Public Inspection Copy

Form	990-T	E	empt Organization (and proxy tax		siness Income ⁻ der section 6033(e		n	OMB No. 1545-0887
		For cale	ndar year 2018 or other tax year begin		•	**		୭ଲ1Ω
Depart	ment of the Treasury		► Go to www.irs.gov/Form990					<u> </u>
Interna	Revenue Service	▶ Do	not enter SSN numbers on this form a	s It ma	y be made public if your orga	nization is a 501(c)	(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed		Name of organization (Check bo	x if nar	ne changed and see instructions	3.)		yer Identification number yees' trust, see instructions,)
	mpt under section		USA SOFTBALL, INC.					
X	501(C)(3)	Print or	Number, street, and room or suite no. I	fa P.O.	box, see instructions.			132249
\vdash	408(e) 220(e)	Type						ated business activity code structions.)
-	408A530(a)		2801 N.E. 50TH STREE				,	,
	529(a) k value of all assets		OKLAHOMA CITY, OK 7		• ,		45300	3.0
	nd of year	E Gro	up exemption number (See instructi				45322	20
	8,995,890.		ck organization type X 501			truct	401(a)	trust Other trust
H Er			nization's unrelated trades or busine					(or first) unrelated
		-	E OF SOFTBALL MERCHAN				-	e than one, describe the
			end of the previous sentence, cor			•		
tra	ide or business, th	en compl	ete Parts III-V.	_	,			
I Du	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsidiary o	ontrolled group?,		▶ Yes X No
			Identifying number of the parent co	poration				
	e books are in care				Telephon	e number > 405	-425-	3445
Par			or Business Income		(A) Income	(B) Expens	es	(C) Net
1a			310,994.		220 004			
b	Less returns and allows		c Balance ▶	_	310,994. 170,905.			
2			ule A, line 7)	3	140,089.			140,089.
3 4a			ttach Schedule D)	4a	140,005.			140,003.
b			Part II, line 17) (attach Form 4797)	4b				
c			trusts	4c				
5			r an S corporation (attach statement)	5				
6				6				
7			come (Schedule E)	7				
8	interest, annuities, roys	attles, and re	ints from a controlled organization (Schedule F)	8_				
9			1(c)(7), (9), or (17) organization (Schedule G)	9				
10			ncome (Schedule I)	10		·-··		
11			fule J)	11				
12			ctions; attach schedule)	12	140 000			140.000
13			ough 12	13	140,089.	aduations \/E	voont f	140,089.
Fai			be directly connected with t				хсері і	or contributions,
14			directors, and trustees (Schedule K)				, 14	11,134.
15								134,193.
16								
17								
18	Interest (attach s	chedule)	(see instructions)				. 18	
19	Taxes and license	s					. 19	
20			See instructions for limitation rules)					
21	Depreciation (atta	ach Form	4562)		21	11,946		
22			on Schedule A and elsewhere on re				22b	11,946.
23	Depletion			• • •		· · · · · · · · · · ·	. 23	
24			compensation plans					
25 26			S					
27			Schedule I),					
28			schedule)					16,352.
29			es 14 through 28					173,625.
30			ple income before net operating					33,536.
31			ig loss arising in tax years beginning					
32			e income. Subtract line 31 from line					-33,536.

