Form **990-EZ** 

mont of the

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Under section 501(c) 527	or 4947(a)(1) of the l	nternal Revenue Code	(except private foundations)
			(except private roundations)

Do not enter social security numbers on this form as it may be made public. ►

Open to Public Inspection

2016

		ue Service	Information about Form 990-EZ and its	instructions is a	at www.irs.go	v/form990.		
A F	or the	2016 calenda	r year, or tax year beginning	, 2016, an	nd ending			, 20
<b>B</b> c	heck if ap	oplicable:	C Name of organization			D Employ	ver ident	ification number
A	ddress ch	nange	Chelsea Baseball Club Inc			46-	111384	49
_ N	lame char	nge	Number and street (or P.O. box, if mail is not delivered to street address)	)	Room/suite	E Telepho	ne numb	ber
_ Ir	nitial returi	n						
F	inal returr	n/terminated	60 Chelsea Corner PMB 145			(20	5)940-	-3400
X A	mended r	return	City or town, state or province, country, and ZIP or foreign postal code			F Group E	Exemptio	n
5	pplication		Chelsea, AL 35043			Number	►	
		ing Method:	X Cash Accrual Other (specify) ►		н	Check 🕨	if the	organization is not
	Vebsite	0	chelseabaseballclub.org			required to a		
			check only one) - 🗴 501(c)(3) □ 501(c)( ) ◀ (insert n	o.) 4947(a)(1)	or 527	(Form 990, 9		
			Corporation Trust Association			(	,	,
		•	7b to line 9 to determine gross receipts. If gross receipts		more, or if total	assets		
			<i>i</i> ) are \$500,000 or more, file Form 990 instead of Form 9				. ▶ \$	29,811
	rt I		e, Expenses, and Changes in Net Assets					
			the organization used Schedule O to respond to a		•			, _
	4						1	
	1		s, gifts, grants, and similar amounts received ••••• vice revenue including government fees and contracts				2	
	2	-					_	
	3		dues and assessments				3	29,786
	4	Investment in					4	25
			nt from sale of assets other than inventory					
			other basis and sales expenses	5k	0		-	
	C		) from sale of assets other than inventory (Subtract line &	5b from line 5a)			5c	
	6	•	fundraising events					
~	а	a Gross income from gaming (attach Schedule G if greater than						
Revenue		<i>+</i> ···,···)		••••• 6a	a			
š	b	Gross incom	e from fundraising events (not including <u></u>		_ of contributio	ns		
Å		from fundrais	sing events reported on line 1) (attach Schedule G if the	1				
		sum of such	gross income and contributions exceeds \$15,000) • •	•••••• 6t	<b>o</b>			
	C	Less: direct e	expenses from gaming and fundraising events ••••	60	<b>;</b>			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6	a and 6b and sub	otract			
		line 6c) 🛛 🔸				[	6d	
	7a	Gross sales	of inventory, less returns and allowances		a			
	b	Less: cost of	goods sold	· · · · · · 71	<b>b</b>			
	с	Gross profit	or (loss) from sales of inventory (Subtract line 7b from lin	e 7a) • • • • •			7c	
	8	Other revenu	e (describe in Schedule O)			[	8	
	9	Total revenu	<b>ie.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>.</u>		· · · • •	9	29,811
	10						10	
	11	Benefits paid	I to or for members			[	11	
	12	Salaries, oth	er compensation, and employee benefits			[	12	
ses	13		fees and other payments to independent contractors			[	13	5,257
Expenses	14		ent, utilities, and maintenance			[	14	6,200
Ř	15					[	15	
_	16	0.1	ses (describe in Schedule O)				16	28,652
	17	•	ses. Add lines 10 through 16				17	40,109
	18						18	(10,298
its	19		r fund balances at beginning of year (from line 27, colum					(10,290
sse	15						19	20,071
Net Assets	20		es in net assets or fund balances (explain in Schedule O			H	20	20,071
Re	20 21	-	r fund balances at end of year. Combine lines 18 through	/			20	0 993
			an Act Notice, see the separate instructions	120			21	<b>9,773</b> Form <b>990-E7</b> (2016)

ork Reduction Act Notice, see the separate instructions.

