

California District 4

January 21, 2025

Volume 34 Issue 4





California 4 Little League

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California D4 Finances

November – December Balance **Beginning Balance** \$50,838.75

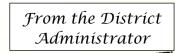
League Dues 8,494.00 (Martinez, Pinole Hercules) New Ice Chests 480.70 New Cordless Microphone 119.74 1.000.00 Lewis Cup Award Umpire Shirts: WRBBT 2024 734.23 October Meeting Dinner 973.28 1.000.44 Volunteer Dinner Volunteer & Umpire Awards 869,48

2024 Umpire Hats **Ending Balance**

\$53,828.92

325.96











2025 Lewis Cup Award

Concord American	1450
Richmond	1415
Martinez	1387
Walnut Creek	1208
Pinole Hercules	1049
Alameda	1035
Lafayette	944
North Oakland/South Oakland	935
Pittsburg	909
Albany	787
Clayton Valley	760
East County	490
	The N







From ADA Big Diamond Baseball, **Grayson Lawrence**

League Umpires: With the season right around the corner, reminder to develop your game plan for staffing umpires. Teenage baseball umpires can be a bit different than Little League baseball, as umpires need to be older, more knowledgeable of the rules, and have the ability to keep up with the faster pace of the game. Also, as teams are traveling decent distances to your fields, you'll want to ensure games are not cancelled due to lack of umpires.

Post-Season Fields: Please ensure you are reserving your fields through June, as the district will need those fields for post-season play.

Here are some key upcoming dates. Please share with those in your league that need to attend.

- 2/12/25 7pm (Wed): 50/70 and Juniors Scheduling Meeting
 - Location: UC Extension, 2380 Bisso Lane, Concord
 - Attendees: Managers for each team, or a rep who can schedule games on behalf of the league
- 2/20/25 7pm (Thursday):

Teenage Baseball Rules Clinic

- Location: Zoom meeting
- **Registration Link**
- Attendees: At least 1 manager/coach from each teenage baseball team in the League/District.







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From ADA LL Baseball, Liz Berg

Scheduling Meeting:

Wednesday, Feb. 19th, 7pm Location: 2380 Bisso Lane, Concord. Please send a representative with the following information: Fields, Dates, Times. We will be scheduling interleague games for Minor AA, AAA, and Major divisions. We have leagues that need games, so even a couple from each league would make it a great experience for everyone. Details will be sent to all Presidents and VPs as we near the date.













From ADA Liz Berg,

Reminder:

The League President is responsible for appointing all Managers and Coaches. A few leagues have implemented a "Manager/Coach Code of Conduct" which they are required to sign prior to accepting the position. I recommend that all leagues adopt this as best practice.





From Geoff Shiu, ADA Social Media

League Presidents...

Thank You to Leagues who have already decided their Little League Day with SF Giants!

Little League Days with the SF Giants are...

Sunday, April 6 – Giants vs Mariners

@ 1p (Youth Giveaway – Charm Hat)

Sunday, April 27 – Giants vs Rangers @ 1p (Youth Giveaway – Bailey Headband)

Sunday, May 18 – Giants vs Athletics @ 1p (Youth Giveaway – SF Chain)

Left Field Bleachers Section are Sold Out for April 27th and May 18th!

Little League Day is still set up as a fundraiser and \$5 from each ticket you buy goes back to your League directly.

Special pricing for Little League Days!

See attached Pricing!

There are two ways to purchase tickets:

- 1. Bulk purchase: Heather Marino (SF Giants Account Executive) will reserve as many tickets as you think you will need all in the same section, pay for 50% upfront, then give her a final headcount and payment 30 days before the game (provide one form of payment and you handle ticket distribution).
- 2. Link purchase: Heather Marino will reserve tickets together for a specific day, in the same section, and load them onto a link. The families from your league can purchase their tickets directly from that link (add'I fees apply with the 3rd party link).

This requires no money upfront, and you do not have to deal with ticket distribution.

The link **expires** 30 days before the game.

