Form **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.

			endar year, or tax year beginning	and e	nding	_			
B	Check if applicat	ole:	C Name of organization			D Emplo	oyer id	entification number	
H	_	ess change	CLARKSTON YOUTH BASEBALL ORGANIZA	πт∩м		22	_ 38	860538	
H	=	e change	Number and street (or P.O. box if mail is not delivered to street address)	111011	Room/suite	E Telep			
F	¬Final	I return return/ inated	P.O. BOX 1153		Troom, care			503-5308	
F	=	nded return	City or town, state or province, country, and ZIP or foreign postal code		<u> </u>				
F							F Group Exemption Number ►		
G		nting Meth						X if the organization is	
		site: WWW.RIVERDAWGS.ORG						d to attach Schedule B	
		_	is (check only one) $ \times$ 501(c)(3) \times 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or 527		n 990).		
			ion: X Corporation Trust Association	Other	·, ··	(,		
		-	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c		tal assets (Part I	l,			
					,		\$	165,979.	
Pa	art I	Reve	:500,000 or more, file Form 990 instead of Form 990-EZ :nue, Expenses, and Changes in Net Assets or Func	d Balances	(see the instru	ıctions fo	or Part	1)	
		Check i	f the organization used Schedule O to respond to any question in this Part I					X	
	1	Contribut	ions, gifts, grants, and similar amounts received				1		
	2	Program	service revenue including government fees and contracts				2		
	3	Members	hip dues and assessments				3	119,104.	
	4	Investme	nt income			<u>L</u>	4		
	5a	Gross am	ount from sale of assets other than inventory	5a					
	b	Less: cos	t or other basis and sales expenses	5b					
	C	Gain or (I	oss) from sale of assets other than inventory (subtract line 5b from line 5a)				5c		
	6	Gaming a	nd fundraising events:						
ō	a		ome from gaming (attach Schedule G if greater than						
eun		\$15,000)		6a					
Revenue	b	Gross inc	ome from fundraising events (not including \$	of contribution	ons				
_			draising events reported on line 1) (attach Schedule G if the sum of such	1 1					
		-	ome and contributions exceeds \$15,000)		46,8				
	C		ct expenses from gaming and fundraising events	6c	19,7			05 100	
	d		ne or (loss) from gaming and fundraising events (add lines 6a and 6b and su	1 1 '			6d	27,129.	
	7a		es of inventory, less returns and allowances			-			
	b		t of goods sold			_	_		
	C	Gross pro	offit or (loss) from sales of inventory (subtract line 7b from line 7a)				7c		
	8	Other rev	enue (describe in Schedule 0)			····: -	8	146,233.	
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	140,233.	
	10		d similar amounts paid (list in Schedule 0)				10		
	12		paid to or for members other compensation, and employee benefits			I	12		
ses	13		other compensation, and employee benefits nal fees and other payments to independent contractors				13	6,054.	
Expenses	14		y, rent, utilities, and maintenance				14	0,054.	
Ä	15						15	671.	
	16		enses (describe in Schedule 0)	EE SCHE	DUITE O		16	86,662.	
	17	-	enses. Add lines 10 through 16				17	93,387.	
_	18		(deficit) for the year (subtract line 17 from line 9)				18	52,846.	
ets	19		s or fund balances at beginning of year (from line 27, column (A))					22,0200	
\ss(ree with end-of-year figure reported on prior year's return)				19	56,167.	
Net Assets	20						20	0.	
Ž	21						21	109,013.	
LH/			k Reduction Act Notice, see the separate instructions.			-		Form 990-EZ (2021)	

