

EXTENDED TO NOVEMBER 16, 2020 Form **990-T Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Name of organization ( Check box if name changed and see instructions.) address changed 23-7132249 **B** Exempt under section Print USA SOFTBALL, INC. E Unrelated business activity code X 501(c)(3 Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 7408(e) 220(e) 2801 N.E. 50TH STREET ີ|408A | 7530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) OKLAHOMA CITY, OK 73111 453220 C Book value of all assets F Group exemption number (See instructions.) at end of year 8,995,980. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here **SEE STATEMENT** 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. 425-3445 J The books are in care of MARK LOEHRS Telephone number  $\triangleright$  (405) Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses **1a** Gross receipts or sales 321,033. c Balance ..... 321,033. **b** Less returns and allowances 1c 175,776. Cost of goods sold (Schedule A, line 7) 2 145,257. 145,257. 3 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 145,257. 13 145,257. Total. Combine lines 3 through 12 | Part II | **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14,947. Compensation of officers, directors, and trustees (Schedule K) 14 14 125,703. 15 Salaries and wages 15 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 20 Less depreciation claimed on Schedule A and elsewhere on return 14,262. 21 21a 21b 22 22 23 Contributions to deferred compensation plans 23 24 24 25 Excess exempt expenses (Schedule I) 25

14,864.

169,776.

-24,519.

26

27

29

30

31

26

27

28

29

Excess readership costs (Schedule J)

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Unrelated business taxable income. Subtract line 30 from line 29

