                                                                                                                                                                            |                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                  | <b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                | <b>J</b> If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                  | <b>K</b> Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                             |
| <b>D</b> Final information return?<br><input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized<br>Enter date: (mm/dd/yyyy) <input type="checkbox"/> | <b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                  |
| <b>E</b> Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other                                                                     | <b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          |
| <b>F</b> Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series                      | <b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                |
| <b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                      | <b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                |
| <b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," what is the parent's name?                                                             | Date filed with IRS                                                                                                                                                            |

**Part I** Complete Part I unless not required to file this form. See General Information B and C.

|                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                 |                                      |                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|------------------------------------|
| Receipts and Revenues    | 1                                                                                                                                                                                                                                                                                                                      | Gross sales or receipts from other sources. From Side 2, Part II, line 8                                                                                                           | 1                                               | 379,030                              | 00                                 |
|                          | 2                                                                                                                                                                                                                                                                                                                      | Gross dues and assessments from members and affiliates                                                                                                                             | 2                                               |                                      | 00                                 |
|                          | 3                                                                                                                                                                                                                                                                                                                      | Gross contributions, gifts, grants, and similar amounts received                                                                                                                   | 3                                               |                                      | 00                                 |
|                          | 4                                                                                                                                                                                                                                                                                                                      | Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$50,000, see General Information B | 4                                               | 379,030                              | 00                                 |
|                          | 5                                                                                                                                                                                                                                                                                                                      | Cost of goods sold <b>STMT 2 STMT 1</b>                                                                                                                                            | 5                                               | 24,913                               | 00                                 |
|                          | 6                                                                                                                                                                                                                                                                                                                      | Cost or other basis, and sales expenses of assets sold                                                                                                                             | 6                                               |                                      | 00                                 |
|                          | 7                                                                                                                                                                                                                                                                                                                      | Total costs. Add line 5 and line 6                                                                                                                                                 | 7                                               | 24,913                               | 00                                 |
|                          | 8                                                                                                                                                                                                                                                                                                                      | Total gross income. Subtract line 7 from line 4                                                                                                                                    | 8                                               | 354,117                              | 00                                 |
| Expenses                 | 9                                                                                                                                                                                                                                                                                                                      | Total expenses and disbursements. From Side 2, Part II, line 18                                                                                                                    | 9                                               | 338,197                              | 00                                 |
|                          | 10                                                                                                                                                                                                                                                                                                                     | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8                                                                                                    | 10                                              | 15,920                               | 00                                 |
| Payments                 | 11                                                                                                                                                                                                                                                                                                                     | Total payments                                                                                                                                                                     | 11                                              |                                      | 00                                 |
|                          | 12                                                                                                                                                                                                                                                                                                                     | Use tax. See General Information K                                                                                                                                                 | 12                                              |                                      | 00                                 |
|                          | 13                                                                                                                                                                                                                                                                                                                     | Payments balance. If line 11 is more than line 12, subtract line 12 from line 11                                                                                                   | 13                                              |                                      | 00                                 |
|                          | 14                                                                                                                                                                                                                                                                                                                     | Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12                                                                                                    | 14                                              |                                      | 00                                 |
|                          | 15                                                                                                                                                                                                                                                                                                                     | Penalties and interest. See General Information J                                                                                                                                  | 15                                              |                                      | 00                                 |
|                          | 16                                                                                                                                                                                                                                                                                                                     | Balance due. Add line 12 and line 15. Then subtract line 11 from the result                                                                                                        | 16                                              |                                      | 00                                 |
| Sign Here                | 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 taxpayer) is based on all information of which preparer has any knowledge. |                                                                                                                                                                                    |                                                 |                                      |                                    |
|                          | Signature of officer                                                                                                                                                                                                                                                                                                   | Title<br><b>TREASURER</b>                                                                                                                                                          | Date                                            | • Telephone                          |                                    |
| Paid Preparer's Use Only | Preparer's signature                                                                                                                                                                                                                                                                                                   | Date                                                                                                                                                                               | Check if self-employed <input type="checkbox"/> | • PTIN<br><b>P00739477</b>           |                                    |
|                          | Firm's name (or yours, if self-employed) and address                                                                                                                                                                                                                                                                   | <b>ASCEND TAX AND BUSINESS ADVISORS LLP</b><br><b>27001 AGOURA ROAD, SUITE 280</b><br><b>CALABASAS, CA 91301</b>                                                                   |                                                 |                                      | • Firm's FEIN<br><b>92-0691097</b> |
|                          |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                 | • Telephone<br><b>(818) 914-7100</b> |                                    |
|                          | May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                    |                                                                                                                                                                                    |                                                 |                                      |                                    |

