#### ELECTRONIC FILING STATUS REPORT

|                                         | T                      | I              |          |                    |          |                      |                          |
|-----------------------------------------|------------------------|----------------|----------|--------------------|----------|----------------------|--------------------------|
| TAXING AUTHORITY                        | RETURN STATUS          |                |          | ELECTR             | ONIC     | FILING STATUS        | DATE EXPORTED            |
| FEDERAL FORM 990<br>CALIFORNIA FORM 199 | QUALIFIED<br>QUALIFIED | READY<br>READY | TO<br>TO | RELEASE<br>RELEASE | BY<br>BY | CUSTOMER<br>CUSTOMER | 09/06/2022<br>09/06/2022 |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |

# **Electronic Filing History and Return Results**

| Taxing Authority FEDERAL    |              |                |
|-----------------------------|--------------|----------------|
| Form 990                    | Prior Export | Current Export |
| Date                        |              | 09/06/2022     |
| Time                        |              | 15:54:46       |
| Release Number              |              | 2021.04021     |
| Taxable Income              |              | 413,616        |
| Tax                         |              | (              |
| Refund / Balance Due        |              | (              |
|                             |              | •              |
| Taxing Authority CALIFORNIA |              |                |
| Form 199                    | Prior Export | Current Export |
| Date                        |              | 09/06/2022     |
| Time                        |              | 15:54:46       |
| Release Number              |              | 2021.04021     |
| Taxable Income              |              | 112,390        |
| Тах                         |              | . (            |
| Refund / Balance Due        |              | (              |
|                             |              | •              |
| Taxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        |              | ·              |
| Time                        |              |                |
| Release Number              |              |                |
| Taxable Income              |              |                |
| Tax                         |              |                |
| Refund / Balance Due        |              |                |
|                             |              |                |
| Taxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        | ,,,,,        | ,              |
| Time                        |              |                |
| Release Number              |              |                |
| Taxable Income              |              |                |
|                             |              |                |
| Tax<br>Refund / Balance Due |              |                |
| Herund / Balance Bue        |              | L              |
| Faxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        |              |                |
| Time                        |              |                |
| Release Number              |              |                |
| Tayable Income              |              |                |
| Taxable Income              |              |                |
| Tax                         |              |                |
| Refund / Balance Due        |              |                |

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

# 2021 Tax Return(s)

Prepared for CARMEL YOUTH CENTER INC.

CLIENT CODE: 013484:V1

Account Number 798915

**Release Number** 2021.04021

Prepared by BIANCHI, KASAVAN & POPE, LLP

450 LINCOLN AVENUE, SUITE 200

SALINAS, CA

93901

831-757-5311

**Processing** Date: 09/06/2022

Time: 15:55:25

Special Instructions

Messages

100071 04-01-21

# **Return Information**

### CAUTION

Depreciation. Asset number 1, IMPROVEMENTS. This asset has a date placed in service before May 13, 1993 and a life of 39 years. This may be an input error and should be reviewed and corrected if necessary. (21422)

Signed-off by victore at 07/20/2022 11:33:47AM

#### INFORMATIONAL

• Form 8868 Extension Information. The extended due date has been printed at the top of Form 990. This may be suppressed by making an entry on the Return Options worksheet, Miscellaneous Print Options section, Suppress "Extended to" messages at top of form field. (35202)

Signed-off by victore at 07/20/2022 11:48:19AM

• Form 990. Page 5, Part V, line 4a. The question regarding a financial account in a foreign country has defaulted to an answer of "No". This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes", make an entry on the Form 990 worksheet, Tax Filings and Compliance section and recalculate the return. (31002)

Signed-off by victore at 07/20/2022 05:07:08PM

Schedule B, Page 2. The Contribution Type Code is missing for one or more contributors. This item has defaulted to a contribution type of 'Person'. Please review the contributor information on the Schedule B Schedule of Contributors worksheet and verify that this code and all other necessary data has been properly entered. (30275)

Signed-off by victore at 07/20/2022 11:46:39AM

• Electronic Filing. The signing officer's social security number has not been entered. Nothing is required to be entered. If nothing is entered, "999009999" will be sent in the electronic file. If the signing partner or member is foreign and does not have a SSN/ITIN, please enter "888008888". The signing officer's ID can be entered on the Electronic Filing worksheet; Electronic Signatures section; Signing Officer's ID field. (36255)

Signed-off by avivk at 08/26/2022 02:09:55PM

• Electronic Filing. The following EFIN 775542 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015) Signed-off by avivk at 08/26/2022 02:09:59PM

# **Return Information**

• Electronic Filing. The name control indicated in the electronic filing for this return is CARM. If this information isn't correct, an override is available on the General; Electronic Filing; Other option; Business name control - override field. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)

Signed-off by victore at 07/20/2022 11:46:17AM

• Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)

Signed-off by avivk at 08/26/2022 02:10:02PM

Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 16, 2022. (34477)

Signed-off by victore at 07/20/2022 11:33:15AM

Depreciation. A MACRS depreciation method has been assigned to one or more current year assets that are attached to Form 990. Therefore bonus depreciation has been taken for these assets. If this is not the desired result bonus depreciation may be suppressed by making an entry of "1" in the Depreciation and Amortization worksheet > Bonus Depreciation Options field or changing the depreciation method to "SL." Note that MACRS depreciation is not required for exempt organizations unless it pertains to unrelated business income and is therefore attached to Form 990-T. This should be reviewed and corrected as necessary. (32906)