For Paperwork Reduction Act Notice, see Instructions. 322740 1,000 7902 1722

Form	990-T (201						Page 2
Par	t III 🔝	Fotal Unrelated Business Taxable	Income				
33	Total of	unrelated business taxable income comp	puted from all unrelated	trades or businesses (see			
		ons),			33	62,	,290.
34	Amounts	paid for disallowed fringes			34		
35		n for net operating loss arising in ta					
33		ons)			35		
					33		
36		unrelated business taxable income before	•				200
		33 and 34			36		,290.
37	Specific	deduction (Generally \$1,000, but see line 37 in	nstructions for exceptions)		37	1,	,000.
38	Unrelate	d business taxable income. Subtract line	37 from line 36. If line 3	7 is greater than line 36,	1 1		
	enter the	smaller of zero or line 36			38	61,	,290.
Par		Tax Computation					
39		ations Taxable as Corporations. Multiply line 38	3 hv 21% (0.21)		39	12,	,871.
40	Trusts		ructions for tax compu				
40					1 40		
		unt on line 38 from: Tax rate schedule or		041)	40		
41	Proxy ta	x. See instructions			41		
42	Alternati	ve minimum tax (trusts only)			42		
43	Tax on	Noncompliant Facility Income. See Instructions			43		
44	Total. A	ld lines 41, 42, and 43 to line 39 or 40, whiche	ever applies		44	12,	,871.
Par	t V	Tax and Payments					
45 a		tax credit (corporations attach Form 1118; trust	ts attach Form 1116)	45a			
		edits (see instructions)			1 1		
					1 1		
C	General	business credit. Attach Form 3800 (see instructi	ions)	450	1		
d	Credit fo	r prior year minimum tax (attach Form 8801 or	8827)	[450]	1		
е		edits. Add lines 45a through 45d			45e		0.71
46	Subtract	line 45e from line 44			46	12	,871.
47	Other tax	es. Check if from: Form 4255 Form 8611	Form 8697 Form 88	66 Other (attach schedule) .	47		
48	Total ta	c. Add lines 46 and 47 (see Instructions)			48	12	,871.
49		t 965 tax liability paid from Form 965-A or Form			49		
		ts: A 2017 overpayment credited to 2018					
		timated tax payments			.†		
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1		
		osited with Form 8868			1 1		
		organizations: Tax paid or withheld at source (se			-		
0		withholding (see instructions)			-		
f		or small employer health insurance premiums (a		50f	1		
g	Other cr	edits, adjustments, and payments: Form 24	39				
	Fi	orm 4136 Other	Total ►	50g]]		
51	Total pa	yments. Add lines 50a through 50g			51	19	,912.
52	Estimat	ed tax penalty (see instructions). Check if Form:	2220 is attached		52		
53		. If line 51 is less than the total of lines 48, 49,			53		
54		ment. If line 51 is larger than the total of lines			$\overline{}$	7	,041.
				Refunded >			
55		amount of line 54 you want: Credited to 2019 estin					
		Statements Regarding Certain Ac					- I N-
56		time during the 2018 calendar year, did					s No
		financial account (bank, securities, or other		-	-		
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes	s," enter the name of the	foreign	country	
	here 🕨						<u> </u>
57	During !	he tax year, did the organization receive a distr	ribution from, or was it the gra	antor of, or transferor to, a fore	ign trust?,		X
- •	-	see instructions for other forms the organization	•		_		
58		e amount of tax-exempt interest received or ac					
-		ider penalties of perjury. I declare that I have examined I		chedules and statements, and to the	best of my	knowledge and	belief, It is
Oi-	l tn	e, correct, and complete. Declaration of preparer (other than ta					
Sig		DATA CDECA		anatin atheama 1		S discuss this	
Hei	- I' -	RAIG CRESS				reparer shown	
	\$	gnature of officer	Date Title		ee instruction	a)? X Yes	No
D-1		Print/Type preparer's name	Preparer's signature	Date	ck L if	PTIN	
Paid		LAUREN R NOWAKOWSKI	Jour Outre		employed	P017969	
'	parer	Firm's name ► KPMG LLP		Firm	's EIN 🕨	13-556520	37
USE	Only	Firm's address ▶ 210 PARK AVE., SUI	TE 2650, OKLAHOMA	CITY, OK 73102 Pho	ne no. 405	5-239-641	.1
ICA						Form 990-	

8X2741 1.000 J07902 1722

Form 990-T (2018)

Enter here and on page 1, Part I, line 7, column (B).

(4)

Total dividends-received deductions included in column 8

%

Enter here and on page 1, Part I, line 7, column (A).