**Part II** Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

328951 12-26-23

|                                    |    |                                                                                                                                    |   |    |         |    |
|------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------|---|----|---------|----|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions .....                                                       | • | 1  | 61,691  | 00 |
|                                    | 2  | Interest .....                                                                                                                     | • | 2  | 6,048   | 00 |
|                                    | 3  | Dividends .....                                                                                                                    | • | 3  |         | 00 |
|                                    | 4  | Gross rents .....                                                                                                                  | • | 4  |         | 00 |
|                                    | 5  | Gross royalties .....                                                                                                              | • | 5  |         | 00 |
|                                    | 6  | Gross amount received from sale of assets (See instructions) .....                                                                 | • | 6  |         | 00 |
|                                    | 7  | Other income ..... <b>SEE STATEMENT 3</b> .....                                                                                    | • | 7  | 311,291 | 00 |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 ..... | • | 8  | 379,030 | 00 |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid .....                                                                       | • | 9  |         | 00 |
|                                    | 10 | Disbursements to or for members .....                                                                                              | • | 10 |         | 00 |
| <b>Expenses and Disbursements</b>  | 11 | Compensation of officers, directors, and trustees ..... <b>SEE STATEMENT 4</b> .....                                               | • | 11 | 0       | 00 |
|                                    | 12 | Other salaries and wages .....                                                                                                     | • | 12 |         | 00 |
|                                    | 13 | Interest .....                                                                                                                     | • | 13 |         | 00 |
|                                    | 14 | Taxes .....                                                                                                                        | • | 14 |         | 00 |
|                                    | 15 | Rents .....                                                                                                                        | • | 15 |         | 00 |
|                                    | 16 | Depreciation and depletion (See instructions) .....                                                                                | • | 16 |         | 00 |
|                                    | 17 | Other expenses and disbursements ..... <b>SEE STATEMENT 5</b> .....                                                                | • | 17 | 338,197 | 00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .....                | • | 18 | 338,197 | 00 |

**Schedule L Balance Sheet**

Beginning of taxable year

End of taxable year

| Assets                                                   | (a) | (b)     | (c) | (d)       |
|----------------------------------------------------------|-----|---------|-----|-----------|
| 1 Cash .....                                             |     | 256,378 |     | • 272,298 |
| 2 Net accounts receivable .....                          |     |         |     | •         |
| 3 Net notes receivable .....                             |     |         |     | •         |
| 4 Inventories .....                                      |     |         |     | •         |
| 5 Federal and state government obligations .....         |     |         |     | •         |
| 6 Investments in other bonds .....                       |     |         |     | •         |
| 7 Investments in stock .....                             |     |         |     | •         |
| 8 Mortgage loans .....                                   |     |         |     | •         |
| 9 Other investments .....                                |     |         |     | •         |
| 10 a Depreciable assets .....                            |     |         |     |           |
| b Less accumulated depreciation .....                    |     |         |     |           |
| 11 Land .....                                            |     |         |     | •         |
| 12 Other assets .....                                    |     |         |     | •         |
| 13 <b>Total assets</b> .....                             |     | 256,378 |     | 272,298   |
| <b>Liabilities and net worth</b>                         |     |         |     |           |
| 14 Accounts payable .....                                |     |         |     | •         |
| 15 Contributions, gifts, or grants payable .....         |     |         |     | •         |
| 16 Bonds and notes payable .....                         |     |         |     | •         |
| 17 Mortgages payable .....                               |     |         |     | •         |
| 18 Other liabilities .....                               |     |         |     |           |
| 19 Capital stock or principal fund .....                 |     |         |     | •         |
| 20 Paid-in or capital surplus. Attach reconciliation ... |     |         |     | •         |
| 21 Retained earnings or income fund .....                |     | 256,378 |     | • 272,298 |
| 22 <b>Total liabilities and net worth</b> .....          |     | 256,378 |     | 272,298   |

