# 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.
 Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2021 calendar year, or tax year beginning	, and endi	ng	
В	Check if a	applicable: C Name of organization		D Emp	loyer identification number
П	Address	change CHELSEA BASEBALL CLU	B INC	46-	1113849
ಠ	Name cha			m/suite <b>E</b> Tele	phone number
ಠ	Initial retu	tum 60 CHELSEA CORNER PM	в 145	(20	5)940-3400
Ħ	Final retu	urn/terminated City or town, state or province, country, and ZI			up Exemption
ಠ	Amended	d return		Nun	nber <b>&gt;</b>
ಠ	Application	ion pending Chelsea, AL 35043			
G	Accounti	ting Method: X Cash Accrual Other (specif	y) <b>&gt;</b>	H Check	X if the organization is <b>not</b>
1 1	Website	e: ► WWW.CHELSEABASEBALLCLUB.		— ı	I to attach Schedule B
		empt status (check only one) - X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1) or	527 (Form 9	90).
_		organization: X Corporation Trust	Association Other		,
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If g		total assets	
		lumn (B)) are \$500,000 or more, file Form 990 instead of			.▶\$ 33,770.
_	art I	Revenue, Expenses, and Changes in Net A			
		Check if the organization used Schedule O to respon			·
_	1	Contributions, gifts, grants, and similar amounts receive			1 4,120.
	2	Program service revenue including government fees an			2
	3	Membership dues and assessments			3 29,650.
	4	Investment income			4
	5 a		1 1		
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (			5c
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if great	er than		
ne	-	\$15,000)	6a		
Revenue	Ь			tributions	1 1
Re		from fundraising events reported on line 1) (attach Sche	<del></del>		
		sum of such gross income and contributions exceeds \$			
	C	Less: direct expenses from gaming and fundraising eve			1 1
	d	Net income or (loss) from gaming and fundraising even			1 1
	"	line 6c)			6d
	7 a				
	b	Less: cost of goods sold			1 1
	С	Gross profit or (loss) from sales of inventory (subtract li			7c
	8	Other revenue (describe in Schedule O)			8
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9 33,770.
	10	Grants and similar amounts paid (list in Schedule O).			10 2,000.
	11	Benefits paid to or for members			11
Se	12	Salaries, other compensation, and employee benefits			12
)SU	13	Professional fees and other payments to independent c	ontractors		13 1,656.
Expenses	14	Occupancy, rent, utilities, and maintenance			14
Ш	15	Printing, publications, postage, and shipping.			15 191.
	16	Other expenses (describe in Schedule O)			16 35,474.
	17	Total expenses. Add lines 10 through 16			17 39,321.
	18	Excess or (deficit) for the year (subtract line 17 from lin			18 -5,551.
set	19	Net assets or fund balances at beginning of year (from	line 27, column (A)) (must agree with		
As		end-of-year figure reported on prior year's return)			19
Net Assets	20	Other changes in net assets or fund balances (explain in	Schedule O)		20
_	21	Net assets or fund balances at end of year. Combine lin	es 18 through 20		21 -5,551.

Pa	Balance Sheets (see the instructions Check if the organization used Schedu		any guestion in	thic Part II		
	Check if the organization used schedu	ule O to respond to	any question in	(A) Beginning of year		B) End of year
22	Cash, savings, and investments			( ) 0 0 ,	22	0 <b>.</b>
23	Land and buildings.				23	0.
24	Other assets (describe in Schedule O)				24	0.
25	Total assets				25	0.
26	Total liabilities (describe in Schedule O)				26	0.
27	Net assets or fund balances (line 27 of column (B) m				27	0.
	t III Statement of Program Service Acco				21	<u> </u>
га	Check if the organization used Schedu	•		,		Expenses
\//hat	is the organization's primary exempt purpose? TO PROMO				(Req	uired for section
		-				c)(3) and 501(c)(4)
	ribe the organization's program service accomplis				other	nizations; optional for s.)
	easured by expenses. In a clear and concise man		ivices provided, tri	e number of		,
	ons benefited, and other relevant information for e					
28	TO PROMOTE, SUPPORT AND ENHANCE A		ELY; BASEBALI	AND OTHER		
	ACTIVITIEES TO ALABAMA YOUT	HS				
	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here	<b>▶</b> ∐	28a	39,320.
29						
	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here		29a	
30					1	
					1	
	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount in	ncludes foreign grants, c	heck here		31a	
32	Total program service expenses (add lines 28a through	jh 31a)			32	39,320.
Pai	t IV List of Officers, Directors, Trustees, an	d Key Employees	list each one even if n	ot compensated - see t	the inst	
	Check if the organization used Schedu					
			() 5			
		(b) Average	(c) Reportable compensation	(d) Health benefits, contributions to employ		Estimated amount of
	(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MIS	C/ benefit plans, and	ot	her compensation
		devoted to position	1099-NEC)	deferred compensati	on	·
			(if not paid, enter -0-	'		
ER 1	C FRYE					
	ESIDENT					
	VIN D JONES					
	CE PRESIDENT					
<u> </u>	,E FREDIDENI					