Signed-off by victore at 07/20/2022 11:46:43AM

State Depreciation. Current year assets are present that use MACRS depreciation for federal purposes. California law does not conform to the federal provisions of MACRS depreciation for corporations. The following assumptions have been made to one or more current year assets for California depreciation purposes. If a MACRS method of "M" or "MT" has been made for purposes. federal purposes California will assume a method of "DDB." MACRS method of "ME" will be treated as "DB" and a MACRS method of "MSL" will be treated as "SL." Other similar assumptions will be made depending upon the MACRS method and life of the Note that this automatic state different depreciation treatment can be suppressed by making an entry on the Depreciation Options and Overrides section, Suppress automatic state different depreciation field. Alternately the Depreciation and Amortization worksheets may be used to control state different depreciation on an asset by asset basis. (39601) Signed-off by victore at 07/20/2022 11:46:46AM

# **Return Information**

• California. Form 199, Question J has been answered 'Yes.' Therefore, Form 3509 has been produced based on federal inputs and other defaults. Please verify that the information on Form 3509 is correct before filing. Use the California Annual Information Return (Form 199) tab, General worksheet, Form 3509 section to answer the questions. (34115)

Signed-off by avivk at 08/26/2022 02:15:28PM

• California. Form RRF-1. If total gross revenue or total assets are \$25,000 or more, be sure that Form RRF-1 includes a complete copy of the federal return and all necessary attachments, including Schedule B, Schedule of Contributors, if prepared. If the federal attachment is missing or incomplete Form RRF-1 will be considered incomplete by the Attorney General's Registry of Charitable Trusts. (35698)

Signed-off by victore at 07/20/2022 11:32:57AM

California Electronic Filing. The California Form 199 return has been selected for electronic filing. If a printed copy of the California return is generated and electronic processing of the return is completed, do not mail the printed copy of return to the Franchise Tax Board. (31017)

Signed-off by victore at 07/20/2022 11:32:55AM

 California. Form RRF-1 has been prepared but is not available for electronic filing with the state. Form RRF-1 has been included in the printed government copy; please separately mail this form to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470 (36364)
Signed-off by victore at 07/20/2022 11:32:47AM

- California. The following forms have been prepared but are not available for electronic filing with the state: Form 3539, 100-ES, 5806, 109, Sch D (541), Sch D-1, 3885 (Form 109), 3885F (Form 109), 3805Q and RRF-1. Please review the form's printed instructions for proper filing of this form. (37877) Signed-off by victore at 07/20/2022 11:32:41AM
- California does not allow software vendors to print and/or distribute preliminary or draft forms, or forms that are not approved. Once California releases final forms and they are approved, the forms will be available on the following release and can be filed at that time. (39396)

Signed-off by victore at 07/20/2022 11:32:37AM

Form Entity

990 Page 10 990 Page 9

| Worksheet: Form 990 Return of Organization Exempt from Income Tax<br>Section: Statement of Functional Expenses |
|----------------------------------------------------------------------------------------------------------------|
| Depreciation - prog services0                                                                                  |
| Depreciation - mgmt & general9,337                                                                             |
| Depreciation - fundraising0                                                                                    |
| Worksheet: CA Income/Deduction Overrides                                                                       |
| Section: Expense Overrides                                                                                     |
| Depreciation expense - O/R9,337                                                                                |
| Worksheet: CA Balance Sheet Overrides                                                                          |
| Section: Assets Overrides                                                                                      |
| Ending accum depr - O/R592,134                                                                                 |

| 00/01/00 05 1650                         |                         |   |
|------------------------------------------|-------------------------|---|
| AVIVK - 08/01/22 05:16PM WORKSHEE        | T FORM 990              |   |
| FUNDRAISING                              | 25,914.00<br>674.00     |   |
| SALE OF INVENTORY<br>OTHER REVENUE       | 20.00                   |   |
|                                          | 26,608.00               |   |
|                                          |                         |   |
| AVIVK - 08/01/22 05:18PM WORKSHEE        | T FORM 990              |   |
| OCCUPANCY, RENT, UTILITIES               | 25,073.00               |   |
| PRINTING, PUBLICATIONS, OSTAGE OTHER EXP | 115.00<br>58,101.00     |   |
|                                          | 83,289.00               |   |
|                                          |                         |   |
| AVIVK - 08/05/22 04:12PM WORKSHEE        | T SCHEDULE G            |   |
|                                          | 16,190.00               |   |
| LESS ALLOCABLE PAYROLL                   | -10,443.00              |   |
|                                          | 5,747.00                |   |
| VICTORE - 06/15/22 01:19PM WORKSH        | EET SCHEDULE            | G |
|                                          | 35,078.00               |   |
|                                          | -33,500.00              |   |
|                                          | 1,578.00                |   |
| VICTORE - 06/15/22 02:04PM WORKSH        | EET FORM 990            |   |
|                                          | 166,453.00              |   |
|                                          | 15,000.00<br>27.00      |   |
|                                          | 53,319.00<br>-53,319.00 |   |
| REGISTRATION FEE                         | -3,605.00               |   |
|                                          | 177,875.00              |   |
|                                          |                         |   |