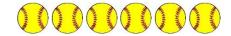
On gameday: the festivities start about 3 hours before first pitch with a pre-game Q&A with players and coaches, followed by a Little League team parade on the field once the gates open. Have Little Leaguers wear their team uniforms and don't forget to properly attach the Little League Patch on uniform tops!

After the game, the Little Leaguers will have the chance to get on the field and run the bases!

SF Giants Point of Contact to purchase Little League Days Tickets is...

Heather Marino 415.972.2261 hmarino@sfgiants.com







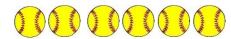
From ADA Little League Softball, Phil Raines

Softball Scheduling Meeting

Monday, February 10th, 6:30pm -? Location: 2380 Bisso Ln, Concord

Softball Rules Meeting

Monday, February 24th, 6:30pm – 8:30pm Location: 2380 Bisso Ln, Concord





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From ADA D4 UIC, Jim Rose

League Umpire Mechanics Clinics

We highly encourage Leagues to hold their own umpire mechanics clinics, which can emphasize that League's needs. District 4 can help your League UIC in that process. We can provide umpires from the Umpire Training Staff, help structure your clinic, and provide the training tools. We encourage Leagues to organize with other Leagues to hold clinics together to best utilize our resources. Please encourage your League UICs to reach out to me, Jim Rose, to start planning your umpire mechanics clinic. Dates fill up, so get on this early! In addition, we are currently planning to hold a one-day Little League Outreach mechanics clinic at Ellerhorst Elementary School in Pinole on Sunday, February 23 for adult umpires, new or experienced, and advanced youth umpires. League Chief Umpires should be thinking about who they want to encourage to attend this. Supplementing the District 4 Staff umpires will be several Northern California Little League World Series and Regional World Series umpires. Registration is required and be found at: http://www.californiadistrict4littleleague.org

District 4 Rules Clinics

The following is our schedule for In-person and Zoom rules clinics for the 2025 season:

Zoom Basic Rules Clinics.

Divided into four sessions, for all divisions of Baseball and Softball:

Wednesdays, February 5, 12, 19, and 26 7-8:15pm on Zoom

Registration is required and can found at: http://www.californiadistrict4littleleague.org

Zoom Teenage Baseball Rules Clinic

Thursday, February 20th 7-8:30 on Zoom

Registration is required and can be found at: http://www.californiadistrict4littleleague.org/contact

In-Person Softball Rules Clinic

Monday, February 24th 6:30-8:30

UC Extension Office, 2380 Bisso Ln., Concord

No Registration Required





New Rules for 2025

There are many new rules for both Baseball and Softball this year. Attached to this newsletter is a Little League summation of those changes.

Here are some of the more significant changes:

- Umpires are no longer required to check equipment; however, if a player uses illegal equipment during a game, the player and manager will both be ejected.
- Choke knobs, choke-up assists, and thumb protectors are considered alterations to a bat and will make the bat illegal.
- One-way communication devises are allowed from team to catcher to call pitches.
- 4. Jewelry and stickers on helmets are now allowed (some restrictions are still in place).
- 5. When using a Continuous Batting Order, the running portion of mandatory play is no longer required for a first at-bat.
- 6. Softball pitchers are allowed to use a tacky towel while pitching (again, restrictions apply).
- A softball pitcher removed from the circle in softball and who is removed defensively from the game is now allowed to return and pitch.

Ticket Prices for Giants Games

2025 Little League Day Pricing

Seating Category	4/6/2025 vs Mariners	4/27/2025 vs Rangers	5/18/2025 vs Athletics
View Reserve Left Field	\$12	\$12	\$15
View Reserve Outfield	\$14	\$14	\$17
View Reserve Infield	\$18	\$18	\$23
Left Field Bleachers	\$30	436	-\$40-
Lower Box Left Field	\$36	\$36	\$48
Arcade	\$48	\$48	\$59
Club Left Field	\$48	\$48	\$61
Lower Box	\$60	\$60	\$74
Lower Box Select	\$66	\$66	\$84
Club Outfield	\$72	\$72	\$88
Premium Lower Box	\$90	\$90	\$113

\$5 of every ticket sold/purchased goes directly back to your league!