Part	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		П
			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		X
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		X
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		X
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		
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		X
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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	a=:		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	20-		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9			
b 40a				
40a	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			
D	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	10.0		
_	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed <b>AL</b>			
42a	The organization's books are in care of ▶CINDY JONES Telephone no. ▶ (205	)33	7-1	400
	Located at ▶ 2065 CHELSEA RIDGE DR COLUMBIANA, AL ZIP+4 ▶ 3505	1		
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		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.			٠ 🗌
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ.	44a		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		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
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		Х
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	45.		
	Form 990-F7 See instructions	45h	I	

						•		Yes	No
46	Did th	e organization engage, directly or indirectly	, in political campaign act	ivities on behalf of or in o	pposition				
		didates for public office? If "Yes," complete					46		X
Part \		Section 501(c)(3) Organization							
		All section 501(c)(3) organizations r	nust answer question	s 47-49b and 52, and	d complete the tables	for line	es		
		50 and 51.							
		Check if the organization used Sche	edule O to respond to	any question in this I	Part VI				
								Yes	No
47	Did th	e organization engage in lobbying activities	or have a section 501(h)	election in effect during	the tax				ı
	year?	If "Yes," complete Schedule C, Part II					47		X
48	Is the	organization a school as described in section	on 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule E			48		Х
49a	Did th	e organization make any transfers to an ex	empt non-charitable relate	ed organization?			49a		X
b	If "Yes	s," was the related organization a section 5	27 organization?				49b		
50	Comp	lete this table for the organization's five hig	hest compensated emplo	yees (other than officers,	, directors, trustees, and	key			
	emplo	yees) who each received more than \$100,0	000 of compensation from	the organization. If there	e 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 employe benefit plans, and deferre compensation		stimated er com		
						1			
						1			
-	Total	number of other employees poid ever \$100	000	• 0					
		number of other employees paid over \$100,			ach received more than				
51		lete this table for the organization's five hig			each received more than				
	\$100,	000 of compensation from the organization	i. Il there is none, enter i	vorie.					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	vice	(c) Comp	ensatio	n	
d	Total	number of other independent contractors ea	ach receiving over \$100,0	000	▶ 0				
52		e organization complete Schedule A? <b>No</b> leted Schedule A				<b>▶</b> [ <u>x</u>	Yes		lo
		of perjury, I declare that I have examined this red complete. Declaration of preparer (other than				owledge	and be	lief, it is	;
Sign		Signature of officer			Date				
Here		KEVIN D. JONES, VP							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	Da	ate Check	if F	PTIN		
Paid Prepa	ror	JUDY J GALLUPS	JUDY J GALL	UPS 06		oloyed <b>P</b>	005	645	66
Use C		Firm's name ▶ GALLUPS ACCO			Firm's EIN ▶2				
USE C	illy	Firm's address ▶ 1420 Hwy 7			Phone no.				
		Wilsonville, AL 3518	6		(205)96	<u>5-</u> 82	<u>73</u>		
May the	IRS d	iscuss this return with the preparer shown	above? See instructions				Yes		10

#### **SCHEDULE A**

(Form 990)

## **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.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number Name of the organization CHELSEA BASEBALL CLUB INC 46-1113849 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 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: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 other support (see listed in vour governing support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