| 2021 Return Summary                                                                                         |                      |  |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------|----------------------|--|--|--|--|--|--|
|                                                                                                             |                      |  |  |  |  |  |  |
| CARMEL YOUTH CENTER INC.                                                                                    | 94-1415306           |  |  |  |  |  |  |
| FORM 990:                                                                                                   |                      |  |  |  |  |  |  |
| TOTAL REVENUE TOTAL EXPENSES                                                                                | 335,888.<br>223,492. |  |  |  |  |  |  |
| EXCESS <deficit></deficit>                                                                                  | 112,396.             |  |  |  |  |  |  |
| BEGINNING NET ASSETS CHANGES IN NET ASSETS                                                                  | 247,351.<br>53,869.  |  |  |  |  |  |  |
| ENDING NET ASSETS (1)                                                                                       | 413,616.             |  |  |  |  |  |  |
| BALANCE SHEET ANALYSIS                                                                                      |                      |  |  |  |  |  |  |
| ENDING TOTAL ASSETS                                                                                         | 413,590.             |  |  |  |  |  |  |
| ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (2)                                       | -26.<br>413,616.     |  |  |  |  |  |  |
| ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2) | 0.<br>0.             |  |  |  |  |  |  |
|                                                                                                             |                      |  |  |  |  |  |  |
| CALIFORNIA FORM 199:                                                                                        |                      |  |  |  |  |  |  |
| GROSS RECEIPTS                                                                                              | 342,788.             |  |  |  |  |  |  |
| TOTAL EXPENSES EXCESS                                                                                       | 230,392.<br>112,396. |  |  |  |  |  |  |
| BEGINNING NET ASSETS                                                                                        | 247,351.             |  |  |  |  |  |  |
| CHANGES IN NET ASSETS ENDING NET ASSETS (1)                                                                 | 53,869.<br>413,616.  |  |  |  |  |  |  |
| FILING FEES                                                                                                 | 0.                   |  |  |  |  |  |  |
| TOTAL TAX                                                                                                   | 0.                   |  |  |  |  |  |  |
| BALANCE SHEET ANALYSIS                                                                                      |                      |  |  |  |  |  |  |
| ENDING TOTAL ASSETS                                                                                         | 413,590.             |  |  |  |  |  |  |
| ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES (2)                                       | -26.<br>413,616.     |  |  |  |  |  |  |
| ,                                                                                                           | 0.                   |  |  |  |  |  |  |
| ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2) | 0.                   |  |  |  |  |  |  |
| CALIFORNIA FORM RRF-1:                                                                                      |                      |  |  |  |  |  |  |
| TOTAL REVENUE                                                                                               | 0.                   |  |  |  |  |  |  |
| TOTAL EXPENSES                                                                                              | 0.                   |  |  |  |  |  |  |
| ANNUAL REPORT FILING FEES                                                                                   | 100.                 |  |  |  |  |  |  |
|                                                                                                             |                      |  |  |  |  |  |  |

# 2021 Return Summary

# CARMEL YOUTH CENTER INC.

94-1415306

|                       | FEDERAL    | 990 EXTN   |
|-----------------------|------------|------------|
| FORM NAME             | 990        | 8868       |
| E-FILE REQUESTED      | YES        | NO         |
| DUE DATE              | 05/16/22   | 05/16/22   |
| EXTENDED DUE DATE     | 11/15/22   | 11/15/22   |
| DIRECT DEPOSIT        | N/A        | N/A        |
| ELECTRONIC WITHDRAWAL | N/A        | N/A        |
| DATE CALCULATED       | 09/06/22   | 09/06/22   |
| TIME CALCULATED       | 14:26:51   | 14:26:51   |
| RELEASE VERSION       | 2021.04021 | 2021.04021 |
| DATE EXPORTED         | 09/06/22   |            |
| TIME EXPORTED         | 15:54:46   |            |
| EXPORT VERSION        | 2021.04021 |            |

# \*\* NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

# 2021 Return Summary

# CARMEL YOUTH CENTER INC.

94-1415306

|                       | CALIFORNIA | CALIFORNIA |
|-----------------------|------------|------------|
| FORM NAME             | FORM RRF-1 | FORM 199   |
| E-FILE REQUESTED      | NO **      | YES        |
| DUE DATE              | 05/16/22   | 05/16/22   |
| EXTENDED DUE DATE     | 11/15/22   | 11/15/22   |
| DIRECT DEPOSIT        | N/A        | N/A        |
| ELECTRONIC WITHDRAWAL | N/A        | N/A        |
| DATE CALCULATED       | 09/06/22   | 09/06/22   |
| TIME CALCULATED       | 14:26:51   | 14:26:51   |
| RELEASE VERSION       | 2021.04021 | 2021.04021 |
| DATE EXPORTED         |            | 09/06/22   |
| TIME EXPORTED         |            | 15:54:46   |
| EXPORT VERSION        |            | 2021.04021 |

\*\* NOT AVAILABLE FOR E-FILE

STATE EXTENSION INFORMATION IS NOT INCLUDED

# BIANCHI, KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901 831-757-5311

SEPTEMBER 6, 2022

CARMEL YOUTH CENTER INC. P.O. BOX 2399
CARMEL, CA 93921-2399

CARMEL YOUTH CENTER INC .:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2021 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2021 FORM 990

2021 CALIFORNIA FORM 199

2021 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

THANK YOU,

AVIV KADOSH, CPA BIANCHI, KASAVAN & POPE, LLP

# **Filing Instructions**

## Prepared for:

CARMEL YOUTH CENTER INC. P.O. BOX 2399
CARMEL, CA 93921-2399

## Prepared by:

BIANCHI, KASAVAN & POPE, LLP 450 LINCOLN AVENUE, SUITE 200 SALINAS, CA 93901

2021 FORM 990

ELECTRONIC FILING:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

### 2021 CALIFORNIA FORM 199

NO PAYMENT IS REQUIRED.