2025 LITTLE LEAGUE ® RULEBOOK SIGNIFICANT UPDATES

REGULATIONS

Baseball, Softball, and Challenger – Regulation I(c): Updates made to Regulation 1(c) 8 & 9 [6 & 7 in Challenger] to require all background checks to be conducted through J.D. Palatine (JDP), with no other providers being accepted.

Baseball, Softball, and Challenger – Regulation I(c): Updates made to Regulation 1(c) 10 [8 in Challenger] to require all individuals who complete the volunteer application to complete the required annual abuse awareness training through the Little League Abuse Awareness Course, available at <u>LittleLeague.org/AbuseAwareness</u>.

Please note that the Child Protection Program has been <u>updated for the 2025 season</u>. Please review all updates at LittleLeague.org/ChildProtection.

Baseball, Softball, and Challenger – Regulation II: Updates made to Regulation II to reflect that starting with the 2025 season, children at the youngest level of the program (League Age 4-7) will have the ability to register for any program they choose, without respect to any geography- or school-related eligibility requirements. Those players who register under this option will also be fully eligible to participate in all aspects of league play, including International Tournament play, for the duration of their Little League careers provided they have continuous and unbroken participation within the specific league where initially registered and provided all other participation eligibility requirements have been met.

Additional information regarding this change may be found at <u>LittleLeague.org/2025Registration</u>.

Baseball and Softball – Regulation IV(i) – Mandatory Play for Senior League: Eliminates Mandatory Play for the Senior League Division only in Baseball and Softball.

Softball – Regulation VI(d) – Number of Pitchers Used in a Game: Removes the restriction on the number of pitchers that a team can use in one game in the Little League (Major), Junior, and Senior League Divisions.

RULES

Baseball, Softball, and Challenger – Rule 1.10 – A.R. 2 [1 in Challenger] – Alterations or Modifications made to the Bat: Clarifies that products, such as, but not limited to, choke-knobs, choke-up assists, or thumb protectors are considered alterations to the bat and are not permitted.



Softball – **Rule 1.11(a)(3)** – **Pitcher's Undershirt:** Clarifies that any part of the pitcher's undershirt or T-Shirt exposed to view cannot be the same color of the ball being used in the game.

Baseball – Rule 1.11(a)(3) – Neoprene Sleeves: Permits neoprene sleeves to be worn without being covered by an undershirt, provided the neoprene sleeve is a solid color and not white or gray.

Baseball, Softball, and Challenger – Rule 1.11(j) – Jewelry: Removes Rule 1.11(j) [1.11(d) in Challenger] to remove the requirement that jewelry, other than medical alert, should be removed, permitting jewelry to be worn.

Softball – **Rule 1.15(c)** – **Items Worn on the Hands or Wrists**: Clarifies that a pitcher may wear items on the glove hand, wrist, or arm (non-pitching arm) of a solid single color, provided it is not the same color as the ball being used in the game.

Baseball, Softball, and Challenger – Rule 1.16 – Helmet Stickers: Permits the use of helmet stickers or decals, provided that such usage is not excessive, is not offensive, and does not make inappropriate references, such as that to drugs or alcohol.

Baseball and Softball – Rule 2.00 – At-Bat (NOTE 1 and NOTE 2): Clarifies that when using the continuous batting order, players do not need to meet the running portion of mandatory play.

Baseball and Softball – Rule 2.00 – Courtesy Runner, Rule 3.04, Rule 7.14(b), and Tournament Rule 3(d): This change provides clarifications for using a courtesy runner with both the traditional batting order and the continuous batting order. It also clarifies that when using the continuous batting order, the offense may use a courtesy runner for both the pitcher and catcher of record at the same time when there are two outs.

Baseball, Softball, and Challenger – Rule 3.01 – Pregame Equipment Inspection: Removes the requirement for umpires to check equipment prior to the start of the game by placing responsibility for legal and proper equipment on the manager.