Total deductions. Add lines 14 through 27

Other deductions (attach schedule) SEE STATEMENT 2

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

(see instructions) SEE STATEMENT 3

Part		Total Unrelated Business Taxab	le Income							
32	Total of	f unrelated business taxable income computed	from all unrelated trades or	businesses (see	e instructions)		. 32	8	6,9	86.
33		ts paid for disallowed fringes					33			
34	Charital	ble contributions (see instructions for limitation	rules)				34			0.
35		nrelated business taxable income before pre-20					35	8	6,9	86.
36	Deducti	ion for net operating loss arising in tax years be	eginning before January 1,	2018 (see instru	ctions)		. 36			
37	Total of	f unrelated business taxable income before spe	cific deduction. Subtract lin	e 36 from line 3	5		. 37	8	6,9	86.
38	Specific	c deduction (Generally \$1,000, but see line 38 i	nstructions for exceptions)				38		1,0	00.
39	Unrelat	ted business taxable income. Subtract line 38	from line 37. If line 38 is g	reater than line :	37,					
	enter th	ne smaller of zero or line 37					39	8	5,9	86.
Part	IV	Tax Computation								
40	Organiz	zations Taxable as Corporations. Multiply line	39 by 21% (0.21)			<b>&gt;</b>	40	1	8,0	57.
41		Taxable at Trust Rates. See instructions for ta								
	Ta	ax rate schedule or Schedule D (Form	1041)			<b>&gt;</b>	<b>4</b> 1			
42	Proxy t	ax. See instructions					<b>42</b>			
		tive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instructio	ns				44			
45	Total. A	Add lines 42, 43, and 44 to line 40 or 41, which					45	1	8,0	<u>57.</u>
Part	<b>V</b>	Tax and Payments								
46 a	Foreign	tax credit (corporations attach Form 1118; true	sts attach Form 1116)		46a					
b	Other c	redits (see instructions)			46b					
C	General	l business credit. Attach Form 3800			46c					
d	Credit f	or prior year minimum tax (attach Form 8801 c	or 8827)		46d					
е	Total ci	redits. Add lines 46a through 46d					46e			
47	Subtrac	ct line 46e from line 45					47	1	8,0	<u>57.</u>
48	Other to	axes. Check if from: Form 4255	Form 8611 L Form 869	97 🔙 Form 8	3866 📖 Otl	her (attach schedule				
49	Total ta	ax. Add lines 47 and 48 (see instructions)					49	1	8,0	<u>57.</u>
50	2019 ne	et 965 tax liability paid from Form 965-A or For	m 965-B, Part II, column (k	x), line 3	,		. 50			0.
51 a	Paymer	nts: A 2018 overpayment credited to 2019			51a	7,041	<u>.</u>			
b	2019 es	stimated tax payments			51b	5,831				
		posited with Form 8868				15,000	•			
d	Foreign	organizations: Tax paid or withheld at source (	see instructions)		51d					
е	Backup	withholding (see instructions)			51e					
f	Credit f	or small employer health insurance premiums	(attach Form 8941)		51f					
g	Other c	redits, adjustments, and payments:	rm 2439							
	Fo	orm 4136 Ot	her	Total <b>&gt;</b>	51g					
52	Total p	ayments. Add lines 51a through 51g					52	2	7,8	72.
53	Estimat	ted tax penalty (see instructions). Check if Form	n 2220 is attached ▶ [				53			
54	Tax due	e. If line 52 is less than the total of lines 49, 50,	, and 53, enter amount owe	d		<b>&gt;</b>	54			
55	Overpa	yment. If line 52 is larger than the total of lines	49, 50, and 53, enter amo	unt overpaid			<u>55</u>		9,8	<u>15.</u>
		ne amount of line 55 you want: Credited to 202			,815.	Refunded	<b>►</b> 56			0.
Part	VI S	Statements Regarding Certain <i>I</i>	Activities and Othe	r Informati	on (see ins	structions)				
57	At any t	time during the 2019 calendar year, did the org	anization have an interest ir	n or a signature	or other author	rity			Yes	No
	over a f	financial account (bank, securities, or other) in	a foreign country? If "Yes,"	the organization	may have to fi	ile				
	FinCEN	Form 114, Report of Foreign Bank and Financia	al Accounts. If "Yes," enter t	the name of the	foreign country	/				
	here	<b>&gt;</b>								X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the	grantor of, or tra	ansferor to, a f	oreign trust?				Х
	If "Yes,"	' see instructions for other forms the organizati	on may have to file.							
59		ne amount of tax-exempt interest received or ac		<b>&gt;</b> \$						
0:	Ur	nder penalties of perjury, I declare that I have examined to	his return, including accompany taxpaver) is based on all informa	ing schedules and s	statements, and to	o the best of my knov ledge.	vledge and	belief, it is tru	e,	
Sign		orrect, and complete. Declaration of preparer (other than		CHIEF	EXECUT:	ĬVĖ	May the IF	RS discuss thi	s return w	vith
Here		2:		OFFICE	R		the prepar	er shown belo	w (see	_
		Signature of officer	Date	Title			instruction	ns)? X Y	es	No
		Print/Type preparer's name	Preparer's signature	[	Date	Check	if PT	IN		
Paid	I					self- employe				
	arer	LAUREN NOWAKOWSKI		1	0/27/2			01796		
-	Only	Firm's name ► RSM US LLP				Firm's EIN	<b>4</b>	2-071	432	5
	•		VE, SUITE 17							
		Firm's address ► OKLAHOMA C	ITY, OK 7310:	2		Phone no.	405-	239-7	961	

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year				Inventory at end of yea			6		
2 Purchases	_			Cost of goods sold. Su					
3 Cost of labor				from line 5. Enter here					
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8					Yes N	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	rty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	` ' of rent for	personal	conal property (if the percentag I property exceeds 50% or if sed on profit or income)	ge	<b>3(a)</b> Deductions directly c columns 2(a) and	onnected with the in 2(b) (attach schedu	ncome in ile)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	▶			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	(	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ıctions)					
			2	Gross income from or allocable to debt-		Deductions directly conne to debt-finance	d property		
1. Description of debt-fin	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so		
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	(	3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columr nd 3(b))	
(1)				%					
(2)				%					
(3)				%					_
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,		
Totals				<b>.</b>		0.		(	0.
Total dividends-received deductions in	cluded in columi	า 8				<u> </u>			0.

Form **990-T** (2019)