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

|                                                                                           |          |                                                                                              |        |
|-------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------|--------|
| 1 Net income per books .....                                                              | • 15,920 | 7 Income recorded on books this year not included in this return. Attach schedule ...        | •      |
| 2 Federal income tax .....                                                                | •        | 8 Deductions in this return not charged against book income this year. Attach schedule ..... | •      |
| 3 Excess of capital losses over capital gains .....                                       | •        | 9 Total. Add line 7 and line 8 .....                                                         |        |
| 4 Income not recorded on books this year. Attach schedule .....                           | •        | 10 Net income per return. Subtract line 9 from line 6 .....                                  | 15,920 |
| 5 Expenses recorded on books this year not deducted in this return. Attach schedule ..... | •        |                                                                                              |        |
| 6 Total. Add line 1 through line 5 .....                                                  | 15,920   |                                                                                              |        |

| FORM 199                                       | COST OF GOODS SOLD<br>INCLUDED ON PART I, LINE 5 | STATEMENT 1 |
|------------------------------------------------|--------------------------------------------------|-------------|
| COST OF GOODS SOLD                             |                                                  |             |
| 1. INVENTORY AT BEGINNING OF YEAR . . . . .    |                                                  |             |
| 2. MERCHANDISE PURCHASED. . . . .              |                                                  |             |
| 3. COST OF LABOR. . . . .                      |                                                  |             |
| 4. MATERIALS AND SUPPLIES . . . . .            |                                                  |             |
| 5. OTHER COSTS. . . . .                        | 24,913                                           |             |
| 6. ADD LINES 1 THROUGH 5 . . . . .             |                                                  | 24,913      |
| 7. INVENTORY AT END OF YEAR . . . . .          |                                                  |             |
| 8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . . |                                                  | 24,913      |

| CA 199                                     | COST OF GOODS SOLD - OTHER COSTS | STATEMENT 2 |
|--------------------------------------------|----------------------------------|-------------|
| DESCRIPTION                                |                                  | AMOUNT      |
| OTHER COSTS                                |                                  | 24,913.     |
| TOTAL INCLUDED ON FORM 199, PART I, LINE 5 |                                  | 24,913.     |

| CA 199                             | OTHER INCOME | STATEMENT 3 |
|------------------------------------|--------------|-------------|
| DESCRIPTION                        |              | AMOUNT      |
| REGISTRATION FEES                  |              | 292,141.    |
| TEAM SPONSORSHIP                   |              | 19,150.     |
| TOTAL TO FORM 199, PART II, LINE 7 |              | 311,291.    |

| CA 199                                                          | COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES | STATEMENT 4  |
|-----------------------------------------------------------------|--------------------------------------------------|--------------|
| NAME AND ADDRESS                                                | TITLE AND<br>AVERAGE HRS WORKED/WK               | COMPENSATION |
| JUSTIN JORNS<br>P.O. BOX 7122<br>WESTLAKE VILLAGE, CA 91359     | COMMISSIONER<br>2.00                             | 0.           |
| CORY KLINE<br>P.O. BOX 7122<br>WESTLAKE VILLAGE, CA 91359       | DIRECTOR OF OPERATIONS<br>2.00                   | 0.           |
| CHRIS PARKER<br>P.O. BOX 7122<br>WESTLAKE VILLAGE, CA 91359     | TREASURER<br>2.00                                | 0.           |
| KAILIN JOHANSSON<br>P.O. BOX 7122<br>WESTLAKE VILLAGE, CA 91359 | SECRETARY<br>2.00                                | 0.           |
| TOTAL TO FORM 199, PART II, LINE 11                             |                                                  | 0.           |