Softball – Regulation VI(c), Rule 3.03(c), Tournament Rule 4(c), Tournament Rule 4(d), Tournament Rule 9(a), and Tournament Rule 10(c) – Pitchers Removed from the Circle: This change allows a pitcher who has been removed from the circle to return as pitcher regardless of whether he/she moves to a different defensive position or the bench.

Baseball – Regulation VI(b), Rule 3.03(c), 8.06(b)-Note, Tournament Rule 4(c), Tournament Rule 9(a), and Tournament Rule 10(h) – Pitchers Moving to a Different Defensive Position Once Removed from the Mound: Provides consistency and clarification in the wording that a pitcher, in the Intermediate (50/70) Division/Junior/Senior Baseball, remaining on defense in the game but moving to a different defensive position, can return as a pitcher anytime in the remainder of the game, but only once per game. To return as pitcher, once removed from the mound, the player must remain in the game defensively.

Baseball and Softball – Rule 3.17 – Electronic Devices: This change permits a team to use one-way communication to the catcher while the team is on defense.



Baseball and Softball – Rule 6.06(d) – Use of an Illegal Bat: This change updates the penalty for the usage of an illegal bat as listed in 6.06(d) to remain consistent with the penalty included in the change to Rule 3.01.

Baseball – Rule 7.15(g) – Procedures for the Use of a Double First Base: Makes the wording of 7.15(g) consistent with the wording provided in the Softball Rulebook for the same rule.

Softball – **Rule 8.02(a)(1)** – **Approved Substances on the Pitching Hand or Fingers:** Clarifies non-approved substances on the pitching hand or fingers versus the use of approved substances under the judgement of the umpire.

TOURNAMENT

Baseball and Softball – Tournament Rule 3 – Playing Rules (Pregame Equipment Inspection): Removes the requirement for umpires to check equipment prior to the start of the game by placing responsibility for legal and proper equipment on the manager.

Baseball and Softball – Tournament Rule 14 – Tie Game: This change eliminates playing the seventh inning (Intermediate/Junior/Senior League: eighth inning) as normal. Now, the tiebreaker will begin immediately in the seventh inning (Intermediate/Junior/Senior League: eighth inning) by placing the player who is scheduled to bat last in that respective half inning on second base to begin each extra inning.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

ΑI	or the	2023 calenda	ar year, or tax year beginning 10/01/2023 and ending	09/30/202	4					
В	Check if ap	oplicable:	C Name of organization D E	mployer ide	ntification number					
	Address c	change	45	-4717356						
Ц	Name cha	ange	elephone nu	mber						
=	Initial retu		925	5-367-3216						
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	Group Exem	nption					
=		on pending	Number	3158						
G	Account	ting Method:	✓ Cash Accrual Other (specify):	ck lif the	organization is not					
1.	Vebsite	http://ww			ch Schedule B					
				m 990).						
_			☐ Corporation ☐ Trust ☑ Association ☐ Other:							
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ass	ets						
(Pa	rt II, col	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	\$	94,251					
Р	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions						
		Check if	the organization used Schedule O to respond to any question in this Part I							
	1		ons, gifts, grants, and similar amounts received		23,367					
	2	Program se	ervice revenue including government fees and contracts	. 2	22,386					
	3	-	ip dues and assessments		47,930					
	4	Investment	t income	. 4	0					
	5a	Gross amo	ount from sale of assets other than inventory 5a	0						
	b		0							
	С									
	6	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)								
	а	Gross inc	oss income from gaming (attach Schedule G if greater than							
ne		\$15,000) .	0							
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contributions							
Re.		from fundr	aising events reported on line 1) (attach Schedule G if the							
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b	568						
	С	Less: direc	et expenses from gaming and fundraising events 6c	0						
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtraction	et						
		line 6c) .		. 6d	568					
	7a	Gross sale	s of inventory, less returns and allowances	0						
	b	Less: cost	of goods sold	0						
	С	Gross prof	it or (loss) from sales of inventory (subtract line 7b from line 7a)	. 7с	0					
	8	Other reve	nue (describe in Schedule O)	. 8	0					
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 9	94,251					
	10	Grants and	similar amounts paid (list in Schedule O)	. 10	2,904					
	11	Benefits pa	aid to or for members	. 11	86,162					
es	12	Salaries, o	ther compensation, and employee benefits	. 12	0					
Expenses	13	Profession	al fees and other payments to independent contractors	. 13	1,106					
g	14	Occupancy	y, rent, utilities, and maintenance	. 14	3,251					
û	15	Printing, po	ublications, postage, and shipping	. 15	1,584					
	16	Other expe	enses (describe in Schedule O)	. 16	0					
_	17	Total expe	enses. Add lines 10 through 16	. 17	95,007					
Ś	18	Excess or	(deficit) for the year (subtract line 17 from line 9)	. 18	-756					
set	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with							
As		end-of-yea	r figure reported on prior year's return)	. 19	45,194					
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	. 20	0					
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	. 21	44,438					