-	m 990-EZ (2016) Chelsea Baseball Club Ir	nc			46-1	.113	849 Page 2
P	<b>art II</b> Balance Sheets (see the instructions for Part II)						_
	Check if the organization used Schedule O to res	pond to any questio	n in this Par	tll			[
				(A) Beg	inning of year	L	(B) End of year
22	Cash, savings, and investments				20,071	22	9,773
	Land and buildings				0	23	0
24	Other assets (describe in Schedule O) $\cdots \cdots \cdots \cdots$		· · · · ·		0	24	0
	Total assets		-		20,071	25	9,773
					0	26	0
	Net assets or fund balances (line 27 of column (B) must agree v		· · · · · ·		20,071	27	9,773
P	art III Statement of Program Service Accomplishme						Expenses
	Check if the organization used Schedule O to rea		on in this Pa	rt III •	••••	(Rec	uired for section
Wh	at is the organization's primary exempt purpose? See Schedu	le O				501(	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each			S,		orga	nizations; optional for
	measured by expenses. In a clear and concise manner, describe th		e number of			othe	rs.)
<u> </u>	sons benefited, and other relevant information for each program titl						1
28	To promote, support and enhance athletics,	namely; baseba	all				
	and other activities for Alabama youths.						
					<u> </u>	00-	
~~	(Grants \$ ) If this amount inc	cludes foreign grants, c	neck nere •		🕨 📋	28a	40,109
29							
	(Cranto ¢	aludaa faraian aranta a				200	
20	(Grants \$ ) If this amount inc	cludes foreign grants, c	neck nere			29a	
30							
	(Grants \$ ) If this amount inc	aludaa faraiga graata g	book boro			30a	
24	Other program services (describe in Schedule O)	cludes foreign grants, c				30a	
31		cludes foreign grants, c			_	31a	
32	Total program service expenses (add lines 28a through 31a)					312	
	art IV List of Officers, Directors, Trustees, and Key Employ					-	
-	Check if the organization used Schedule O to respond to						· · · · · · · · · · · · · · · · · · ·
		1	(c) Reportab		(d) Health benefits		
	(a) Name and title	(b) Average hours per week	compensatio		contributions to emp		(e) Estimated amount of
		devoted to position	(Forms W-2/109 (if not paid, en	· · ·	benefit plans, and deferred compensation		other compensation
Ro	nald J Hughes				deletted compense		
	rector	20.00		o		o	0
	ryl Spears						•
	easurer	20.00		o		o	0
				-			
						Ţ	
				Ι		ſ	
				Ι		ſ	
						1	

	990-EZ (2016) Chelsea Baseball Club Inc 46-11138	349	F	Page 3
Pa	<b>Other Information</b> (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		Х
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		х
25 0		34		A
30 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	0.5		37
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
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		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved <b></b>	504		- 25
		-		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	4		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 🕨; section 4912 🕨; section 4955 🕨			
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		Х
с	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			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of Chelsea Baseball Club Inc Telephone no. 205-9	40-3	400	
	Located at > 1240 Main Street, Gardendale, AL ZIP + 4 > 35071			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
~	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
U	If "Yes," enter the name of the foreign country:	720		21
40				Г
43				Ĺ
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
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		Х
с	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	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		
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
		404		
α	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		Х