Schedule F-Interest, Annu	uities, Royalties						itions (se	e instructi	ons)		
		Ехе	mpt Co	ntrolled Org	ganizatio	วกร					
Name of controlled organization	2, Employer Identification number	я		ated income nstructions)	1	of specifi ents made	ed include	of column 4 t ad in the contr ation's gross in	olling	Deductions directly connected with Income in column 5	
(1)											
(2)					Ì						
(3)					İ						
(4)					l						
Nonexempt Controlled Organia	zations										
7. Taxable Income	8. Net unrelated ind (loss) (see instructi			Total of specific ayments made		inch	Part of column uded in the column nization's great	controlling		Deductions directly nected with income in column 10	
(1)											
(2)											
(3)	-										
(4)											
Totals	ncome of a Sec	 tion 501	(c)(7),		▶) Orga	Enti Par	d columns 5 er here and c t I, line 8, co	n page 1, lumn (A).	Ent	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).	
1. Description of Income	2. Amount of			3. Deduction directly cor (attach sch	tions inected		4. !	Set-asides th schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
<u>(1)</u>											
(2)						_	_		i		
(3)											
(4)											
Totals	Enter here and o Part I, line 9, co	lumn (A).								Enter here and on page 1, Part I, line 9, column (B).	
Schedule I-Exploited Exe	empt Activity Inc	ome, Ot	her Th	an Adverti	ising Ir	come	(see inst	ructions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Experdirect connecte producti unrela business i	tly d with on of ted	4. Net Inconfrom unrelated or business 2 minus collif a gain, colos 5 three	ed trade (column umn 3). ompute	from is no	oss income activity that t unrelated ess income	toome 6. Expenses attributable to stated		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										+	
(2)											
(3)		-								+	
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, f line 10, c	Part I,							Enter here and on page 1, Part II, line 26.	
Schedule J- Advertising Ir	Come (see instar	ictions)									
Part I Income From Per			`oncol	idated Da	-io						
Fair Income From Per	logicals Reporte	ed on a C	опѕоі	idated Bas	515			1		1	
1. Name of periodical	2. Gross advertising Income	3. Dire advertising		4. Adverting ain or (los 2 minus co a gain, co cols 5 thro	s) (col. ol. 3). If mpute	(col. 5. Circulation 6. Readership income costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1) ATTACHMENT 4							-			1	
(2)				1						7	
(3)				1					-	_	
(4)				1						7	
Totals (carry to Part II, line (5))										Form 990-T (2018)	

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

<u> </u>	into by title back	3.7				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation Income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part It (lines 1-5)						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)		
			•	3. Percent of		

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			11,134.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

(A) Income

OMB No. 1545-0687

2018

(C) Net

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning ________, 2018, and ending _______,

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Instructions and the latest information.

Open to Public Instructions and the latest information.

Name of organization

USA SOFTBALL, INC.

Part I Unrelated Trade or Business Income

Employer identification number

23-7132249

(B) Expenses

Unrelated business activity code (see instructions) ▶ 900002

Describe the unrelated trade or business ▶ EXHIBIT BOOTH RENTAL INCOME

1 a				
b	Less returns and allowances C Balance ▶ 1c			
2	Cost of goods sold (Schedule A, line 7) 2			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D) 4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b			
C	Capital loss deduction for trusts 4c]	
5	Income (loss) from a partnership or an S corporation (attach			
	statement)			
6	Rent income (Schedule C) ATCH, 3 . 6	32,940.		32,940.
7	Unrelated debt-financed income (Schedule E) 7			11-1
8	Interest, annuitles, royalties, and rents from a controlled			
	organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17)			
	organization (Schedule G)			
10	Exploited exempt activity income (Schedule I) 10			
11	Advertising income (Schedule J)			İ
12	Other income (See instructions; attach schedule) 12			
13	Total. Combine lines 3 through 12	32,940.		32,940.
14	Compensation of officers, directors, and trustees (Schedule K)		 _	
15			 _	
16	Salaries and wages ,		15 16	
17	Bad debts,		17	
18	Interest (attach schedule) (see instructions).		18	
19	Taxes and licenses		19	1,947.
20	Charitable contributions (See instructions for limitation rules)		 20	2,31,.
21	Depreciation (attach Form 4562).		 _20	
22	Less depreciation claimed on Schedule A and elsewhere on return	222	 22b	
23	Depletion		 23	
24	Contributions to deferred compensation plans		 24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I),		 26	
27	Excess readership costs (Schedule J)		 27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28,		29	1,947.
30	Unrelated business taxable income before net operating loss deduction		30	30,993.
31	Deduction for net operating loss arising in tax years beginning on			
				1
	instructions)		31	ļ
32	Instructions)		 31 32	30,993.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