Form 990-EZ (2023) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 22 Cash, savings, and investments 45,194 22 44,438 0 23 23 Land and buildings 0 Other assets (describe in Schedule O) 24 0 24 0 45,194 25 25 44,438 Total liabilities (describe in Schedule O) . . . 26 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 45,194 27 44,438 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. District, Section and Regional Tournament Play organization and awards 0) If this amount includes foreign grants, check here 28a (Grants \$ 31,055 Training for District staff and league members 29a 0) If this amount includes foreign grants, check here 11,679 Challenger Jamboree: A day long event for all members participating in the Challenger program. Little League's adaptive baseball program for individuals with physical and intellectual challenges. (Grants \$ 0) If this amount includes foreign grants, check here 30a 11,894 0) If this amount includes foreign grants, check here (Grants \$ 0 54.628 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) See Schedule O, Statement 2

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			•
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed:			
42a	The organization's books are in care of: Ted Boet Telephone no.	925-36	7-3216	6
	Located etc. 5447 Nicholas Ok Australia Ok O4524	0.41	531	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		7.5	
11-	Did the exemptation maintain any dense addiced founds devices the common of the common		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ	(2023)						Р	age -
							Yes	No
	the organization engage, directly or in andidates for public office? If "Yes," or							
Part VI	Section 501(c)(3) Organizations		, Parti			· 46		✓
raitvi	All section 501(c)(3) organizations		stions 47–49h and	d 52 and co	omplete th	e tables f	or line	20
	50 and 51.	3 mast answer que		a 0∠, and 0	ompicie in	C tables it	01 11110	,,
	Check if the organization used Sch	nedule () to respond	to any question in	this Part VI				
	Check if the organization used con	icadic o to respond	to any question in	tillo i dit vi	<u> </u>		Yes	No
47 Did	the organization engage in lobbying	activities or have a s	section 501(h) elect	ion in effect	during the	tax		
	r? If "Yes," complete Schedule C, Parl					. 47		~
-	ne organization a school as described ir		i)? If "Yes." complete	e Schedule F		. 48		~
	the organization make any transfers to					<u> </u>		·
	es," was the related organization a se							
	mplete this table for the organization's						es, an	d key
	oloyees) who each received more than							-
		(b) Average	(c) Reportable	(d) Healt	h benefits,			
(a	a) Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC		s to employee s, and deferred	(e) Estimate other com		
		devoted to position	1099-NEC)		ensation	Other com	iperisat	IOH
None								
f Tota	al number of other employees paid ove	er \$100,000						
	nplete this table for the organization'			nt contractor	s who each	n received	more	thar
\$10	0,000 of compensation from the organ	nization. If there is no	ne, enter "None."		1			
(a	a) Name and business address of each independ	lent contractor	(b) Type of se	ervice	(c)) Compensation	on	
None								
			_					
			1					
			1					
d Tota	al number of other independent contra	actors each receiving	over \$100 000					
	the organization complete Schedu	-		· Janizatione J	must attack	———— h a		
	npleted Schedule A					∵ a ·		No.
	es of perjury, I declare that I have examined this r	return including accompany	ving schedules and state	ments and to th	e hest of my ki			
	and complete. Declaration of preparer (other than					lowicage and	Delici,	11 13
Sign	Signature of officer			Da	ite			
Here	Ted Boet, District Administratror							
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature		Date	Check] if PTIN		
					self-emplo			
Prepared Use Only		-		Fir	m's EIN			
OSE OIII)	Firm's address				one no.			
May the IR	S discuss this return with the preparer	shown above? See i	nstructions			. Yes		lo ol