Form 9	90-EZ (201	Chelsea Basebal	l Club Inc				46-11	113849	F	Page 4
									Yes	No
46	Did the	organization engage, directly or indirectly, i	n political campaign activi	ties on beha	lf of or in opp	osition				
		idates for public office? If "Yes," complete S						•• 46		Х
Par		Section 501(c)(3) organizations								
		All section 501(c)(3) organizations	s must answer quest	ions 47-4	9b and 52	, and co	mplete the ta	ables for	lines	,
		50 and 51.								
		Check if the organization used Sc	hedule O to respond	l to any qu	uestion in	this Part	<u>VI</u>			<u>.                                    </u>
									Yes	No
47	Did the	organization engage in lobbying activities of	r have a section 501(h) e	ection in effe	ect during the	e tax				
	year? If	"Yes," complete Schedule C, Part II						47		Х
48	Is the o	rganization a school as described in sectior	n 170(b)(1)(A)(ii)? If "Yes,"	complete S	chedule E			48		Х
49a		organization make any transfers to an exer						49a		Х
		was the related organization a section 527						49b		1
50		te this table for the organization's five high	-	es (other tha	an officers. di	rectors. tru	stees and key			
		ees) who each received more than \$100,00								
	employ						th benefits,			
		(a) Name and title of each amplayee	(b) Average hours per week	1	portable	contribution	ns to employee	(e) Estima		
		(a) Name and title of each employee	devoted to position		ensation 2/1099-MISC)		s, and deferred pensation	other c	ompensa	ition
				( · · ·	,					
	_									
NONE	5									
f	Total nu	imber of other employees paid over \$100,0	00 · · · · · •							
51	Comple	te this table for the organization's five highe	est compensated indepen	dent contrac	tors who eac	h received	more than			
	\$100,00	00 of compensation from the organization.	If there is none, enter "No	ne."						
	(-)	Name and business address of each independent cont					10			
	(a)	Name and business address of each independent cont	acioi	(J)	) Type of service	5	(0,	) Compensat	UII	
NONE	2									
d	Total nu	mber of other independent contractors eac	h receiving over \$100.000	)	•					
52		organization complete Schedule A? Note:	<b>e</b>		st attach a					
		ted Schedule A	()() 0					X Ye	. 🗆	No
		of perjury, I declare that I have examined this ret					st of my knowled			
		d complete. Declaration of preparer (other than of						ge and belie	, 11 15	
inue, c					pieparei nas a		е.			
Sian	、	Ronald J Hughes Signature of officer				Date				
Sigr Here						Date				
пеге	•	Ronald J Hughes, Director	r in the second s							
		Type or print name and title	Deservation of the state		Det			D7:11		
		Print/Type preparer's name	Preparer's signature		Date		Check 📙 if	PTIN		
Paid		William J Lowery	Iilliam J Lowery		06-12-20	18	self-employed	P01279	439	
Prepa	arer	Firm's name 🕨 William J Lower	y LLC			Firm's	EIN 🕨			
Use (	Only	Firm's address 🕨 1240 Main Stree	t							
		Gardendale AL 3	5071			Phon	e no. 205-8	834-910	1	
May t	he IRS c	discuss this return with the preparer shown	above? See instructions	<u></u>	<u></u>	<u></u>		Ye:	s X	No
								<b>F</b> a 0	00 57	(2040)