JSA

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning ______, 2018, and ending _____,

► Go to www.irs.gov/Form9907 for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer Identification number

23-7132249

Name of organization

USA SOFTBALL, INC.

Unrelated business activity code (see instructions) ▶ 541880

	Describe the unrelated trade or business ► ADVERTISING				
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances C Balance	1c	L		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net Income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	_4b			
C	Capital loss deduction for trusts	4c		· -	
5	Income (loss) from a partnership or an S corporation (attach			·	
	statement)	5	<u>_</u>		
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	_8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			-
11	Advertising income (Schedule J)ATC# .4	11	146,851.	6,220.	140,631.
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	146,851.	6,220.	140,631.

Part II Deductions Not Taken Eisewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		
16	Repairs and maintenance		
17	Bad debts,	17	
18	Interest (attach schedule) (see Instructions)		-
19	Taxes and licenses		1,966.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562),		
22	Less depreciation claimed on Schedule A and elsewhere on return	22Ь	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I),		
27	Excess readership costs (Schedule J). ATCH 4		107,368.
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		109,334.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	31,297.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	Instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	-	31,297.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES	1,958.
LEGAL FEES	2,274.
UTILITIES	3,347.
OFFICE/COMPUTER MAINTENANCE EXPENSES	7,199.
SECURITY	1,574.

PART II - LINE 28 - OTHER DEDUCTIONS 16,352.

USA SOFTBALL, INC. 23-7132249

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CRAIG CRESS 2801 N.E. 50TH STREET OKLAHOMA CITY, OK 73111	EXECUTIVE DIRECTOR	1.086200	1,426.
MARK LOEHRS 2801 N.E. 50TH STREET OKLAHOMA CITY, OK 73111	CFO	11.124600	9,708.
TOTAL COMPENSATION			11,134.

USA SOFTBALL, INC.

EIN: 23-7132249 12/31/2018 ATTACHMENT TO FORM 990-T SCHEDULE M

Unrelated business activity code: 900002 Unrelated trade or business description: EXHIBIT BOOTH RENTAL INCOME

RENT INCOME FROM REAL PROPERTY AND PERSONAL PROPERTY LEASED WITH REAL PROPERTY (FORM 990-T SCHEDULE C)

			Net Rental	Income	32,940
				Total Deductions	NONE
Rent Received or Accrued from real	and personal property (It the	percentage of rent for personal	property exceeds 50% or if the rent	is based on profit or income)	32,940
Rent Received or Accrued from	personal property (If the	percentage of rent for personal	property is more than 10% but not	more than 50%	NONE
				Description of Property	Exhibit Booth Rental

USA SOFTBALL, INC.