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	of t	ne organization					Employer identification	n number
LITT	LITTLE LEAGUE BASEBALL INC California District 4 45-4717356							17356
Pai	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The o	orga	nization is not a private founda	ition because it i	s: (For lines 1 through	12, chec	k only or	ne box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990)	.)		
3		A hospital or a cooperative hos						
4		A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
5		An organization operated for a section 170(b)(1)(A)(iv). (Compared to the compared to the comp		college or university	owned o	r operate	ed by a government	al unit described in
6		A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).	
7		An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research organi or university or a non-land-gra university:						
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and unr fter June 30, 197	nctions, subject to ce related business taxal 75. See section 509(a	rtain exce ble incom a)(2) . (Cor	eptions; a le (less se nplete Pa	and (2) no more than ection 511 tax) from art III.)	o fees, and gross 33 ¹ /3% of its businesses
11		An organization organized and	•		-			
12	Ш	An organization organized and						
		one or more publicly supported the box on lines 12a through 12						
а		Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		Type II. A supporting organ control or management of organization(s). You must organization	the supporting o	rganization vested in	the same			
С		Type III functionally integ						ally integrated with,
d		☐ Type III non-functionally i	, ,	•		-		orted organization(s
Ī		that is not functionally integreguirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е		☐ Check this box if the organ	ization received	a written determination	on from th	ne IBS th	at it is a Type I Type	e II Type III
		functionally integrated, or T						, , , , po
f	Е	nter the number of supported of						
g	Р	rovide the following information	about the supp	orted organization(s).				
	(i) l	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
۷١.								
(A)								
B)								
C)								
D)								
E)								
			<u> </u>		1	i	i .	

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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

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

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	34,161	33,529	50,230	80,803	94,250	292,973
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	34,161	33,529	50,230	80,803	94,250	292,973
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
Ü	line 6.)						292,973
Secti	on B. Total Support						272,713
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	34,161	33,529	50,230	80,803	94,250	292,973
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	34,161 organization's	33,529 first, second.	50,230 third, fourth.	80,803 or fifth tax ve	94,250 ar as a section	292,973 1 501(c)(3)
	organization, check this box and stop he	re					
	on C. Computation of Public Suppor			0 1 (0)		1	
15	Public support percentage for 2023 (line 8		•	, ,,,		15	100 %
16 Secti	Public support percentage from 2022 Schon D. Computation of Investment In			<u> </u>		16	100 %
5ecu 17	Investment income percentage for 2023 (v line 13 colu	mn (f))	17	0 %
18	Investment income percentage for 2023 (-		18	0 %
19a	33 ¹ / ₃ % support tests—2023. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box						
b	331/3% support tests-2022. If the organiz	_	_	-		_	_
	line 18 is not more than 331/3%, check this	-	_				_
20	Private foundation. If the organization di	d not check a h	oox on line 14	19a or 19h o	heck this hox	and see instruc	tions -

Schedule A (Form 990) 2023 Page 4

Part IV **Supporting Organizations**

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

Se

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2023 Page **6**

				. ago -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sect	
Sect	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	ally i	integrated Type III suppor	ting organization
	(see instructions).			