				Exempt	Controlled O	rganizati	ons				
1. Name of controlled organizat	ion	<b>2.</b> Em identifi	cation	3. Net un (loss) (see	related income e instructions)	<b>4.</b> Tot payr	al of specified ments made	includ	rt of column 4 led in the cont zation's gross	trolling	<b>6.</b> Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		unrelated incom see instructions		9. Total	of specified payi made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgai s income	nization's	11. De	eductions directly connected h income in column 10
(1)											
(2)											
(3)											
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals									0.		0
Schedule G - Investme	nt Incor	ne of a S	Section	501(c)(7	7), (9), or (	17) Org	ganization				
(see inst	ructions)										
<b>1</b> . Desc	ription of inco	ome			2. Amount of	income	<ol> <li>Deduction directly connert (attach schedule)</li> </ol>	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							,				, , , , ,
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B).
Totals				<b>•</b>		0.					0
Schedule I - Exploited (see instru	Exempt				Than Adv		g Income				
· · · · · · · · · · · · · · · · · · ·			<u> </u>		4. Net incon	ne (loss)					7 -
1. Description of exploited activity	unrelated incom	Gross I business ne from business	directly with pr of un	xpenses connected oduction related ss income	from unrelated business (co minus colum gain, comput	rom unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		ome hat ed me	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)	1										
(3)											
(4)											
	page 1	re and on 1, Part I, , col. (A).	page	ere and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 25.
Totals		0.		0.							0
Schedule J - Advertision	ng Incor		nstructio								
Part I Income From	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.	5. Circulate income		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	▶	(	0.	0	) <b>.</b>						0 .

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) CRAIG CRESS	EXECUTIVE DIRECTOR	1.00%	1,728.
(2) MARK LOEHRS	CFO	10.00%	13,219.
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	14,947.		

Form **990-T** (2019)

USA SOFTBALL, INC. 23-7132249

## FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

SALE OF SOFTBALL MERCHANDISE RENTAL INCOME ADVERTISING

TO FORM 990-T, PAGE 1

FORM 990-T		OTHER DEDUCT	IONS	STATEMENT 2
DESCRIPTION				AMOUNT
ACCOUNTING LEGAL FEES UTILITIES OFFICE & CO SECURITY	FEES MPUTER MAINTENANC	E		2,012. 2,217. 2,527. 5,297. 2,811.
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 27		14,864.
FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	33,536.	0.	33,536.	33,536.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	33,536.	33,536.

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY OMB No. 1545-0047

1

Department of the Treasury

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information.

IIILEITIA	► Do not enter SSN numbers on this form as	s it may be	made public if your organi	zation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization USA SOFTBALL, INC.			Employer identificat	
ι	Unrelated Business Activity Code (see instructions)   9000	02			
			RENTAL INCO	ME	
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance	<b>▶</b> 1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c				
4 a	Capital gain net income (attach Schedule D)				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
С	Capital loss deduction for trusts	. 4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	. 5			
6	Rent income (Schedule C)	. 6	20,300.		20,300.
7	Unrelated debt-financed income (Schedule E)				
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	. 8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	. 9			
10	Exploited exempt activity income (Schedule I)	. 10			
11	Advertising income (Schedule J)	. 11			
12	Other income (See instructions; attach schedule)	. 12			
13	Total. Combine lines 3 through 12	. 13	20,300.		20,300.
	Deductions Not Taken Elsewhere (See instrudent directly connected with the unrelated business	income.	)		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				
15	Salaries and wages				
16	Repairs and maintenance				
17	Bad debts				
18	Interest (attach schedule) (see instructions)				1,205.
19	Taxes and licenses			19	1,203.
20	Depreciation (attach Form 4562)			046	
21 22	Less depreciation claimed on Schedule A and elsewhere on retu Depletion	ırrı	[ZIa]	21b	
23					
24 25	Employee benefit programs  Excess exempt expenses (Schedule I)				
26	Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)				
20 27	Other deductions (attach schedule)				
28	Total deductions. Add lines 14 through 27				1,205.
29	Unrelated business taxable income before net operating loss dec				19,095.
30	Deduction for net operating loss arising in tax years beginning or			13 29	
55	beginning of	or arter o	aa.i.y 1, 2010 (300		1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

19,095.

Page 3

USA SOFTBAI	LL, INC					23-713	224	9	
Schedule A - Cost of Goods S	<b>Sold.</b> Enter	method of inve	ntory v	aluation >					
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2			Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)				property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (Fr	om Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty)		
(see instructions)									
1. Description of property									
(1) EXHIBIT BOOTH RENT	'AL								
(2)									
(3)									
(4)									
2	2. Rent receive	ed or accrued							
(a) From personal property (if the percent rent for personal property is more than 10% but not more than 50%)	age of n	` ' of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) a	y connec nd 2(b) (a	ted with the income ir attach schedule)	1
(1)	0.			,	0.				0.
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt-		Income (see	e instru	ctions)	<u> </u>	raiti, line o, column (b)			<u> </u>
						Deductions directly cor to debt-finan			
1 5			-	2. Gross income from or allocable to debt-	(a)	Straight line depreciation		(b) Other deduction	ns
Description of debt-finance	ced property			financed property	(-)	(attach schedule)		(attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
· · · · · · · · · · · · · · · · · · ·			1		Е	nter here and on page 1,		Enter here and on pag	e 1,
						Part I, line 7, column (A).		Part I, line 7, column	
Totals				<b>&gt;</b>			$\perp$		
Total dividends-received deductions inclu							•		

