



# California District 4

January 20, 2026

Volume 35 Issue 4



## California 4 Little League

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## California D4 Finances

### October - January Balance

<b>Beginning Balance</b>	<b>\$68,356.31</b>
October Dinner	692.65
Volunteer Dinner	3,387.75
Volunteer Dinner Hall Rental	200.00
DA Congress Registration	500.00
50/50 Raffle	210.00
Private Donation	70.00
Challengers Donation	50.00
Post Season Volunteer Awards	1,315.65
DA Travel 2026 (World Series)	1,843.82
Donation to Cary Dyer Family	400.00
<b>Ending Balance</b>	<b>\$ 60,346.44</b>



*From the District Administrator*



### 2026 Lewis Cup Award

Martinez	1349
Richmond	1311
North Oakland/South Oakland	1029
Concord American	1006
Walnut Creek	946
Alameda	882
Pinole Hercules	835
Berkeley Albany	775
Pittsburg National	746
Clayton Valley	733
Lafayette	716
East County	683



**From ADA Liz Berg,**

Team up for a District 4 Day with the SF Giants!

If you haven't considered a date for a **Little League Day with the SF Giants**, it would be fantastic to create a **BIG District 4 presence** by having all (or most) of our leagues at Oracle Park on the same day!

**Recommended Date:** Sunday, April 26th\*

**Time:** 1:05 PM vs. the Miami Marlins

**Where we are sitting:** So far, **Martinez** and **Concord American** have already booked 500+ View Reserve (3rd level) seats in **Sections 311–315**.

**Price:** \$17–\$19 per ticket.

**Perk:** This level has its own concession area directly behind the seats with much shorter lines—perfect for families!

There are other seating options for April 26th, as well as games on Saturday, April 4th, and Saturday, May 9th. Please see your emails for more information.

### Opening Day Information

If you did not provide your Opening Day date to me at tonight's meeting, please email/text/Slack it to me. I'd like to post all of the opening days on our District Calendar and possibly our Facebook page too.



**From ADA LL Baseball,  
Liz Berg**

The scheduling meeting for interleague play for the Little League Baseball divisions will be on Tuesday, February 19th at 7pm. Please have a representative for each division come.



# California District 4

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Volume 35 Issue 4



From ADA Little League Softball,  
Phil Raines

## Softball Scheduling Meeting

Thursday, February 12<sup>th</sup>, 6:30pm -?

Location: 2380 Bisso Ln, Concord

## Softball Rules Meeting

Monday, February 23<sup>rd</sup>, 6:30pm – 8:30pm

Location: 2380 Bisso Ln, Concord

If you have any questions, please send  
me a Text: 925.270.9905



From ADA Big Diamond Baseball,  
Grayson Lawrence

**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 about 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, want to ensure games are not cancelled due to lack of umpires.

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

## 50/70 and Juniors Scheduling Meeting

- Date: 2/19/26 (Thu) at 7:00pm
- Location: UC Extension,  
[2380 Bisso Lane, Concord](http://2380 Bisso Lane, Concord)
- Attendees: Managers for each team, or a rep who can schedule games on behalf

## Teenage Baseball Rules Clinic

- Date: 2/24/26 (Tue) at 7:00pm
- Location: Zoom meeting
- **Attendees:**  
At least 1 manager/coach from each teenage baseball team in the District



From ADA Challengers,  
Stephen Mohammed

Here is a reminder of what we're going to need this upcoming season. I'm going to need your rosters earlier. Also, I'm going to need your team's set up with the players playing in the correct division. 18 and up need to play in the Senior division. We want the bigger kids to not be playing with the smaller kids. It's a safety issue; we ran into during the Jamboree.

I have a new email address.  
Please change it in your Contacts information:

[CAD4Challenger@gmail.com](mailto:CAD4Challenger@gmail.com)





**From ADA D4 UIC & Training Coordinator, Jim Rose**

### **Rules and Mechanics Trainings for Umpires and Coaches**

**District 4 is well underway in preparing for umpire training.** Please note the following dates and registrations links:

Basic Rules Clinic #1, Zoom, Wednesday, February 4, 7-8:30

Basic Rules Clinic #2, Zoom, Wednesday, February 11, 7-8:30

Basic Rules Clinic #3, Zoom, Wednesday, February 18, 7-8:30

Basic Rules Clinic #4, Zoom, Wednesday, February 25, 7-8:30

Teenage Baseball Rules Clinic, Zoom, Tuesday, February 24, 7-8:30

Register for the five Zoom clinics at: <https://www.californiadistrict4littleleague.org/about>

Each Basic Rules Clinic a different topic, so attendance at all four is needed.