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule O, Statement 1 LITTLE LEAGUE BASEBALL INC

Form: **Form 990-EZ (2023)** EIN: **45-4717356**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Provide opportunities for youth throughout Alameda and Contra Costa counties to participate in baseball and softball

LITTLE LEAGUE BASEBALL INC

Form: **Form 990-EZ (2023)** EIN: **45-4717356**

Page: 2

Part IV

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
Name Title	Ted Boet District Administrator	3.00	0	0	0
Name Title	Geoff Shiu Assistant District Administrator	2.00	0	0	0
Name Title	Carla Moore Secretary	2.00	0	0	0
Name Title	Don Waddell UIC	2.50	0	0	0
Name Title	Phil Raines Assistant District Administrator (Softball)	2.00	0	0	0
Name Title	Stephen Mohammed Assistant District Administrator (Challenger Baseball)	1.50	0	0	0
Name Title	Jim Rose Assistant District Administrator (Training)	2.50	0	0	0
Name Title	Liz Berg Safety Officer	2.00	0	0	0
Name Title	Grayson Lawrence Assistant District Administrator (Teen Age Baseball)	2.00	0	0	0
Name Title	Paul Rosky Assistant District Administrator (Senior Baseball Tournament)	1.50	0	0	0
Name Title	Candido Anicete Assistant UIC	1.50	0	0	0

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

atuic

Department of the Treasury

For calendar year 2023, or tax year beginning 10/01/2023 and ending 09/30/2024

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

Go to www.irs.gov/Form8453TE for the latest information.

2023

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8453TE for the latest information. LITTLE LEAGUE BASEBALL INC California District 4 45-4717356 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 1b ~ 2b **b Total revenue**, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here . 94,251 3a Form 1120-POL check here **Total tax** (Form 1120-POL, line 22) 3b Form 990-PF check here . 4b 4a **b** Tax based on investment income (Form 990-PF, Part V, line 5) Form 8868 check here . . **b Balance due** (Form 8868, line 3c) 5h 5a **b Total tax** (Form 990-T, Part III, line 4) 6b Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) Form 4720 check here . . 7b 7a Form 5227 check here . . **b FMV** of assets at end of tax year (Form 5227, Item D) . . . 8b **b Tax due** (Form 5330, Part II, line 19) 9b Form 5330 check here . . 9a 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration of Officer or Person Subject to Tax** Part II 11a ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 🗹 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign 7ed Boet December 14, 2024 Ted Boet, District Administratror Here Signature of officer or person subject to tax Date Title, if applicable Part III **Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector. I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of periury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN Check if also Check if self-ERO's ERO's paid preparer employed signature Use Firm's name (or yours if EIN self-employed), address, and ZIP code Only Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Date PTIN Check if self-Paid employed **Preparer** Firm's EIN Firm's name Use Only Phone no. Firm's address

*** Form 990 Online Filers: Please sign and date in Part II and then email a scanned PDF copy of the signed form to signatureforms@form990.org or fax it to 866-699-3916

Form **8453-TE**

Tax Exempt Entity Declaration and Signature for E-file

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For calendar year 2023, or tax year beginning 10/01/2023 and ending 09/30/2024 Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TF for the latest information