## **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.

OMB No. 1545-0047

(For	n 99	0 or 990-EZ)	Complete if the organiz		r(c)(3) organization of a se		(a)(1) nones	tempt charitable trust.	2010
Department of the Treasury				Attach to Form 990 or Form 990-EZ.					Open to Public
Intern	al Rev	enue Service	Information at	oout Schedule A (For	chedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				Inspection
Name	of the	e organization						Employer identific	ation number
		a Baseball		- // !!				46-11138	
Pa	rt I	Reason	for Public Charit	y Status (All or	rganizations must c	omplete	this par	t.) See instruction	ns.
The	orgai	nization is not a	private foundation bec	cause it is: (For line	s 1 through 12, check on	ly one box	)		
1		A church, conv	vention of churches, or	association of chur	ches described in section	on 170(b)(	1)(A)(i).		
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a	cooperative hospital s	ervice organization	described in section 17	0(b)(1)(A)	(iii).		
4		A medical rese	earch organization oper	rated in conjunction	with a hospital describe	d in <b>sectic</b>	on 170(b)(′	1)(A)(iii). Enter the	
		hospital's name	e, city, and state:						
5		An organization	n operated for the ben	efit of a college or ι	iniversity owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)	)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state	e, or local government	or governmental un	nit described in section 1	70(b)(1)(A	A)(v).		
7		An organization	n that normally receive	es a substantial part	of its support from a gov	/ernmenta	l unit or fro	m the general public	
		described in <b>se</b>	ection 170(b)(1)(A)(vi)	. (Complete Part II.	)				
8		A community tr	rust described in <b>section</b>	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An agricultural	research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction w	ith a land-grant colleg	e
		or university or	a non-land-grant colle	ege of agriculture (s	ee instructions). Enter th	e name, c	ity, and sta	te of the college or	
		university:							
10	Х	An organization	n that normally receive	es: (1) more than 33	3 1/3% of its support from	contributi	ons, memb	pership fees, and gros	SS
		receipts from a	activities related to its e	exempt functions - s	ubject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment incom	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) i	from businesses	
		acquired by the	e organization after Jur	ne 30, 1975. See <b>s</b> e	ection 509(a)(2). (Compl	ete Part II	l.)		
11		An organization	n organized and opera	ted exclusively to te	est for public safety. See	section 5	09(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for t	the benefit of, to perform	the function	ons of, or t	o carry out the purpos	ses
		of one or more	publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 509(a)(3	3).
		Check the box	in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	and comple	ete lines 12e, 12f, and	12g.
	а	Type I. A s	supporting organizatior	n operated, supervis	sed, or controlled by its s	upported of	organizatio	n(s), typically by givin	g
		the suppor	rted organization(s) the	e power to regularly	appoint or elect a majori	ity of the d	irectors or	trustees of the	
		supporting	organization. You mu	st complete Part I	V, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or cor	ntrolled in connection with	n its suppo	orted organ	ization(s), by having	
		control or r	management of the su	pporting organization	on vested in the same pe	rsons that	control or	manage the supporte	ed
		organizatio	on(s). You must comp	lete Part IV, Section	ons A and C.				
	С	Type III fu	nctionally integrated.	. A supporting organ	nization operated in conr	ection with	h, and fund	ctionally integrated wit	h,
		its support	ed organization(s) (see	e instructions). <b>You</b>	must complete Part IV	, Sections	A, D, and	E.	
	d	Type III no	on-functionally integr	ated. A supporting	organization operated in	connectio	n with its s	upported organizatior	n(s)
		that is not	functionally integrated.	The organization g	generally must satisfy a d	istribution	requireme	nt and an attentivene	SS
		requireme	nt (see instructions). Y	ou must complete	Part IV, Sections A and	d D, and P	art V.		
	е	Check this	box if the organization	n received a written	determination from the I	RS that it i	s a Type I,	Type II, Type III	
					tegrated supporting orga				
	f	Enter the numb	ber of supported organ	izations					· · · · · L
	g	Provide the fol	lowing information abo	ut the supported or	ganization(s).				
	(i	) Name of supported	l organization	(ii) EIN	(iii) Type of organization	(iv) Is the o		(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
							i	·	
						Yes	No		
(A)									
(B)									
(C)									
. ,									
(D)									
(E)									
								1 1	

		sea Baseball				46-111384	
Pa	rt II Support Schedule for Or						
	(Complete only if you chec						fy under
	Part III. If the organization	fails to qualify	under the test	s listed below,	please complet	te Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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	Total. 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	Public support. Subtract line 5 from line 4 • •						
Sec	tion B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4 • • • • • • • • • • • •						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
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	Total support. Add lines 7 through 10	-					
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o	,		rth or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and <b>stop here</b>						· · · · · ▶□
Sec	tion C. Computation of Public Su	apport Percer	ntage				
14	Public support percentage for 2016 (line 6,	column (f) divided	by line 11, columr	n (f)) • • • • • •		14	%
15	Public support percentage from 2015 Schee	dule A, Part II, line	14 • • • • •			15	%
16a	33 1/3% support test - 2016. If the organiz	ation did not checl	the box on line 1	3, and line 14 is 33	1/3% or more, che	ck this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizat	ion •••••			🕨 🗌
b	33 1/3% support test - 2015. If the organiz	ation did not checl	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	, check	_
	this box and <b>stop here.</b> The organization qu	ualifies as a public	ly supported organ	nization •••			▶ []
17a	10%-facts-and-circumstances test - 2016	. If the organizatio	n did not check a	box on line 13, 16a	, or 16b, and line 14	4 is	
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test,	check this box and	stop here. Explain	in	
	Part VI how the organization meets the "fac		-				_
	organization • • • • • • • • • • • • • • • • • • •						· · · · 🕨 🗌
b	10%-facts-and-circumstances test - 2015	. If the organizatio	n did not check a	box on line 13, 16a	i, 16b, or 17a, and li	ine	
	15 is 10% or more, and if the organization n	neets the "facts-ar	d-circumstances"	test, check this box	x and <b>stop here.</b>		
	Explain in Part VI how the organization mee	ets the "facts-and-o	circumstances" tes	st. The organization	n qualifies as a publ	icly	
	supported organization						· · · · 🕨 🗌
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		
	instructions	<u></u> .	<u></u>	<u></u>	<u></u> .	<u></u> .	· · · · ▶ 🔲
EEA						Schedule A (Form	n 990 or 990-EZ) 2016