Form **990-T** (2019)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY OMB No. 1545-0047

2

Department of the Treasury

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	al Revenue Service Do not en	ter SSN numbers on this form as it	may be ı	nade public if your orga	nization is a 501(c)(	3). 5	01(c)(3) Organizations Only
Name	e of the organization USA SOF	TBALL, INC.			Employer ide 23-71	entification	
	Unrelated Business Activity Code (se	<del> </del>					
	Describe the unrelated trade or busing the University of University of the University of the University of Unive		NG	(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances	<b>c</b> Balance ▶	1c				
2	Cost of goods sold (Schedule A, lir	ne 7)	2				
3	Gross profit. Subtract line 2 from li		3				
4 a			4a				
b			4b				
С	Capital loss deduction for trusts		4c				
5	Income (loss) from a partnership or statement)	an S corporation (attach	5				
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (S		7				
8	Interest, annuities, royalties, and re		-				
•	organization (Schedule F)		8				
9	Investment income of a section 50						
	organization (Schedule G)		9				
10	Exploited exempt activity income (		10				
11	Advertising income (Schedule J)		11	179,962.	6,4	197.	173,465.
12	Other income (See instructions; att		12	•			•
13	Total. Combine lines 3 through 12		13	179,962.	6,4	197.	173,465.
Pa	<u> </u>	the unrelated business in	come.)			duction	s must be
14	Compensation of officers, directors					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17						17	
18	Interest (attach schedule) (see insti					18	1 202
19	Taxes and licenses					19	4,283.
20	Depreciation (attach Form 4562)					-	
21	Less depreciation claimed on Sche					21b	
22	Depletion	- Non-Aller				22	
23	Contributions to deferred compens					23	
24	Employee benefit programs					24	
25 26	Excess exempt expenses (Schedule					25	101,291.
26 27	Excess readership costs (Schedule					26 27	101,491.
27 22	Other deductions (attach schedule						105,574.
28 20	<b>Total deductions.</b> Add lines 14 the Unrelated business taxable income					28	67,891.
29 30	Deduction for net operating loss ar				e 13	29	07,001.
30	Deduction for het operating loss af	ioning in tax years beginning on t	n anter J	anuary 1, 2010 (588			0

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).					
(1) BALLS & STRIKES,											
(2) GUIDE, & MANUAL	179,962.	6,497.		19,725.	101,291.						
(3)											
(4)											
Totals (carry to Part II, line (5))	179,962.	6,497.	173,465.	19,725.	101,291.	81,566.					
Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)											
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).					
(1)											
(2)											
(3)											
(4)											
Totals from Part I	179,962.	6,497.				81,566.					
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.					
Totals, Part II (lines 1-5)	179,962.	6,497.				81,566.					

#### Form **2220**

### **Underpayment of Estimated Tax by Corporations**

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

2019

Name

USA SOFTBALL, INC.