132171 12-08-21

Page 2

Pa	rt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to resp	ond to any question	in this Part II			
			(A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		56,167.	22		109,013.
23		and buildings			23		
24		assets (describe in Schedule 0)			24		
25		assets		56,167.			109,013.
26	Total	liabilities (describe in Schedule O)		0.			0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		56,167.			109,013.
	rt III	Statement of Program Service Accomplishmen	ts (see the instructi	ons for Part III)	1-1		kpenses
		Check if the organization used Schedule O to resp	•	,	X		for section
Who	t in the	organization's primary exempt purpose? SEE SCHEDULE O	ond to any question	III tillo i ait ili		501(c)(3)	and 501(c)(4)
		· · · · · · · · · · · · · · · · · · ·				organizati others.)	ons; optional for
		rganization's program service accomplishments for each of its three largest program se be the services provided, the number of persons benefited, and other relevant informat		In a clear and concise		0111013.)	
			· -	VOITMIT			
		SEASON ACTIVITIES FOCUSED ON INST			—		
:	BASI	EBALL PLAYERS ON THE FUNDAMENTALS	OF BASEBALL	•	—		
					_		00 065
	(Grants		rants, check here	_		28a	20,265.
		FICIPATION OF 8 TEAMS AND 100 PLA					
		IVITIES INCLUDING LEAGUE AND POST	r season play	. 250	_		
	TOT	AL GAMES PLAYED BY 8 TEAMS					
	(Grants		rants, check here			29a	45,562.
30	PAR'	TICIPATION OF 8 TEAMS IN VARIOUS	TOURNAMENT P	LAY. 70			
i	TOUF	RNAMENT GAMES PLAYED THROUGHOUT					
i	TEAN	1 PARTICIPATING NATIONAL IN TOURN	NAMENT COOPER	STOWN NY	_		
	(Grants					30a	20,835.
		our aurant and describe in Calendula ()				00a	20,000
						31a	
	(Grants) if this amount includes foreign g	rants, cneck nere			13 121	
· .	T - 4 - 1 -	(86 662
32 Da	Total p	orogram service expenses (add lines 28a through 31a)			. •	32	86,662.
32 Pa	Total p	List of Officers, Directors, Trustees, and Key Er	nployees (list each one e	even if not compensated - se	. •	32	86,662. or Part IV)
32 P a	Total p rt IV	orogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	mployees (list each one e	even if not compensated - se in this Part IV	ee the ir	32 nstructions fo	or Part IV)
32 Pa	Total p	List of Officers, Directors, Trustees, and Key Er	mployees (list each one e	even if not compensated - se in this Part IV (c) Reportable	ee the ir	nstructions fo	(e) Estimated
32 Pa	Total p	List of Officers, Directors, Trustees, and Key Er	mployees (list each one epond to any question (b) Average hours per week devoted to	even if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Hea	nstructions for	(e) Estimated amount of other
Pa	rt IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title	mployees (list each one e	even if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/	(d) Heat contribution contribut	nstructions fo	(e) Estimated
DO	urt IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY	mployees (list each one epond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC)	(d) Heat contribution contribut	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
DO	urt IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title	mployees (list each one epond to any question (b) Average hours per week devoted to	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-MISC)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to lyee benefit and deferred	(e) Estimated amount of other
DO:	UG E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY	mployees (list each one epond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
DO PR: RI	UG E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES	mployees (list each one expond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	alth benefits, ibutions to byee benefit and deferred pensation	(e) Estimated amount of other compensation
DO PR VI	UG EESIICH E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT	mployees (list each one epond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	astructions for the structions for the structions for the structions to the structure of th	(e) Estimated amount of other compensation
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT	mployees (list each one expond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	astructions for the structions for the structions for the structions to the structure of th	(e) Estimated amount of other compensation
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
DO PR: RI VI KE:	UG EESIICH ECE E	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title BRADY DENT HYNES PRESIDENT LEWIS	mployees (list each one expond to any question (b) Average hours per week devoted to position 5.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Heat contribution contribut	nstructions for alth benefits, ibutions to be one fit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •

Form **990-EZ** (2021)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			v
	modulono for filters, official interesting and add don. O to respond to any question in the	ı uıt		No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		103	140
00	activity in Schedule 0	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		Х
35 a	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 0	35b	N/	<u> </u>
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			3,7
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 37a 0.	_		X
	Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	37b		$\vdash $
30 a	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 38b N/A	30a		1
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	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		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
۵	by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
6	transaction O I fill (so II accordate Forms 0000 T	40e		Х
41	List the states with which a copy of this return is filed MI	100		
	The organization's books are in care of ▶ DOUG BRADY Telephone no. ▶ 248.60	3.5	308	
	Located at ▶ 7620 STONEVALLEY, CLARKSTON, MI ZIP+4 ▶ 4			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	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).			37
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	43	14/11		
			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
	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 0	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	451		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00_E7	(2021)
		Form 9	an-ET	(ZUZ I)