-		sea Baseball				46-1113849	Page 3
Pa	rt III Support Schedule for Org						
	(Complete only if you chec						Part II.
<u></u>	If the organization fails to o	ualify under the	e tests listed be	elow, please co	omplete Part II	.)	
	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,436	87,240	72,255	37,150	29,786	256,867
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	30,436	87,240	72,255	37,150	29,786	256,867
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						256,867
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	30,436	87,240	72,255	37,150	29,786	256,867
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		11	47	34	25	117
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		11	47	34	25	117
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ••••						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	30,436	87,251	72,302	37,184	29,811	256,984
14	organization, check this box and stop here						▶ 🛛
	ction C. Computation of Public Su	• •	•				
15	Public support percentage for 2016 (line 8, c					15	%
16 So	Public support percentage from 2015 Schedu ction D. Computation of Investme					16	%
	Investment income percentage for 2016 (line			lump (f))		17	%
17 18	Investment income percentage for 2016 (line Investment income percentage from 2015 Sc					17	<u>%</u>
	<b>33 1/3% support tests - 2016.</b> If the organiz 17 is not more than 33 1/3%, check this box at the second se	ation did not check	the box on line 14,	, and line 15 is mor	ہ e than 33 1/3%, ar	nd line	<u>~~</u>
b	<b>33 1/3% support tests - 2015.</b> If the organiz line 18 is not more than 33 1/3%, check this I	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	1/3%, and	
20	Private foundation. If the organization did n		-				· · · · ▶ 🗍

## Part IV Supporting Organizations (Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations No Yes 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 1 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the 3b organization made the determination. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion 4b despite being controlled or supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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 5a was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already b designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit С from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.) 10b EEA Schedule A (Form 990 or 990-EZ) 2016