**Softball Rules Clinic**, (in-person, no registration), Monday, February 23, 6:30-8:30, 2380 Bisso Lane, Concord

**Please encourage all of your umpires, coaches, and staff to register** for and attend the rules clinics. After they are completed, they will be posted on the District's YouTube channel.

**One-day District 4 Umpire**, Sunday, February 22, 8:30-4:00 at Ellerhorst Elementary in Pinole.

Register at: <https://www.eventbrite.com/e/little-league-outreach-umpire-clinic-benicia-ca-tickets-1979130770411?aff=odddtcreator> Know that half the registration spots have already been filled.

**District 4 is also participating with Districts 3, 35, 53, and 64 in a one-day Little League Outreach Clinic for Section One** in Benicia on Sunday, March 15. The clinic will be taught by members of Little League's National Instructor Team. To register for that clinic, go to: <https://www.eventbrite.com/e/little-league-outreach-umpire-clinic-benicia-ca-tickets-1979130770411?aff=odddtcreator>

**We are also helping to run individual League umpire mechanics trainings:**

Sunday, February 1, Walnut Creek

Sunday, February 15, Concord American (Adult)

Saturday, February 21, Lafayette

Saturday, February 28, Berkeley-Albany, Richmond, and NOLL/SOLL

Sunday, March 1, Concord American (Youth)

**We are also going to run three coaches clinics** for Walnut Creek (January 27), Martinez (TBD), and Richmond (TBD).

**As the season grows ever nearer**, Leagues should have already planned and prepared for how their games will be umpired, how Game coordinators will be assigned for youth-umpired games, and how their umpires will be trained. Our Little Leaguers deserve quality umpiring and that starts with Leagues preparing for that prior to the season starting.

# Rule Changes for the 2026 Season

1. **Regulation IV(i) Note 7:** Mandatory Play and Continuous Batting Order (CBO)  
Clarifies that the defensive portion of Mandatory Play (6 defensive outs) is still required.  
Makes clear that with a CBO a player may be courtesy run for prior to meeting m  
Mandatory Play.
2. **Rule 1.10 Note 2:** Pine Tar  
Pine tar and similar adhesive substances are now LEGAL on a bat, but only on the  
handle or grip, and NOT the taper or barrel. It also cannot cover the bat logo  
(USABaseball or BBCOR for baseball and BPF for softball).  
Penalty if pine tar on barrel/taper or covers logo:  
Bat is removed and player is warned.  
Bat is NOT illegal but will be removed.  
All plays from use of such bat will stand and player is NOT declared out.  
If practice continues: player and manager are ejected.
3. **Rule 1.10 A.R. 2:** Products to Assist Batter  
Changes last year's new rule on thumb protectors to now make them LEGAL.  
HOWEVER, choke-up knobs and choke-up assists are still NOT permitted.  
Like pine tar, penalty for choke knobs and choke-up assists:  
Knob or assist is removed from bat and player is warned.  
Bat is NOT illegal and once assist or knob is removed, bat may be used.  
All plays from use of knob or assist will stand player is NOT declared out.  
If practice continues, both player and manager are ejected.
4. **Rule 1.11(a)(3):** Pitcher's Sleeves (Baseball Only)  
Removes the term "neoprene" in addressing pitcher's sleeves.  
Pitcher may wear any kind of sleeve, but it must be a solid color and NOT gray or white.
5. **Rule 3.04 Note 3 and 7:15(b) Note 3:** Courtesy Runner for BOTH Pitcher and Catcher at  
the Same Time  
When placing courtesy runners for both pitcher and catcher at the same time, the  
courtesy runner who bats next will be placed closest to home.
6. **Rule 3.17 (Note 2):** One-Way Communication Device  
Provides that a team may have "a reasonable amount of time" to fix a one-way  
communication device used to relay the calling of pitches to a catcher.
7. **Rule 4.04 Note 2:** Player Unable to Complete At-Bat or Run with a CBO  
With a batter in CBO unable to complete an at-bat (injury, illness, ejection), the next  
batter in lineup takes their place and assumes count of original batter.  
With a batter in CBO who reaches base safely and cannot continue running (injury,  
illness, ejection) they are replaced by player who recorded last out, or  
courtesy runner if applicable.
8. **Rule 4:18:** Forfeited Games  
UIC is no longer required to sign scorebook in a forfeited game.
9. **Rule 7:15(g):** Double First Base  
Majors and above with third strike not caught: the batter-runner and the defense may  
use either the colored or white base.  
Majors and above with third strike not caught: when the throw to 1B comes from the foul  
side of the base, the batter-runner may run in fair territory. If hit by the throw it is NOT  
interference, unless ruled intentional interference.
10. **Rule 8.06(b) A.R.:** Returning Pitchers and Visits (Intermediate, Juniors, and Senior Baseball  
and Senior Softball  
A pitcher removed from the pitching plate and who has NO visits left may still return to  
the pitching plate and pitch.  
In such cases, the coach may only come out to remove the player as pitcher and may  
NOT confer with any defensive player.