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

# Filing Instructions

| Prepared for:                                                             | Prepared by:                                                                      |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| CARMEL YOUTH CENTER INC.<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399        | BIANCHI,KASAVAN & POPE, LLP<br>450 LINCOLN AVENUE, SUITE 200<br>SALINAS, CA 93901 |
| 2021 CALIFORNIA FORM RRF-1                                                |                                                                                   |
| YOU HAVE A BALANCE DUE OF                                                 | \$ 100.00                                                                         |
| ENCLOSE A CHECK OR MONEY ORDER FOR JUSTICE.                               | \$100.00, PAYABLE TO DEPARTMENT OF                                                |
| THE REPORT SHOULD BE SIGNED AND DAY                                       | TED BY THE AUTHORIZED INDIVIDUAL(S).                                              |
| PLEASE MAIL ON OR BEFORE NOVEMBER                                         | 15, 2022.                                                                         |
| MAIL TO - REGISTRY OF CHARITAI<br>P.O. BOX 903447<br>SACRAMENTO, CA 94201 |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |
|                                                                           |                                                                                   |

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset<br>No. | Description                                 | Date<br>Acquired | Method | Life  | Conv | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|---------------------------------------------|------------------|--------|-------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|------------------------------------------|-------------------------------|---------------------------|---------------------------------------|
|              | BUILDINGS                                   |                  |        |       |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 1            | IMPROVEMENTS                                | 01/01/70         | SL     | 39.00 | ММ   | 16          | 132,672.                    |                  |                        |                       | 132,672.                  | 132,672.                                 |                               | 0.                        | 132,672.                              |
| 2            | BUILDING IMPROVEMENTS                       | 01/01/02         | SL     | 39.00 | ММ   | 16          | 25,955.                     |                  |                        |                       | 25,955.                   | 12,647.                                  |                               | 666.                      | 13,313.                               |
| 3            | BUILDING IMPROVEMENTS                       | 01/01/02         | SL     | 39.00 | MM   | 16          | 7,783.                      |                  |                        |                       | 7,783.                    | 3,793.                                   |                               | 200.                      | 3,993.                                |
| 4            | BUILDING RENOVATIONS                        | 05/01/10         | SL     | 39.00 | ММ   | 16          | 41,661.                     |                  |                        |                       | 41,661.                   | 11,426.                                  |                               | 1,068.                    | 12,494.                               |
| 5            | RENOVATIONS                                 | 07/01/15         | SL     | 39.00 | ММ   | 16          | 106,182.                    |                  |                        |                       | 106,182.                  | 14,865.                                  |                               | 2,723.                    | 17,588.                               |
| 6            | RENOVATIONS                                 | 07/01/16         | SL     | 39.00 | ММ   | 16          | 88,662.                     |                  |                        |                       | 88,662.                   | 10,136.                                  |                               | 2,273.                    | 12,409.                               |
| 7            | RENOVATIONS                                 | 07/01/18         | SL     | 39.00 | MM   | 16          | 12,373.                     |                  |                        |                       | 12,373.                   | 780.                                     |                               | 317.                      | 1,097.                                |
| 8            | BUILDING                                    | 01/01/60         | SL     | 40.00 |      | 16          | 343,582.                    |                  |                        |                       | 343,582.                  | 343,582.                                 |                               | 0.                        | 343,582.                              |
|              | * 990 PAGE 10 TOTAL<br>BUILDINGS            |                  |        |       |      |             | 758,870.                    |                  |                        |                       | 758,870.                  | 529,901.                                 |                               | 7,247.                    | 537,148.                              |
|              | FURNITURE & FIXTURES                        |                  |        |       |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 9            | FURNITURE AND FIXTURES                      | 01/01/70         | SL     | 7.00  |      | 16          | 4,617.                      |                  |                        |                       | 4,617.                    | 4,617.                                   |                               | 0.                        | 4,617.                                |
|              | * 990 PAGE 10 TOTAL<br>FURNITURE & FIXTURES |                  |        |       |      |             | 4,617.                      |                  |                        |                       | 4,617.                    | 4,617.                                   |                               | 0.                        | 4,617.                                |
|              | MACHINERY & EQUIPMENT                       |                  |        |       |      |             |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 11           | MACHINERY & EQUIPMENT                       | 01/01/90         | SL     | 7.00  |      | 16          | 32,020.                     |                  |                        |                       | 32,020.                   | 32,020.                                  |                               | 0.                        | 32,020.                               |
| 12           | SURVEILLANCE CAMERA                         | 05/31/10         | 200DB  | 5.00  | НҮ   | 17          | 5,878.                      |                  |                        |                       | 5,878.                    | 5,878.                                   |                               | 0.                        | 5,878.                                |
| 13           | POS SYSTEM                                  | 05/30/12         | 200DB  | 7.00  | НҮ   | 17          | 1,596.                      |                  |                        |                       | 1,596.                    | 1,596.                                   |                               | 0.                        | 1,596.                                |
| 14           | OFFICE COMPUTER                             | 09/18/15         | 200DB  | 5.00  | НУ   | 17          | 478.                        |                  |                        |                       | 478.                      | 478.                                     |                               | 0.                        | 478.                                  |