Chelsea Baseball Club Inc

46-1113849

Page 4

Schedule A (Form 990 or 990-EZ) 2016

	Ile A (Form 990 or 990-EZ) 2016	Chelsea Baseball Club Inc	46-1113849	P	age 5
Par	t IV Supporting Or	ganizations (continued)			
				Yes	No
11	÷	epted a gift or contribution from any of the following persons?			
а		indirectly controls, either alone or together with persons described in (b) a	and (c)		
	below, the governing bod	ly of a supported organization?	11a	1	
b	A family member of a per	son described in (a) above?	11k	0	
с	A 35% controlled entity o	f a person described in (a) or (b) above? If "Yes" to a, b, or c, provide dea	tail in Part VI. 110	;	
Sec	tion B. Type I Support	ing Organizations			
				Yes	No
1	Did the directors, trustees	s, or membership of one or more supported organizations have the powe	r to		
	regularly appoint or elect	at least a majority of the organization's directors or trustees at all times d	uring the		
	tax year? If "No," describ	e in Part VI how the supported organization(s) effectively operated, supe	rvised, or		
	controlled the organization	on's activities. If the organization had more than one supported organizati	on,		
	-	to appoint and/or remove directors or trustees were allocated among the			
		conditions or restrictions, if any, applied to such powers during the tax yea			
	U U				
2	Did the organization oper	rate for the benefit of any supported organization other than the supported	t b		
	•	ated, supervised, or controlled the supporting organization? If "Yes," expl			
	÷	enefit carried out the purposes of the supported organization(s) that opera			
		the supporting organization.	2		
Sec	tion C. Type II Suppor				
	<b>71</b>			Yes	No
1	Were a majority of the or	ganization's directors or trustees during the tax year also a majority of the	directors		
		organization's supported organization(s)? If "No," describe in Part VI ho			
		pporting organization was vested in the same persons that controlled or			
	the supported organization		1		
Sec		porting Organizations			
	<b>7</b> 1			Yes	No
1	Did the organization prov	ide to each of its supported organizations, by the last day of the fifth mon	th of the		
	÷ .	) a written notice describing the type and amount of support provided dur			
		rm 990 that was most recently filed as of the date of notification, and (iii)			
		documents in effect on the date of notification, to the extent not previousl			
_	· · · ·				
2		tion's officers, directors, or trustees either (i) appointed or elected by the			
		ving on the governing body of a supported organization? If "No," explain i			
	the organization maintain	ned a close and continuous working relationship with the supported organ	ization(s). 2		
3	By reason of the relations	ship described in (2), did the organization's supported organizations have	a		
•		ganization's investment policies and in directing the use of the organization			
	•	nes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization			
	supported organizations		3		
Sec		onally-Integrated Supporting Organizations			
1		e method that the organization used to satisfy the Integral Part Test durin	g the year (see instru	ictions	;):
a		sfied the Activities Test. Complete line 2 below.	, . ,		,
b	= -	he parent of each of its supported organizations. Complete line 3 below.			
c		ported a governmental entity. Describe in <b>Part VI</b> how you supported a g	overnment entitv (see	instruc	ctions).
2	Activities Test. <i>Answer</i> (			Yes	No
a	-	e organization's activities during the tax year directly further the exempt p	urposes of		-
-	-	on(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b>			
	· · · •	izations and explain how these activities directly furthered their exempt	-		
	•• •	s responsive to those supported organizations, and how the organization	-		
	-	tituted substantially all of its activities.	2a		
h		ed in (a) constitute activities that, but for the organization's involvement, o			
5		ported organization(s) would have been engaged in? If "Yes," explain in <b>I</b>			
		tion's position that its supported organization(s) would have engaged in the			
	activities but for the organization		2b		
3	-	anizations. Answer (a) and (b) below.	20		

- **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? *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.*

3a

Schedule A (Form 990 or 990-EZ) 2016 Chelsea Baseball Club Inc		46-111	13849 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expl	ain in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organized	zatio	ns must complete Secti	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
<b>7</b> Check here if the current year is the organization's first as a non-functionally	-integ	grated Type III supportir	ng organization (see
instructions).			

EEA

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Chelsea Basebal			46-111	.3849 Page
Part V Type III Non-Functionally Integra	ted 509(a)(3	B) Supporting Organi	zations (continued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to acc				
2 Amounts paid to perform activity that directly fu		t purposes of supported		
organizations, in excess of income from activity				
3 Administrative expenses paid to accomplish exp	empt purpose	es of supported organizat	tions	
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approva				
6 Other distributions (describe in Part VI). See in:				
7 Total annual distributions. Add lines 1 throug				
8 Distributions to attentive supported organization	ns to which th	e organization is respon	sive	
(provide details in <b>Part VI</b> ). See instructions.				
9 Distributable amount for 2016 from Section C, I	line 6			
<b>10</b> Line 8 amount divided by Line 9 amount		,		
Section E - Distribution Allocations (see instru	uctions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, I	line 6			
2 Underdistributions, if any, for years prior to 2010	6			
(reasonable cause required - explain in Part VI)	). See			
instructions.				
<b>3</b> Excess distributions carryover, if any, to 2016:				
a				
b				
<b>c</b> From 2013				
<b>d</b> From 2014				
e From 2015				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2016 distributable amount				
i Carryover from 2011 not applied (see instructio	ons)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3	Bf.			
4 Distributions for 2016 from				
Section D, line 7: \$				
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2016 distributable amount				
c Remainder. Subtract lines 4a and 4b from 4.				
5 Remaining underdistributions for years prior to	2016, if			
any. Subtract lines 3g and 4a from line 2. For re	esult			
greater than zero, explain in Part VI. See instru				
6 Remaining underdistributions for 2016. Subtract	t lines 3h			
and 4b from line 1. For result greater than zero,				
Part VI. See instructions.				
7 Excess distributions carryover to 2017. Add and 4c.	lines 3j			
8 Breakdown of line 7:				
a				
<b>b</b> Excess from 2013				
<b>c</b> Excess from 2014				
d Excess from 2015				
e Excess from 2016				
EA			Schodu	lle A (Form 990 or 990-EZ) 201