Total

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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(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	Public support. Subtract line 5 from line 4.						
	on B. Total Support						
	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(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	7					
4.0	is regularly carried on						
10	Other income. Do not include gain or				_		
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10	/i	:>			40	
12	Gross receipts from related activities, etc.	•				12	4(a)(2)
13	First 5 years. If the Form 990 is for the o						
Socti	organization, check this box and stop heron C. Computation of Public Suppo				<u> </u>		🗩 🔼
14	Public support percentage for 2021 (line 6			11 column (f)	1)	14	%
15	Public support percentage from 2020 Sch		•	, , ,	,	15	<del>//</del> // %
16a	33 1/3 % support test–2021. If the organi						
IVa	box and <b>stop here.</b> The organization qua						
b	33 1/3 % support test-2020. If the organ						
	check this box and <b>stop here.</b> The organi						
17a	10%-facts-and-circumstances test–202	•			•		. —
	10% or more, and if the organization me						
	Part VI how the organization meets the fa						
	organization			_	-		▶ □
b	10%-facts-and-circumstances test–202					16b or 17a	and line
, ,	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization m						
	supported organization				-		
18	<b>Private foundation.</b> If the organization di					ck this box and	l see
-	instructions						

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

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

Secti	on A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	76,101.	66,145.	72,967.	7,938.	29,650.	252,801.
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	<b>Total.</b> Add lines 1 through 5	76,101.	66,145.	72,967.	7,938.	29,650.	252,801.
7a	Amounts included on lines 1, 2, and 3	_	<u>-</u>	-	-		
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000				/		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						252,801.
Secti	on B. Total Support						
	idar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6	76,101.	66,145.	72,967.	7,938.	29,650.	252,801.
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	76,101.	66,145.	72,967.	7,938.	29,650.	252,801.
14	First 5 years. If the Form 990 is for the or						
	organization, check this box and stop here	e					▶ □
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2021 (lin			y line 13, col	umn (f))	. 15	100.00%
16	Public support percentage from 2020	•	\ <i>\ , \ ,</i>	•	(		100.00%
	on D. Computation of Investment In					'	
17	Investment income percentage for 2021			by line 13, col	umn (f))	. 17	%
18	Investment income percentage from 202	•		-			%
19a							
-	line 17 is not more than 331/3%, check this						
b	331/3 % support tests-2020. If the organize						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 Orgar	nizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4		
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	,		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? <i>If</i> "Yes," <i>complete Part I of Schedule L (Form 990).</i>	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	0-		
100	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
l0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
IJ	determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
44	Lies the agreementing accounted a gift or contribution from any of the fellowing marcons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively			
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 in	 nstruc	tions	:)_
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			<b>,</b> -
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (	(see	
•	instructions).		V	NI-
2	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	NO
а	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	<b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	2b		
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 <b>Part VI.</b>	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			•
<b>See instructions.</b> All other Type III non-functionally integrated supporting of	rgar	nizations must complete Se	ctions 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		(D) O
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>b</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 Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		/
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supporting	g organization (see
instructions).	۰, ۱۱۱	.cg. stos 1,7po iii oappoitiii	3 519ann=anon (000

UYA Schedule A (Form 990) 2021

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Orgar	nizations (continu	ıed)				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish	1						
2	Amounts paid to perform activity that directly furthers exe	rted						
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required	-	t VI)	5				
6	Other distributions (describe in Part VI). See instructions.	<u> </u>		6				
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required- explain in <b>Part VI</b> ). See instr.							
3	Excess distributions carryover, if any, to 2021							
а	From 2016							
b	From 2017							
С	From 2018							
d	From 2019							
е	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.							
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.							
8	Breakdown of line 7:							
а	Excess from 2017							
b	Excess from 2018							
С	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

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.)
	Do Not File
	Client Copy

#### SCHEDULE O (Form 990)

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 for the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization Employer identification number CHELSEA BASEBALL CLUB INC 46-1113849

Name of the organization **Employer identification number** CHELSEA BASEBALL CLUB INC 46-1113849 Part I Line 10 Grants and other assistance to domestic individuals \$2000.00 Part I Line 16 DONATIONS/SUPPLIES HIGH SHCO \$22759.00 Part I Line 16 FUNDRAISER EXPENSES \$2773.00 Part I Line 16 TINSLEY PERFORMANCE/TRAINING \$7600.00 Part I Line 16 UNIFORMS & EQUIPMENT \$2342.00