**Post Season Calendar**  
**Tentative**

	5/25/2026	5/26/2026	5/27/2026	5/28/2026	5/29/2026	5/30/2026	5/31/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Tournament Training Meetings</b>		<b>Umpire #1</b>		<b>Umpire #2</b>			
	6/1/2026	6/2/2026	6/3/2026	6/4/2026	6/5/2026	6/6/2026	6/7/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Tournament of Champions - Baseball</b>							
<b>Tournament of Champions - Softball</b>							
<b>Tournament Training Meetings</b>	<b>TD</b>	<b>TOC Mgrs.</b>	<b>AS Mgrs.</b>				
	6/8/2026	6/9/2026	6/10/2026	6/11/2026	6/12/2026	6/13/2026	6/14/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Future Stars</b>							
<b>Tournament of Champions - Baseball</b>							
<b>Tournament of Champions - Softball</b>							
<b>All Star Verification Day</b>							
	6/15/2026	6/16/2026	6/17/2026	6/18/2026	6/19/2026	6/20/2026	6/21/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Future Stars</b>							
<b>All Stars - Softball</b>						<b>District</b>	
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>						<b>District</b>	
<b>All Stars - 60 foot baseball</b>						<b>District</b>	
<b>All Stars - 60 foot baseball (Alternate)</b>							
	6/22/2026	6/23/2026	6/24/2026	6/25/2026	6/26/2026	6/27/2026	6/28/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>All Stars - Softball</b>					<b>Section 1</b>		
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>							
<b>All Stars - Senior Baseball</b>						<b>District</b>	
<b>All Stars - 60 foot baseball</b>							
	6/29/2026	6/30/2026	7/1/2026	7/2/2026	7/3/2026	7/4/2026	7/5/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>All Stars - Softball</b>						<b>State - LLSB</b>	
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>					<b>Section</b>		
<b>All Stars - Senior Baseball</b>					<b>Section</b>		
<b>All Stars - 60 foot baseball</b>							
	7/6/2026	7/7/2026	7/8/2026	7/9/2026	7/10/2026	7/11/2026	7/12/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>All Stars - Softball</b>						<b>State - Other SB</b>	
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>						<b>State</b>	
<b>All Stars - Senior Baseball</b>						<b>State</b>	
<b>All Stars - 60 foot baseball</b>							
	7/13/2026	7/14/2026	7/15/2026	7/16/2026	7/17/2026	7/18/2026	7/19/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>All Stars - Softball</b>							
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>							
<b>All Stars - Senior Baseball</b>							
<b>All Stars - 60 foot baseball</b>					<b>Section</b>		
	7/20/2026	7/21/2026	7/22/2026	7/23/2026	7/24/2026	7/25/2026	7/26/2026
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>All Stars - Softball</b>							
<b>All Stars - Intermediate (50/70) and Junior Baseball</b>					<b>Regional</b>		
<b>All Stars - 60 foot baseball</b>							<b>State - LLBB</b>
<b>Senior BB West Region Tournament</b>							

Notes:

First Day of All Stars is no earlier than June 19

District tournaments should end to give 4 days rest for baseball divisions.