Schedule A (Form 990 or 990-EZ) 2016

EEA

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par 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
	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, 2
	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 G	Supplemer	ntal Informati	ion Regar	ding Fur	draising or Gan	ning Ac	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization	answered "Ye	es" on Form	990, Part IV, lines 17, 18	3, or 19, or	if the	2016
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a.  Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.							
Name of the organization		about Schedule C	1 (1 0111 330 01	330-L2) and		ww.n3.gov		Inspection entification number
Chelsea Baseball								13849
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.								
	Form 990-EZ filers are not required to complete this part.							
a Mail solicitations	organization rait		· _	-	of non-government gr			
<b>b</b> 🗍 Internet and emai	l solicitations		f 🗍	Solicitation	of government grants			
c			g 🗌	Special fund	draising events			
d 📋 In-person solicitat					1. <b></b> 1			
2a Did the organization		-	•		ssional fundraising se			∕es □ No
<b>b</b> If "Yes," list the 10 hi		, ,		•	•			
compensated at leas	<b>o</b> 1							
		1	- 1					1
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundra	iser)	(ii) Activity		r control of outions?	from activity	fundrai	ser listed in	(or retained by) organization
			Yes	No		(	ol. (i)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3 List all states in which	the organization	is registered or l	icensed to so	olicit contribu	itions or has been not	tified it is e	exempt from	•
registration or licensir	ıg.							

	Form 990 or 990-EZ) 2016
Part II	Fundraising E

Chelsea Baseball Club Inc

46-1113849 Page 2

τΠ	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with
	gross receipts greater than \$5,000.

		group rough grouter than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
Revenue	1	Gross receipts					
Ľ	2 3	Less: Contributions					
	4	Cash prizes					
	5	Noncash prizes					
ses	6	Rent/facility costs • • • • • •					
Direct Expenses	7	Food and beverages • • • • •					
Direc	8	Entertainment					
	9	Other direct expenses					
	10 11	Direct expense summary. Add lines Net income summary. Subtract line					
Pa	rt II	Gaming. Complete if the c	organization answered '			more	
		than \$15,000 on Form 990	)-EZ, line 6a.				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes         %           Ⅰ         No	└ Yes % └ No	└ Yes % └ No		
	7	Direct expense summary. Add lines	2 through 5 in column (d)		••••••		
	8	Net gaming income summary. Subtr	ract line 7 from line 1, colur	nn (d) • • • • • • • • • •			
٩	En	ter the state(s) in which the organizat	tion conducts gaming activ	ties.			
a	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> </ul>						
b	IT "	No," explain:					
	<ul> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> <li>Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?</li> </ul>						

SCHEDULE O	Supplemental Information to Form 990	OMB No. 1545-0047		
(Form 990 or 990-EZ)	Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional infor	2016		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Information about Schedule O (Form 990 or 990-EZ) and its instructions is</li> </ul>	Open to Public Inspection		
Name of the organization		at ###3.gov/101		dentification number
Chelsea Baseball	Club Inc		46-1113	849
01. Amended retu	rn information			
<u>This return is b</u>	eing amended in order to remove Michael Stalling	s as being	listed	as a
director of the	entity. In the originally filed return Michael	Stallings w	as list	ed as a
director of the	entity in error. This return is being amended to	correct th	at erro	pr.
02. General expl	anation attachment			
Form 990-EZ, Par	t I, Line 8, Other Revenue:			
Description of O	ther Revenue: Amount	:		
Interest Income		\$34		
	t III, Primary Exempt Purpose - To promote, supp and other activities for Alabama youths.	port and enh	ance at	hletics,
03. Description	of other expenses (Part I, line 16)			
Description	Amount			
Advertising	1,500			
Bank Charges	36			
Fundraising Expe	nse 1,512			
Other General &	Admin Expenses 896			
Meals & Ent	178			
<u>Uniforms &amp; Equip</u>	ment 22,667			
Game Fees	1,500			
<u>Postage &amp; Delive</u>	ry 363			