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life  | C<br>o<br>n<br>v | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|--------------|----------------------------------------------|------------------|--------|-------|------------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|------------------------------------------|-------------------------------|---------------------------|---------------------------------------|
| 15           | CASH DRAWER REPLACEMENT                      | 04/09/15         | 200DB  | 5.00  | ну17             | 154.                        |                  |                        |                       | 154.                      | 154.                                     |                               | 0.                        | 154.                                  |
| 16           | SOFTWARE                                     | 05/18/15         | 200DB  | 3.00  | НҮ17             | 197.                        |                  |                        |                       | 197.                      | 197.                                     |                               | 0.                        | 197.                                  |
| 17           | TIME CLOCK SOFTWARE                          | 07/27/15         | 200DB  | 3.00  | НҮ17             | 150.                        |                  |                        |                       | 150.                      | 150.                                     |                               | 0.                        | 150.                                  |
|              | * 990 PAGE 10 TOTAL<br>MACHINERY & EQUIPMENT |                  |        |       |                  | 40,473.                     |                  |                        |                       | 40,473.                   | 40,473.                                  |                               | 0.                        | 40,473.                               |
|              | OTHER                                        |                  |        |       |                  |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
| 10           | LANDSCAPE IMPROVEMENTS                       | 01/01/04         | SL     | 15.00 | 16               | 7,806.                      |                  |                        |                       | 7,806.                    | 7,806.                                   |                               | 0.                        | 7,806.                                |
| 18           | BUILDING IMPROVEMENTS                        | 10/19/21         | SL     | 39.00 | 16               | 4,675.                      |                  |                        |                       | 4,675.                    |                                          |                               | 20.                       | 20.                                   |
| 19           | TABLE & CHAIRS                               | 09/29/21         | 200DB  | 5.00  | HY19             | B 2,070.                    |                  |                        | 2,070.                |                           |                                          |                               | 2,070.                    |                                       |
|              | * 990 PAGE 10 TOTAL OTHER                    |                  |        |       |                  | 14,551.                     |                  |                        | 2,070.                | 12,481.                   | 7,806.                                   |                               | 2,090.                    | 7,826.                                |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR            |                  |        |       |                  | 818,511.                    |                  |                        | 2,070.                | 816,441.                  | 582,797.                                 |                               | 9,337.                    | 590,064.                              |
|              |                                              |                  |        |       |                  |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              | CURRENT YEAR ACTIVITY                        |                  |        |       |                  |                             |                  |                        |                       |                           |                                          |                               |                           |                                       |
|              | BEGINNING BALANCE                            |                  |        |       |                  | 811,766.                    |                  |                        | 0.                    | 811,766.                  | 582,797.                                 |                               |                           | 590,044.                              |
|              | ACQUISITIONS                                 |                  |        |       |                  | 6,745.                      |                  |                        | 2,070.                | 4,675.                    | 0.                                       |                               |                           | 20.                                   |
|              | DISPOSITIONS/RETIRED                         |                  |        |       |                  | 0.                          |                  |                        | 0.                    | 0.                        | 0.                                       |                               |                           | 0.                                    |
|              | ENDING BALANCE                               |                  |        |       |                  | 818,511.                    |                  |                        | 2,070.                | 816,441.                  | 582,797.                                 |                               |                           | 590,064.                              |
|              | ENDING ACCUM DEPR                            |                  |        |       |                  |                             |                  |                        |                       |                           | 592,134.                                 |                               |                           |                                       |
|              | ENDING BOOK VALUE                            |                  |        |       |                  |                             |                  |                        |                       |                           | 226,377.                                 |                               |                           |                                       |

#### ELECTRONIC FILING STATUS REPORT

|                                         | T                      | I              |          |                    |          |                      |                          |
|-----------------------------------------|------------------------|----------------|----------|--------------------|----------|----------------------|--------------------------|
| TAXING AUTHORITY                        | RETURN STATUS          |                |          | ELECTR             | ONIC     | FILING STATUS        | DATE EXPORTED            |
| FEDERAL FORM 990<br>CALIFORNIA FORM 199 | QUALIFIED<br>QUALIFIED | READY<br>READY | TO<br>TO | RELEASE<br>RELEASE | BY<br>BY | CUSTOMER<br>CUSTOMER | 09/06/2022<br>09/06/2022 |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |
|                                         |                        |                |          |                    |          |                      |                          |