EIN: 23-7132249 12/31/2018 ATTACHMENT TO FORM 990-T SCHEDULE M

Unrelated business activity code: 841880

Unrelated trade or business description: ADVERTISING

ADVERTISING INCOME REPORTED ON A CONSOLIDATED BASIS (FORM 990-T SCHEDULE J)

Excess Readership Costs	7 107,368	7 107,368
Readership Costs	123,607	123,607
Circulation Income	16,239	16,239
Advertising Gain or Loss	140,631	140,631
Direct Advertising Costs	6,220	6,220
Gross Advertising Income	146,851	146,851
Name of Periodical	BALLS & STRIKES, GUIDE, & MANUAL	

Form 4562

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

➤ Attach to your tax return.
➤ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

identifying number 23-7132249

USA SOFTBALL, INC.
Business or activity to which this form relates

GENERAL DEPRECIATION

Ра	Note: If you have any lis				you comp	lete Part I.		
1	Maximum amount (see instructions).						T 1	
2	Total cost of section 179 property pla	ced in service (see in	structions)				2	
3	Threshold cost of section 179 proper							
4	Reduction in limitation, Subtract line:	3 from line 2. If zero o	r less, enter -C)-			4	
5	Dollar limitation for tax year, Subtract line 4 from separately, see instructions	line 1. If zero or less, enter -	0 If married filing			<u> </u>	5	
6	(a) Description	of property		(b) Cost (bu	siness use onl	y) (c) Elect	ed cost	
7	Listed property. Enter the amount from	m line 29			7			
	Total elected cost of section 179 pro							
9	Tentative deduction. Enter the smaller	r of line 5 or line 8					9	_
	Carryover of disallowed deduction from	m line 13 of your 20	17 Form 4562				10	
11	Business income limitation. Enter the							
12	'						12	
13	,				▶ 13			
	e: Don't use Part II or Part III below for							
	Special Depreciation A							structions.)
14	Special depreciation allowance fo						- 1	
	during the tax year. See instructions							
15	Property subject to section 168(f)(1)	election					15	
0	Other depreciation (including ACRS)						16	
Ρа	rt III MACRS Depreciation (D	ion't include listed			tions.)			
_				tion A			l	11 046
17	MACRS deductions for assets placed						-	11,946
18	If you are electing to group any a	•						
	asset accounts, check here Section B - Assets	Diseased in Service	Dueles 201	9 Tay Vaa	e Helee Ab			Custam
	Section B - Assets	(b) Month and year	(c) Basis for			General Dep	reciation .	System
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	(e) Convention	(র) Method	(g) Depreciation deduction
19a	3-year property							
	5-year property							
	7-year property							
	I 10-year property							
	15-year property							
	20-year property							
2	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property	111-0				MM	S/L	
200	Section C - Assets P Class life	laced in Service L	Juring 2018	lax Year	Using the	Alternative De		n System
_	12-year				40	[S/L	
					12 yrs.	1444	S/L	
	: 30-year I 40-year				30 yrs.	MM	S/L	
	rt IV Summary (See instructi	one)	L		40 yrs.	J MM	S/L	
T G	THE SUMMER OF SUMMER	0113.)						
24	Listed property Enter amount from the	- 20						
	Listed property. Enter amount from lin		7 (1000 40 0		* * * * * * * * * * * * * * * * * * *		21	
	Listed property. Enter amount from lin Total. Add amounts from line 12, here and on the appropriate lines of y	lines 14 through 13	7, lines 19 a	nd 20 in	****		· · · —	

23-7132249 Form 4562 (2018) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, property used entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No (e) (i) Business/ Basis for degreciation Type of property (list vehicles first) Date placed in service Depreciation Recovery Method/ Elected section 179 Cost or other basis investment use (business/investment period Convention deduction cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -% S/L -0/ S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1, 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1. Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (d) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year. 32 Total personal (noncommuting) other 33 Total miles driven during the year. Add lines 30 through 32 Yes No Yes No Yes No Yes No Yes No Yes Nο 34 Was the vehicle available for personal use during off-duty hours?....... 35 Was the vehicle used primarily by a more than 5% owner or related person?..... Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization (e) (b) (d) Amortization Date amonization Description of costs Amortizable amount Code section period or Amortization for this year begins percentage 42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 43 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2018)

8X2310 1.000

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SCHEDULE O (Form 1120)

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service
Name

Consent Plan and Apportionment Schedule for a Controlled Group

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

Go to www.irs.gov/Form1120 for Instructions and the latest information.