OMB No. 1545-0047

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Name of fil	ler	-								EIN or SSN	_
LITTLE I	LEAG	SUE BASE	BALL INC C	alifornia	District 4	4				4	5-4717356
Part I	-	Type of	Return an	d Retu	rn Info	rmation					
and Forn 6a, 7a, 8 6b, 7b, 8	n 533 8 a, 9 a 8 b, 9 8	30 filers m a, or 10a b b, or 10b ,	ay enter doll below, and th	lars and ne amou s applica	cents. Font on the sable, blar	or all other fo at line of the nk (do not er	orms, enter whol return being filed	e dollars only. d with this for	If you check the was blank, the	e box on lin en leave lin	turn. Form 8038-CP e 1a, 2a, 3a, 4a, 5a, e 1b, 2b, 3b, 4b, 5b, n the applicable line
		990 checl					any (Form 990,	Part VIII, colur	mn (A), line 12)	1b	
2a F	orm	990-EZ c	heck here .	~			any (Form 990-E				94,251
3a F	orm	1120-POL	check here				1120-POL, line 2				
4a F	orm	990-PF c	heck here .		b Tax I	based on in	vestment incom	ne (Form 990-l	PF, Part V, line	5) . 4b	
5a F	orm	8868 che	ck here		b Bala	nce due (Fo	rm 8868, line 3c)			5b	
6a F	orm	990-T che	eck here .		b Tota	I tax (Form 9	990-T, Part III, lin	e 4)		6b	
7a F	orm	4720 che	ck here		b Tota	I tax (Form 4	4720, Part III, line	:1)		7 b	
8a F	orm	5227 che	ck here		b FMV	of assets a	t end of tax yea	r (Form 5227,	Item D)	8b	
9a F	orm	5330 che	ck here		b Tax	due (Form 5	330, Part II, line	19)			
			check here				t payment reque	sted (Form 803	38-CP, Part III, li	ne 22) 10 k	<u> </u>
Part II		Declarat	tion of Off	icer or	Persor	n Subject	to Tax				
	fed co I a	deral taxe ontact the also autho	s owed on U.S. Treasulation	this retury Financial in	rn, and coial Agendations	the financial it at 1-888-3 s involved ir	institution to de 53-4537 no later	ebit the entry than 2 busine of the electi	to this accoun ess days prior to ronic payment	t. To revoke the payme	for payment of the e a payment, I must ent (settlement) date. receive confidential
b [ex	ecuted th	e electronic	disclosi	ure cons	ent containe		urn allowing d			ogram, I certify that I s Form 990/990-EZ/
Jnder pe name of			ıry, I declare	that	✓ I am a	an officer of	the above named	d entity or	I am the perso	on subject to , (EIN)	tax with respect to
knowledgof the elector to the IR	ge ar ectror IS an	nd belief, t nic return. d to recei	hey are true I consent to ve from the	, correct allow m IRS (a) :	, and con ny interm an ackno	mplete. I furl ediate servic	ther declare that be provider, trans t of receipt or re	the amount in mitter, or elec	n Part I above is ctronic return or	the amouniginator (ER	to the best of my t shown on the copy O) to send the return the reason for any
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Here	Sign	nature of o	fficer or perso	on subject	ct to tax		Date		if applicable	iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	<u>' </u>
Part III			•	-		n Originat	or (ERO) and		• •	uctions)	
declare am only The entit be filed v nformati nave exa	that y a co y offi with to ion fo amine	I have revollector, I icer or per the IRS to per Authorized the about	iewed the at am not resp son subject the officer zed IRS e-file ove return ar	oove retu oonsible to tax w or perso e Provid nd accor	urn and t for revietill have s n subjecters for B mpanying	hat the entri- wing the retri- igned this for to tax, and usiness Retri- g schedules	es on Form 8453 urn and only dec orm before I subr d have followed a urns. If I am also	I-TE are compositions that this nit the return. all other require the Paid Prepand, to the b	olete and correct form accurately I will give a coprements in Pub parer, under pe pest of my know	t to the best reflects the y of all form 4163, Moo nalties of pe vledge and	of my knowledge. If e data on the return. is and information to lernized e-File (MeF) erjury I declare that I belief, they are true,
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Prepai	er	Firm's nam	e			-			1	Firm's EIN	<u> </u>

Phone no.

Firm's address

Use Only

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

LITTLE LEAGUE BASEBALL INC California District 4 45-4717356 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 3 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

Employer identification number

LITTLE LEAGUE BASEBALL INC California District 4 45-4717356

raiti	Contributors (see instructions). Ose duplicate copies of	Fart i il additional space is i	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	North South Oakland LL 854 Santa Ray Oakland, CA 94610	\$6,805	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Little League Inc 539 Us Hwy 15 Williamsport, PA 17702	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Walnut Creek Little League 2414 Harvard Cr Walnut Creek, CA 94597	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Martinez Little League PO Box 626 Martinez, CA 94553	\$5,756_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

LITTLE LEAGUE BASEBALL INC California District 4

45-4717356

Part II	Noncash Property (see Instructions). Use duplicate cop	oles of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) of Part III Page

Employer identification number Name of organization LITTLE LEAGUE BASEBALL INC California District 4 45-4717356

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Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, address, a		sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift (c) Use		of gift	(d) Description of how gift is held	
	Transferee's name, address, a	nship of transferor to transferee			