# **Electronic Filing History and Return Results**

| Taxing Authority FEDERAL    |              |                |
|-----------------------------|--------------|----------------|
| Form 990                    | Prior Export | Current Export |
| Date                        |              | 09/06/2022     |
| Time                        |              | 15:54:46       |
| Release Number              |              | 2021.04021     |
| Taxable Income              |              | 413,616        |
| Tax                         |              | (              |
| Refund / Balance Due        |              | (              |
|                             |              | •              |
| Taxing Authority CALIFORNIA |              |                |
| Form 199                    | Prior Export | Current Export |
| Date                        |              | 09/06/2022     |
| Time                        |              | 15:54:46       |
| Release Number              |              | 2021.04021     |
| Taxable Income              |              | 112,390        |
| Тах                         |              | . (            |
| Refund / Balance Due        |              | (              |
|                             |              | •              |
| Taxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        |              | ·              |
| Time                        |              |                |
| Release Number              |              |                |
| Taxable Income              |              |                |
| Tax                         |              |                |
| Refund / Balance Due        |              |                |
|                             |              |                |
| Taxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        | ,,,,,        | ,              |
| Time                        |              |                |
| Release Number              |              |                |
| Taxable Income              |              |                |
|                             |              |                |
| Tax<br>Refund / Balance Due |              |                |
| Herund / Balance Bue        |              | L              |
| Faxing Authority            |              |                |
| Form                        | Prior Export | Current Export |
| Date                        |              |                |
| Time                        |              |                |
| Release Number              |              |                |
| Tayable Income              |              |                |
| Taxable Income              |              |                |
| Tax                         |              |                |
| Refund / Balance Due        |              |                |

# IRS e-file Signature Authorization for a Tax Exempt Entity

| or calendar year 2021, or fiscal year beginning | , 2021, and ending | , 20 |
|-------------------------------------------------|--------------------|------|
|                                                 |                    |      |

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN

CARMEL YOUTH CENTER INC. DIEGO REYES Name and title of officer or person subject to tax

94-1415306

TREASURER Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, tŀ

|                                                                                         | ver is applicable, blank (do not enter -0<br>e line in Part I.                                                                                                                                                                                                                                                                 | -). E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | But, if you entered -0- on the return, then enter -0- on the applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | le line below. <b>I</b>                                                                                                                        | Do no                                                                           | t complete more                                                                                                        |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1a                                                                                      | Form 990 check here ► X                                                                                                                                                                                                                                                                                                        | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total revenue, if any (Form 990, Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1                                                                                                                                              | lb                                                                              | 335,888.                                                                                                               |
| 2a                                                                                      | Form 990-EZ check here >                                                                                                                                                                                                                                                                                                       | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total revenue, if any (Form 990-EZ, line 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                                                                                                                                              | 2b                                                                              |                                                                                                                        |
| За                                                                                      | Form 1120-POL check here                                                                                                                                                                                                                                                                                                       | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total tax (Form 1120-POL, line 22)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3                                                                                                                                              | 3b                                                                              |                                                                                                                        |
| 4a                                                                                      | Form 990-PF check here >                                                                                                                                                                                                                                                                                                       | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tax based on investment income (Form 990-PF, Part V, line 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4                                                                                                                                              | ₽p                                                                              |                                                                                                                        |
| 5a                                                                                      | Form 8868 check here                                                                                                                                                                                                                                                                                                           | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Balance due (Form 8868, line 3c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5                                                                                                                                              | 5b                                                                              |                                                                                                                        |
| 6a                                                                                      | Form 990-T check here                                                                                                                                                                                                                                                                                                          | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total tax (Form 990-T, Part III, line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e                                                                                                                                              | 6b                                                                              |                                                                                                                        |
| 7a                                                                                      | Form 4720 check here ▶                                                                                                                                                                                                                                                                                                         | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Total tax (Form 4720, Part III, line 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 7                                                                                                                                              | 7b                                                                              |                                                                                                                        |
| 8a                                                                                      | Form 5227 check here                                                                                                                                                                                                                                                                                                           | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FMV of assets at end of tax year (Form 5227, Item D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8                                                                                                                                              | 3b                                                                              |                                                                                                                        |
| 9a                                                                                      | Form 5330 check here                                                                                                                                                                                                                                                                                                           | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Tax due (Form 5330, Part II, line 19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9                                                                                                                                              | 9b                                                                              |                                                                                                                        |
|                                                                                         | Form 8038-CP check here                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Amount of credit payment requested (Form 8038-CP, Part III, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                | 10b                                                                             |                                                                                                                        |
| Part                                                                                    |                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Authorization of Officer or Person Subject to Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                |                                                                                 |                                                                                                                        |
| Under p                                                                                 | benalties of perjury, I declare that $oxedsymbol{oxed{L}}$                                                                                                                                                                                                                                                                     | l a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n an officer of the above entity or $igsqcup$ I am a person subject to $pprox$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tax with respe                                                                                                                                 | ct to (ı                                                                        | name                                                                                                                   |
| of entity                                                                               | /)                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | , (EIN) and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | that I have e                                                                                                                                  | xamin                                                                           | ed a copy of the                                                                                                       |
| comple<br>interme<br>acknow<br>of any r<br>entry to<br>financia<br>later that<br>paymer | te. I further declare that the amount in diate service provider, transmitter, or exledgement of receipt or reason for rejeined in the financial institution account indicate institution account indicate institution to the entry to this action 2 business days prior to the payment of taxes to receive confidential inforr | Parelections. Tated to the control of the control o | ales and statements, and, to the best of my knowledge and belief, it I above is the amount shown on the copy of the electronic return tronic return originator (ERO) to send the return to the IRS and to not fit the transmission, (b) the reason for any delay in processing the reasury and its designated Financial Agent to initiate an electronic in the tax preparation software for payment of the federal taxes of unt. To revoke a payment, I must contact the U.S. Treasury Financial Highlight (also authorize the financial institutions involved on necessary to answer inquiries and resolve issues related to the ure for the electronic return and, if applicable, the consent to electronic return and the consent | rn. I consent to<br>preceive from<br>the return or r<br>c funds withdo<br>owed on this<br>notal Agent at<br>d in the proces<br>ne payment. I h | o allow<br>the IR<br>refund<br>rawal (<br>return<br>1-888-<br>ssing o<br>have s | v my<br>S (a) an<br>, and (c) the date<br>(direct debit)<br>, and the<br>353-4537 no<br>of the electronic<br>elected a |