OMB No. 1545-0123

Name	Employer Identification number
USA SOFTBALL, INC.	23-7132249
Part I Apportionment Plan Information	
1 Type of controlled group:	
a X Parent-subsidiary group	
b Brother-sister group	
c Combined group	
d Life insurance companies only	
2 This corporation has been a member of this group:	
a X For the entire year.	
b From , until	
, ditti	
3 This corporation consents and represents to:	
a Adopt an apportionment plan. All the other members of this group are adopting an apportion	nment plan effective for the
current tax year which ends on, and for all succeeding tax year	
b Amend the current apportionment plan. All the other members of this group are currently a	
plan, which was in effect for the tax year ending, and for all su	
c Terminate the current apportionment plan and not adopt a new plan. All the other memi	bers of this group are not adopting
an apportionment plan.	
d Terminate the current apportionment plan and adopt a new plan. All the other members of	
apportionment plan effective for the current tax year which ends on	, and for all
succeeding tax years.	
4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termin	ation of the current apportionment
plan was:	ation of the current appointment
a Elected by the component members of the group.	
b Required for the component members of the group.	
5 If you did not check a box on line 3 above, check the applicable box below concerning the s	status of the group's apportionment
plan (see instructions).	
a No apportionment plan is in effect and none is being adopted.	
b X An apportionment plan is already in effect. It was adopted for the tax year ending 12/	31/2007 , and for
all succeeding tax years.	
6 If all the members of this group are adopting a plan or amending the current plan for a tax year	
(including extensions) of the tax return for this corporation, is there at least one year remaining	
from the date this corporation filed its amended return for such tax year for assessing any result	ing deticiency?
See instructions.	
a Yes. (i) The statute of limitations for this year will expire on .	
(i) The statute of limitations for this year will expire on (ii) On, this corporation entered into an agreement with the	Internal Revenue Sendes to
extend the statute of limitations for purposes of assessment until	IIITOTTIBLE IZGYGING GGTAICE IU
b No. The members may not adopt or amend an apportionment plan.	 ·
7 If the corporation has a short tax year that does not include December 31, check the box. S	See instructions.
For Paperwork Reduction Act Notice, see Instructions for Form 1120.	Schedule O (Form 1120) (Rev. 12-2018)

Schedule O (Form 1120) (Rev. 12-2018) Part II Apportionment (See instructions)					Page 2
				Apportionment	
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
USA SOFTBALL, INC.	23-7132249	2018-12	NONE	NONE	NONE
ASA PROPERTIES	73-1476596	2018-12	150,000.	NONE	250,000.
e					
4					
2					
S .					
7					
20					
o o					
10					
Total			150,000.	NONE	250,000.
				Schedule O	Schedule O (Form 1120) (Rev. 12-2018)

Section 1.263(a)-3(n) Election - Book Conformity Election

USA Softball, Inc. is making the election under Treas. Reg. § 1.263(a)-3(n) to capitalize those repair and maintenance costs that it treats as capital expenditures on its books and records for the tax year ended December 31, 2018.

Taxpayer Name: USA Softball, Inc. Address: 2801 N.E. 50th Street

Oklahoma City, OK 73111

Taxpayer Identification Number: 23-7132249

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

USA Softball, Inc. hereby makes the de minimis safe harbor election under Section 1.263(a)-1(f) of the Treasury Regulations, effective for the tax year ending December 31, 2018. Taxpayer has an Applicable Financial Statement for the year of the election. This election permits the taxpayer to deduct for tax purposes any item deducted under its book policy that does not exceed \$5,000 per invoice (or per item, as substantiated by the invoice) or items having an economic useful life of twelve months or less as described in Section 1.263(a)-1(f)(1)(i).

Taxpayer Name: USA Softball, Inc. Address: 2801 N.E. 50th Street

Oklahoma City, OK 73111

Taxpayer Identification Number: 23-7132249