									Yes	No
		ganization engage, directly or indirectly, i	n political campaign activiti	es on behalf of o	or in opposition	on to candidates for pu	ıblic office?			
		omplete Schedule C, Part I Section 501(c)(3) Organization	ana Only					46		X
Pal		All section 501(c)(3) organizations mu		10h and 50 a	nd complete	a tha tablea for lines	E0 and E1			
		Check if the organization used Scheo	•							
		oneck if the organization used ochec	duic o to respond to arry	question in a	iis i ait vi				Yes	No
47	Did the or	ganization engage in lobbying activities o	r have a section 501(h) elec	ction in effect du	ring the tax y	ear?				
	If "Yes," c	omplete Sch. C, Part II						47		Х
48	Is the org	anization a school as described in section	170(b)(1)(A)(ii)? If "Yes," o	complete Schedu	ıle E			48		X
49 a	Did the or	ganization make any transfers to an exem	pt non-charitable related or	ganization?				498		X
		as the related organization a section 527						49t		
		this table for the organization's five highe		•	cers, director	s, trustees, and key er	nployees) who	each r	eceived	more
	tnan \$ 100	0,000 of compensation from the organization			ao houro	(a) 5	(d) Health bene	fito	(e) Estin	antad
		(a) Name and title of each emplo	lyee	(b) Avera		(C) Reportable compensation (Forms	contributions employee bene	to	mount o	
		N	ONE	posi		W-2/1099-MISC/ 1099-NEC)	plans, and defer	red	compens	sation
				1						
				1						
								+		
				-						
						+		+		
				-						
	organizati	this table for the organization's five highe on. If there is none, enter "None." Name and business address of each indepe	ONE	nt contractors w		ved more than \$100,0 Type of service			from the pensatio	
	 									
		ber of other independent contractors each ganization complete Schedule A? Note: A	•	vations must atta						
							•	X	Yes	No
		of perjury, I declare that I have examined								
	•	nd complete. Declaration of preparer (othe	,			•	-			
		Signature of officer					Date			
Sigr Her	ו ו	3					Date			
пеі		DOUG BRADY, PRESITION Type or print name and title	DENT							
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
D - 1		Timo Type preparer 3 name	Tropardi 3 Signaturo		Date	self- emplo	_			
Paid							-			
	parer Only	Firm's name	1		1	Firm's EIN	<u> </u>			
J36	Office	Firm's address >				Phone no.				
Mav t	he IRS dis	scuss this return with the preparer shown	above? See instructions						Yes	No

132174 12-08-21

Form **990-EZ** (2021)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization CLARKSTON YOUTH BASEBALL ORGANIZATION 22-3860538 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 X 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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 I, 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). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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.						
	tion B. Total Support			•	'	'	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(37, 22.11	(-,	(5, -5.5	(=,===	(-,	(-)
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nns)			12	<u>.</u>
	First 5 years. If the Form 990 is for th			fourth or fifth tax			
	organization, check this box and stor	J		,	•	. , . ,	
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•	***		15	%
	33 1/3% support test - 2021. If the o					ore, check this bo	
	stop here. The organization qualifies	-				,	. .
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-	•	and organiz	
h	10% -facts-and-circumstances test	-		*	-	 17a_and line 15 ie	
IJ	more, and if the organization meets the	-					1070 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-				
	ato roundation, ii tilo organizatio	n did flot officol(a	20X 011 IIII 0 10, 10	a, 100, 11a, 01 111	s, shook this box a		(Form 990) 2021

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

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

Sec	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(D) 2016	(6) 2019	(u) 2020	(e) 2021	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")	113,050.	108,075.	137 801	111,347.		470,273.
2	Gross receipts from admissions,	113,030.	100,075	137,001	111,517		470,273
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	51,254.	45,323.	34,766.	-3,150.		128,193.
2	Gross receipts from activities that	31,234.	43,323.	34,700.	3,130.		120,133.
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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	164,304.	153,398.	172,567.	108,197.		598,466.
	Amounts included on lines 1, 2, and				,		
	3 received from disqualified persons						0.
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						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						598,466.
	ction B. Total Support				<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	164,304.	153,398.	172,567.	108,197.		598,466.
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						<u> </u>
D	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_							
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						+
	or loss from the sale of capital						
13	assets (Explain in Part VI.)	164,304.	153,398.	172,567.	108.197.		598,466.
	First 5 years. If the Form 990 is for th					01(c)(3) organizati	
	check this box and stop here			•		. , . ,	
Sed	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	100.00 %
	Public support percentage from 2020					16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box ar						<u>X</u>
b	33 1/3% support tests - 2020. If the						
00	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organizatio	n ala not check a l	oox on line 14, 19a	a, or 190, check th	is dux and see insi	เเนตเเดกร	

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 Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
36		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
		The state of the s		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		pelow, the governing body of a supported organization?	11a		
b		nily member of a person described on line 11a above?	11b		
С	A 35%	6 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		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	super	vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
_		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
		icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sac	suppo tion F	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	1		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization supported a governmental patity. Provided in Part VI is a property of the part VI is a part		. 1	
c		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instities Test. Answer lines 2a and 2b below.	truction	s). Yes	No
2				res	NO
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify a supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
b		hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