| PIN: check one box only                                                                                                                                                                               |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| X lauthorize BIANCHI, KASAVAN & POPE, LLP                                                                                                                                                             | to enter my PIN 15306                           |
| ERO firm name                                                                                                                                                                                         | Enter five numbers, b<br>do not enter all zeros |
| as my signature on the tax year 2021 electronically filed return. If I have indicated within this rewith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author | . ,                                             |

on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed

return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

**Certification and Authentication** 

Signature of officer or person subject to tax

 $775\overline{54245011}$ 

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Date  $\triangleright$  09/06/22 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

## Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 94-1415306 CARMEL YOUTH CENTER INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for P.O. BOX 2399 filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 93921-2399 CARMEL, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) CARMEL YOUTH CENTER The books are in the care of ▶ PO BOX 2399 - CARMEL, CA 93921 Telephone No. ► 831-624-3285 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

3b \$ 0 and 5 an

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

Initial return

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

If the tax year entered in line 1 is for less than 12 months, check reason:

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Change in accounting period

any nonrefundable credits. See instructions.

Form **8868** (Rev. 1-2022)

За

instructions.

# EXTENDED TO NOVEMBER 15, 2022

Form **990** 

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Α                   | For the                               | 2021 calendar year, or tax year beginning and endi                                                                  | ing       |                              |                               |
|---------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------|------------------------------|-------------------------------|
| В                   | Check if applicable                   | C Name of organization                                                                                              |           | D Employer identific         | cation number                 |
| Г                   | Addres                                | CARMEL YOUTH CENTER INC.                                                                                            |           |                              |                               |
|                     | Name<br>change                        |                                                                                                                     |           | 94-14153                     | 06                            |
|                     | Initial<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 2399                            | m/suite   | E Telephone numbe (831) 62   |                               |
|                     | termin<br>ated                        | City or town, state or province, country, and ZIP or foreign postal code                                            |           | G Gross receipts \$          | 342,788.                      |
|                     | Ameno                                 | CARMEL, CA 93921-2399                                                                                               | 1         | H(a) Is this a group re      | eturn                         |
|                     | Applic                                | F Name and address of principal officer:DIEGO REYES                                                                 |           | for subordinates             |                               |
|                     | pendir                                | SAME AS C ABOVE                                                                                                     |           | H(b) Are all subordinates in | ncluded? Yes No               |
| $\overline{\Gamma}$ | Tax-exe                               | empt status: X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or □                                                  | 527       |                              | list. See instructions        |
|                     |                                       | e: WWW.CARMELYOUTH.COM                                                                                              |           | H(c) Group exemptio          |                               |
| ĸ                   | Form of                               | organization: X Corporation Trust Association Other                                                                 | L Year o  |                              | A State of legal domicile: CA |
|                     | art I                                 | Summary                                                                                                             |           | •                            | Ü                             |
| _                   | 1                                     | Briefly describe the organization's mission or most significant activities: $\overline{	t THE}$ $\overline{	t MIS}$ | SSIO      | N OF THE CE                  | NTER IS TO                    |
| Governance          |                                       | PRÓVIDE A POSITIVE ENVIRONMENT FOR THE YOUT                                                                         | TH O      | F CARMEL AN                  | D                             |
| r.                  | 2                                     | Check this box   if the organization discontinued its operations or disposed of                                     | of more   | than 25% of its net as       | ssets.                        |
| Š                   | 3                                     | Number of voting members of the governing body (Part VI, line 1a)                                                   |           | 1                            | 14                            |
| Ğ                   | 4                                     | Number of independent voting members of the governing body (Part VI, line 1b)                                       |           |                              | 14                            |
| S<br>S              |                                       | Total number of individuals employed in calendar year 2021 (Part V, line 2a)                                        |           |                              | 24                            |
| ij                  |                                       | Total number of volunteers (estimate if necessary)                                                                  |           |                              | 245                           |
| Activities &        |                                       | Total unrelated business revenue from Part VIII, column (C), line 12                                                |           |                              | 0.                            |
| ⋖                   |                                       | Net unrelated business taxable income from Form 990-T, Part I, line 11                                              |           |                              | 0.                            |
|                     |                                       | , ,                                                                                                                 |           | Prior Year                   | Current Year                  |
| Φ                   | 8                                     | Contributions and grants (Part VIII, line 1h)                                                                       |           | 124,578.                     | 213,231.                      |
| ž                   |                                       | Program service revenue (Part VIII, line 2g)                                                                        |           | 515.                         | 91,195.                       |
| Revenue             |                                       | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                       |           | 232.                         | 9.                            |
| æ                   |                                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                            |           | 26,608.                      | 31,453.                       |
|                     |                                       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                  |           | 151,933.                     | 335,888.                      |
|                     |                                       | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                    |           | 0.                           | 0.                            |
|                     |                                       | Benefits paid to or for members (Part IX, column (A), line 4)                                                       |           | 0.                           | 0.                            |
| S                   | 1                                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                   |           | 105,835.                     | 95,363.                       |
| Expenses            | 16a                                   | Professional fundraising fees (Part IX, column (A), line 11e)                                                       |           | 16,720.                      | 0.                            |
| þe                  | b                                     | Total fundraising expenses (Part IX, column (D), line 25) 10,443.                                                   |           | ,                            |                               |
| й                   | 17                                    | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                        |           | 83,289.                      | 128,129.                      |
|                     |                                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                           |           | 205,844.                     | 223,492.                      |
|                     |                                       | Revenue less expenses. Subtract line 18 from line 12                                                                |           | -53,911.                     |                               |
| 20,0                |                                       |                                                                                                                     | Bed       | ginning of Current Year      | End of Year                   |
| Net Assets or       | 20                                    | Total assets (Part X, line 16)                                                                                      |           | 302,462.                     | 413,590.                      |
| ASS                 | 21                                    | Total liabilities (Part X, line 26)                                                                                 |           | 55,111.                      | -26.                          |
| Set E               | 22                                    | Net assets or fund balances. Subtract line 21 from line 20                                                          |           | 247,351.                     | 413,616.                      |
|                     | art II                                | Signature Block                                                                                                     |           |                              |                               |
| Und                 | der pena                              | lties of perjury, I declare that I have examined this return, including accompanying schedules and                  | d stateme | ents, and to the best of m   | y knowledge and belief, it is |
| true                | e, correc                             | t, and complete. Declaration of preparer (other than officer) is based on all information of which p                | oreparer  | has any knowledge.           |                               |
|                     |                                       |                                                                                                                     |           |                              |                               |
| Sig                 | ın                                    | Signature of officer                                                                                                |           | Date                         |                               |
| He                  |                                       | DIEGO REYES, TREASURER                                                                                              |           |                              |                               |
|                     |                                       | Type or print name and title                                                                                        |           |                              |                               |
|                     |                                       | Print/Type preparer's name Preparer's signature                                                                     |           | ate Check                    | PTIN                          |
| Pai                 | d                                     | AVIV KADOSH AVIV KADOSH                                                                                             | 0         | 9/06/22 if self-employ       | ed №00727367                  |
| Pre                 | parer                                 | Firm's name BIANCHI, KASAVAN & POPE, LLP                                                                            |           | Firm's EIN ▶                 | 94-1541507                    |
| Use                 | Only                                  | Firm's address 450 LINCOLN AVENUE, SUITE 200                                                                        |           |                              |                               |
|                     |                                       | SALINAS, CA 93901                                                                                                   |           | Phone no.83                  | 1-757-5311                    |
| Ma                  | y the IF                              | RS discuss this return with the preparer shown above? See instructions                                              |           |                              | X Yes No                      |