**Employer identification number** 23-7132249

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment					
1	Total tax (see instructions)				1	18,057.
	a Personal holding company tax (Schedule PH (Form 1120), lin			2a		
ı	<b>b</b> Look-back interest included on line 1 under section 460(b)(2)					
	contracts or section 167(g) for depreciation under the income	e forec	ast method	2b		
	c Credit for federal tax paid on fuels (see instructions)d Total. Add lines 2a through 2c				2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not c	omplete or file this form.	The corporation		18,057.
4	does not owe the penalty  Enter the tax shown on the corporation's 2018 income tax ret				3	10,037.
•	or the tax year was for less than 12 months, skip this line and				4	12,871.
	,					,
5	Required annual payment. Enter the smaller of line 3 or line	4. If t	he corporation is require	d to skip line 4,		
	enter the amount from line 3					12,871.
I	Part II Reasons for Filing - Check the boxes belo	ow tha	t apply. If any boxes are o	checked, the corporation	must file Form 2220	
	even if it does not owe a penalty. See instructions.					
6	<u> </u>					
7						
8	The corporation is a "large corporation" figuring its fire Part III   Figuring the Underpayment	st requ	ured installment based of	n the prior year's tax.		
•	Tart iii Tigaring the Onderpayment		(0)	/b)	(0)	(4)
۵	Installment due dates. Enter in columns (a), through	$\Box$	(a)	(b)	(c)	(d)
J	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/19	06/15/19	09/15/19	12/15/19
10	Required installments. If the box on line 6 and/or line 7			<b>,</b> - <b>,</b> -		
	above is checked, enter the amounts from Sch A, line 38. If					
	the box on line 8 (but not 6 or 7) is checked, see instructions					
	for the amounts to enter. If none of these boxes are checked,					
	enter 25% (0.25) of line 5 above in each column	10	3,218.	3,218.	3,217	3,218.
11						
	column (a) only, enter the amount from line 11 on line 15.					2 010
	See instructions	11	7,041.			3,218.
	Complete lines 12 through 18 of one column	ш				
	before going to the next column.	1		2 012	605	
	Enter amount, if any, from line 18 of the preceding column	12		3,823. 3,823.	605 605	
	Add lines 11 and 12	13		3,023.	003	2,612.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	7,041.	3,823.	605	
	If the amount on line 15 is zero, subtract line 13 from line	13	7,041.	3,023.	005	
10	14. Otherwise, enter -0-	16		0.	0	
17		"		30		
-	subtract line 15 from line 10. Then go to line 12 of the next					
	column. Otherwise, go to line 18	17			2,612	2,612.
18	Overpayment. If line 10 is less than line 15, subtract line 10				•	
	from line 15. Then go to line 12 of the next column	18	3.823.	605.		

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2019)

Part IV Figuring the Penalty

			(a)	(b)	(c)			(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier.  (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.	19						
20	instead of 4th month.) See instructions  Number of days from due date of installment on line 9 to the	19						
	date shown on line 19	20						
21	Number of days on line 20 after 4/15/2019 and before 7/1/2019	21						
22	Underpayment on line 17 x Number of days on line 21 x 6% (0.06)	22	\$	\$	\$		\$	
23	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23						
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$		\$	
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25						
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$		\$	
27	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEE	ATTACHED W	ORKSHEET			
28	Underpayment on line 17 x Number of days on line 27 x 5% (0.05)	28	\$	\$	\$		\$	
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29						
30	Underpayment on line 17 x Number of days on line 29 x *% 366	30	\$	\$	\$		\$	
31	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31						
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$		\$	
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33						
34	Underpayment on line 17 x Number of days on line 33 x *% 366	34	\$	\$	\$		\$	
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35						
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$		\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$		\$	
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to	tal he	ere and on Form 1120, lin	e 34; or the comparable		38	¢	88.

Form **2220** (2019)

<sup>\*</sup> Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

## FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)  USA SOFTBALL, INC.  23-71					ımber
					32249
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/15/19	3,218.	3,218.			
04/15/19	-7,041.	-3,823.			
06/15/19	3,218.	-605.			
09/15/19	3,217.	2,612.	91	.000136986	33
12/15/19	3,218.	5,830.			
12/15/19	-3,218.	2,612.	16	.000136986	6
12/31/19	0.	2,612.	136	.000136612	49.
09/16/20	-2,613.	-1.			
Penalty Due (Sum of Colun	nn F).				88.

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 23-7132249 USA SOFTBALL, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2801 N.E. 50TH STREET return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73111 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 MARK LOEHRS • The books are in the care of ▶ 2801 N.E. 50TH STREET - OKLAHOMA CITY, OK 73111 Telephone No. ► (405) 425-3445 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2019 or tax year beginning , and ending Final return If the tax year entered in line 1 is for less than 12 months, check reason: | Initial return Change in accounting period

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less
any nonrefundable credits. See instructions.

13 \$ 27,872.

15 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

12,872.

13 \$ 27,872.

14,872.

15 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

26 \$ 15,000.

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

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

Form 8868 (Rev. 1-2020)