3b Schedule A (Form 990) 2021

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		,	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functionally	integra	ted Type III supporting orga	nization (see
	instructions).	ŭ		•

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

CLARKST	ON YOUTH BASEBALL (ORGA	NIZ	ZATION	22-3860	538
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Ye	s" on	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) E fundrai have cus or contri contributi	stodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
3 List all states in which the organization or licensing.					•	
AL,AK,AZ,AR,CA,CO,CT,I MT,NE,NV,NH,NJ,NM,NY,N						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2021

			ON YOUTH BAS			3860538 Page 2
Pa	ırt	S complete in an				
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BASEBALL	GIFT CARD	•	(add col. (a) through
			TOURNAMENT	RAFFLE	3	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	33,828.	9,047.	4,000.	46,875.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	33,828.	9,047.	4,000.	46,875.
	4	Cash prizes				
ý	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,746.			19,746.
	10		9 in column (d)		>	19,746.
		Net income summary. Subtract line 10 from li				27,129.
Pa	ırt		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	1	I		<u> </u>
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue		Cross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2		(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	3	Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
ct Expenses	3	Cash prizes Noncash prizes Rent/facility costs	(a) Bingo		(c) Other gaming	
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo		
ct Expenses	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	bingo/progressive bingo Yes%		
ct Expenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes % No 5 in column (d)	bingo/progressive bingo Yes% No		
ct Expenses	1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No 5 in column (d)	bingo/progressive bingo Yes% No		
Direct Expenses	2 3 4 5 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d)	Yes% No		
6 Direct Expenses	1 2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 1 5 in column (d) from line 1, column (d)	yes% No	Yes% No	col. (a) through col. (c))
Direct Expenses	1 2 3 4 5 6 7 8 Err Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No 15 in column (d) from line 1, column (d) ctivities in each of these	Yes% No II states?	Yes% No	
Direct Expenses	1 2 3 4 5 6 7 8 Err Is	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 atter the state(s) in which the organization condut the organization licensed to conduct gaming actions.	Yes% No 15 in column (d) from line 1, column (d) ctivities in each of these	Yes% No II states?	Yes% No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Eris If	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming act. "No," explain:	Yes % No 15 in column (d) from line 1, column (d) cts gaming activities: Months in each of these states in each of these states.	Yes% No II states?	Yes% No	X Yes No
9 Pinect Expenses	1 2 3 4 5 6 7 8 Err Is If W	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct organization licensed to conduct gaming active in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses are conducted in the organization is gaming licenses are conducted in the organization in the organization is gaming licenses.	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: Metivities in each of these services are serviced.	Yes% No II states?	Yes% No	X Yes No
9 Pinect Expenses	1 2 3 4 5 6 7 8 Err Is If W	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming act. "No," explain:	Yes% No 15 in column (d) from line 1, column (d) acts gaming activities: Metivities in each of these services are serviced.	Yes% No II states?	Yes% No	X Yes No

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 CLARKSTON YOUTH BASEBALL ORGANIZATION 22-3	<u> 3860538</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
12	Indicate the percentage of gaming activity conducted in:		
		13a	0.4
	The organization's facility	13b 100	<u>%</u>
	An outside facility	136 д 0 0	•00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ DOUG BRADY		
	Address ► 7620 STONEVALLEY - CLARKSTON, MI 48348		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
	· · · · · · · · · · · · · · · · · · ·		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linos O	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	it iii, iii les 5,	90, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990) Supplemental Infor	CLARKSTON	YOUTH	BASEBALL	ORGANIZATION	22-3860538	Page 4
Part IV	Supplemental Infor	mation (continued)					
		(commica)	<u> </u>				
	<u> </u>						
-							
_							

SCHEDULE O (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

CLARKSTON YOUTH BASEBALL ORGANIZATION

Employer identification number 22-3860538

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:					
EQUIPMENT	6,493.					
FIELD USAGE	9,573.					
LEAGUE FEES	2,000.					
PRACTICE FACILITIES	10,720.					
TOURNAMENTS	20,835.					
UNIFORMS	25,256.					
UMPIRES	2,240.					
INSTRUCTORS	9,545.					
TOTAL TO FORM 990-EZ, LINE 16	86,662.					
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION	N IS					
DEDICATED TO PROVIDING AREA YOUTH THE OPPORTUNITY TO PARTICIPAT	E IN THE					
SPORT OF BASEBALL AT THE HIGHEST AMATEUR LEVEL.						
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:						
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, D	IRECTLY,					
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.						
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, D	IRECTLY,					
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.						