Future Stars slotted before All Stars to fill 60 foot field space

All Stars 60 foot:

Start on June 19 and end around July 10:  
 One week break before Section 1 starts  
 Requires at least 8 fields, two games on Saturdays at most locations  
 No games on Fathers Day or on Fourth of July, but games on Sunday, July 5  
 Possibility of no rest day for Elimination Bracket games in late rounds

Section and State Hosting for District 4

Little League Baseball Section 1  
 Senior Softball State  
 Likely some Delta Section Softball

## Return of Organization Exempt From Income Tax

2024

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning

10/01/2024

and ending

09/30/2025

B Check if applicable:

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

C Name of organization

LITTLE LEAGUE BASEBALL INC California District 4

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

5147 Noakes Ct

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

Antioch, CA 94531

D Employer identification number

45-4717356

E Telephone number

925-367-3216

F Group Exemption

Number 3158

G Accounting Method:  Cash  Accrual Other (specify): \_\_\_\_\_I Website: <http://www.californiadistrict4littleleague.org/>J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other: \_\_\_\_\_

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . \$ 88,263

H Check  if the organization is not required to attach Schedule B (Form 990). 

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I 

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 24,519
	2 Program service revenue including government fees and contracts . . . . .	2 16,122
	3 Membership dues and assessments . . . . .	3 47,210
	4 Investment income . . . . .	4 0
	5a Gross amount from sale of assets other than inventory . . . . .	5a 0
	b Less: cost or other basis and sales expenses . . . . .	5b 0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . .	5c 0
	6 Gaming and fundraising events:	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a 412
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 0
	c Less: direct expenses from gaming and fundraising events . . . . .	6c 0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d 412
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 0
	b Less: cost of goods sold . . . . .	7b 0
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . .	7c 0
	8 Other revenue (describe in Schedule O) . . . . .	8 0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 88,263
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 1,674
	11 Benefits paid to or for members . . . . .	11 71,002
	12 Salaries, other compensation, and employee benefits . . . . .	12 0
	13 Professional fees and other payments to independent contractors . . . . .	13 0
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 5,956
	15 Printing, publications, postage, and shipping . . . . .	15 736
	16 Other expenses (describe in Schedule O) . . . . .	16 0
	17 Total expenses. Add lines 10 through 16	17 79,368
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . .	18 8,895
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 44,438
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 53,333

**Part II Balance Sheets** (see the instructions for 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	
<b>22</b> Cash, savings, and investments . . . . .	<b>44,438</b>	<b>22</b>	<b>53,333</b>
<b>23</b> Land and buildings . . . . .	<b>0</b>	<b>23</b>	<b>0</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	<b>0</b>	<b>24</b>	<b>0</b>
<b>25</b> <b>Total assets</b> . . . . .	<b>44,438</b>	<b>25</b>	<b>53,333</b>
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>0</b>	<b>26</b>	<b>0</b>
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . .	<b>44,438</b>	<b>27</b>	<b>53,333</b>

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? [See Schedule O, Statement 1](#)

Describe the organization's program service accomplishments for each of its three largest program services, 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.

## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	<b>District, Section and Regional Tournament Play organization and awards</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	28a 42,453
29	<b>Training for District staff and league members</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	29a 3,788
30	<b>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.</b>		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	30a 13,335
31	<b>Other program services (describe in Schedule O)</b> . . . . .		
	(Grants \$ 0) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	31a 0
32	<b>Total program service expenses (add lines 28a through 31a)</b> . . . . .		
			32 59,576

**Part IV** List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Schedule O, Statement 2				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V 

	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	✓
b 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	
c 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	37a	0
b Did the organization file <b>Form 1120-POL</b> 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	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
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		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 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	✓
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0
e 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. 925-367-3216		
Located at: 5147 Nojakes Ct, Antioch, CA 94531 ZIP + 4 94531		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c 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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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-EZ. See instructions	45b	✓

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
b	If "Yes," was the related organization a section 527 organization? . . . . .	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				
-----				
-----				
-----				
-----				
-----				
-----				

f Total number of other employees paid over \$100,000 . . . . .

51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."
----	--

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		
-----		
-----		
-----		
-----		
-----		
-----		

d Total number of other independent contractors each receiving over \$100,000 . . . . .

52	Did the organization complete Schedule A? <b>Note:</b> All section 501(c)(3) organizations must attach a completed Schedule A . . . . .	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
----	---	---	-----------------------------

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	Ted Boet, District Administrator		
Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Check <input type="checkbox"/> if self-employed		PTIN
	Firm's name		Firm's EIN
Firm's address		Phone no.	