CA 199

OTHER EXPENSES

STATEMENT 5

| DESCRIPTION                           | AMOUNT   |
|---------------------------------------|----------|
| ALL STARS                             | 56,549.  |
| UNIFORMS                              | 55,935.  |
| UMPIRE EXPENSE                        | 36,004.  |
| FALL BALL                             | 28,253.  |
| USAGE FEE                             | 25,425.  |
| EQUIPMENT & BASEBALLS                 | 12,318.  |
| CREDIT CARD FEES                      | 8,235.   |
| TROPHIES                              | 6,832.   |
| SUPPLIES                              | 6,266.   |
| PICTURES                              | 4,352.   |
| FRONT OFFICE EXPENSES                 | 3,851.   |
| BANK CHARGES                          | 2,223.   |
| MEMBERSHIP DUES                       | 1,427.   |
| BOARD MEETING EXPENSE                 | 643.     |
| OPENING DAY CEREMONIES                | 385.     |
| POSTAGE                               | 199.     |
| DIRECT EXPENSES OF FUNDRAISING EVENTS | 12,068.  |
| OTHER PROFESSIONAL FEES               | 76,370.  |
| ADVERTISING AND PROMOTION             | 677.     |
| OFFICE EXPENSES                       | 185.     |
| TOTAL TO FORM 199, PART II, LINE 17   | 338,197. |

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814

WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

**WESTLAKE BASEBALL ASSOCIATION, INC.**

Name of Organization

List all DBAs and names the organization uses or has used

**P.O. BOX 7122**

Address (Number and Street)

**WESTLAKE VILLAGE, CA 91359**

City or Town, State, and ZIP Code

**WESTLAKEBASEBALLTREASUR**

**(805) 300-0190**

Telephone Number

**ER@GMAIL.COM**

E-mail Address

Check if:

- ☐ Change of address  
☐ Amended report  
☐ Organization requests email notifications

State Charity Registration Number **112826**

Corporation or Organization No. **1421448**

Federal Employer ID No. **77-0181079**

### ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)

Make Check Payable to Department of Justice

| Total Revenue                   | Fee  | Total Revenue                        | Fee   | Total Revenue                           | Fee     |
|---------------------------------|------|--------------------------------------|-------|-----------------------------------------|---------|
| Less than \$50,000              | \$25 | Between \$250,001 and \$1 million    | \$100 | Between \$20,000,001 and \$100 million  | \$800   |
| Between \$50,000 and \$100,000  | \$50 | Between \$1,000,001 and \$5 million  | \$200 | Between \$100,000,001 and \$500 million | \$1,000 |
| Between \$100,001 and \$250,000 | \$75 | Between \$5,000,001 and \$20 million | \$400 | Greater than \$500 million              | \$1,200 |

#### PART A - ACTIVITIES

For your most recent full accounting period (beginning 09/01/2023 ending 08/31/2024) list:

Total Revenue (including noncash contributions) \$ 342,049 Noncash Contributions \$ 0 Total Assets \$ 272,298  
Program Expenses \$ 310,793 Total Expenses \$ 326,129

#### PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|                                                                                                                                                                                                                                                                                              | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? |     | X  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?                                                                                                                                                  |     | X  |
| 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?                                                                                                                                                                                      |     | X  |
| 4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?                                                                                                                                   |     | X  |
| 5. During this reporting period, did the organization receive any governmental funding?                                                                                                                                                                                                      |     | X  |
| 6. During this reporting period, did the organization hold a raffle for charitable purposes?                                                                                                                                                                                                 |     | X  |
| 7. Does the organization conduct a vehicle donation program?                                                                                                                                                                                                                                 |     | X  |
| 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?                                                                                                         |     | X  |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?                                                                                                                                                   |     | X  |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**CHRIS PARKER**

**TREASURER**

Signature of Authorized Agent

Printed Name

Title

Date