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

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2024****Open to Public  
Inspection**

Name of the organization

LITTLE LEAGUE BASEBALL INC California District 4

Employer identification number

45-4717356

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one 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 (Form 990).)  
3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  
10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  
a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**  
b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**  
c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**  
d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**  
e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.  
f Enter the number of supported organizations . . . . .  
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
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) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33,529	50,230	80,803	94,250	88,263	347,075
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 . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .	33,529	50,230	80,803	94,250	88,263	347,075
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						347,075

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 . . . . .	33,529	50,230	80,803	94,250	88,263	347,075
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	33,529	50,230	80,803	94,250	88,263	347,075
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	100 %
16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	16	100 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . .	17	0 %
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	18	0 %
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . .		<input type="checkbox"/>
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . .		<input checked="" type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .		<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

5a 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).*

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

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).*

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).*

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

b Did one or more disqualified persons (as defined 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.*

c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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.

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(iii) Distributable Amount for 2024</b>
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2024	
<b>a</b>	<b>From 2019 . . . . .</b>	
<b>b</b>	<b>From 2020 . . . . .</b>	
<b>c</b>	From 2021 . . . . .	
<b>d</b>	From 2022 . . . . .	
<b>e</b>	From 2023 . . . . .	
<b>f</b>	<b>Total of lines 3a through 3e</b>	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2024 distributable amount	
<b>i</b>	Carryover from 2019 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
<b>4</b>	Distributions for 2024 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2024 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	<b>Excess from 2020 . . .</b>	
<b>b</b>	Excess from 2021 . . .	
<b>c</b>	Excess from 2022 . . .	
<b>d</b>	Excess from 2023 . . .	
<b>e</b>	Excess from 2024 . . .	

## Part VI

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

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**LITTLE LEAGUE BASEBALL INC California District 4**

Employer identification number

**45-4717356****Form 990-EZ, Part I, Line 10 - \$500 to Branden Barker Foundation \$1774 donation to Western Region Headquarters (San Bernardino)**

**Primary Exempt Purpose**

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**Primary Exempt Purpose**

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

## Officers, Directors, Trustees and Key Employees Compensation

Name	Title	Hours	Compensation	Benefits	Expense
Name	Ted Boet	4.00	0	0	0
Title	District Administrator				
Name	Geoff Shiu	2.00	0	0	0
Title	Media Creator				
Name	Carla Moore	2.50	0	0	0
Title	Secretary				
Name	Don Waddell	3.00	0	0	0
Title	Post Season Director				
Name	Phil Raines	2.00	0	0	0
Title	Assistant District Administrator (Softball)				
Name	Stephen Mohammed	1.00	0	0	0
Title	Assistant District Administrator (Challenger Baseball)				
Name	Jim Rose	3.00	0	0	0
Title	UIC				
Name	Liz Berg	2.50	0	0	0
Title	Assistant District Administrator				
Name	Grayson Lawrence	2.00	0	0	0
Title	Assistant District Administrator (Teen Age Baseball)				
Name	Paul Rosky	1.00	0	0	0
Title	Assistant District Administrator (Senior Baseball Tournament)				
Name	Candido Anicete	2.00	0	0	0
Title	Assistant UIC				
Name	Michele Viera	1.50	0	0	0
Title	Safety Officer				

**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**LITTLE LEAGUE BASEBALL INC California District 4**

Employer identification number

**45-4717356****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ . . . . .

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

Name of organization

LITTLE LEAGUE BASEBALL INC California District 4

Employer identification number

45-4717356

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	North South Oakland LL 854 Santa Ray Oakland, CA 94610	\$ 8,115	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Little League Inc 539 Us Hwy 15 Williamsport, PA 17702	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Walnut Creek Little League 2414 Harvard Cr Walnut Creek, CA 94597	\$ 7,317	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Martinez Little League PO Box 626 Martinez, CA 94553	\$ 12,727	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Clayton Valley Little League CVLL PO Box 875 Clayton, CA 94517	\$ 5,764	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Alameda Little League 2857 Sea View Pky Alameda, CA 94502	\$ 5,450	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LITTLE LEAGUE BASEBALL INC California District 4

Employer identification number

45-4717356

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(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
		\$ _____	_____
(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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Name of organization

**Employer identification number**

LITTLE LEAGUE BASEBALL INC California District 4

45-4717356

## Part III

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