| Form | 1 990 (2021) CARMEL YOUTH CENTER INC.                                                                                                                                                                                                                       | 94-14153       | 306 Page <b>2</b>      |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------|
| Pa   | rt III Statement of Program Service Accomplishments                                                                                                                                                                                                         |                |                        |
|      | Check if Schedule O contains a response or note to any line in this Part III                                                                                                                                                                                |                |                        |
| 1    | Briefly describe the organization's mission: THE MISSION OF THE CENTER IS TO PROVIDE A POSITIVE ENVIRONMENTAL AND SURROUNDING COMMUNITIES AND TO HELP STRONG VALUES AND CITIZENSHIP THROUGH ENCOURAGING VOLUNGMENTORING, THE ARTS, ATHLETICS AND ACADEMICS. | YOUTH DI       | EVELOP                 |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the                                                                                                                                                |                |                        |
| _    | prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.                                                                                                                                                                             | □              | Yes X No               |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.                                                                                                |                | Yes X No               |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, as                                                                                                                                              | measured by ex | penses.                |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.                                                                                      | -              | •                      |
| 4a   | (Code: ) (Expenses \$ 87,257 • including grants of \$ ) (Reven                                                                                                                                                                                              | ue \$          | 91,195.)               |
|      | YOUTH CENTER - TO PROMOTE AND MAINTAIN A YOUTH CENTER FO                                                                                                                                                                                                    |                | SE AND                 |
|      | BENEFIT OF ALL YOUTHS FROM AGES NINE THROUGH HIGH SCHOOL                                                                                                                                                                                                    | L. THE C       | ENTER                  |
|      | BENEFITS 100 CHILDREN PER MONTH.                                                                                                                                                                                                                            |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                | _                      |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
| 4b   | (Code:) (Expenses \$) (Reven                                                                                                                                                                                                                                | ue \$          | )                      |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
| _    |                                                                                                                                                                                                                                                             |                |                        |
| 4c   | (Code:) (Expenses \$ including grants of \$) (Reven                                                                                                                                                                                                         | ue \$          | )                      |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
|      |                                                                                                                                                                                                                                                             |                |                        |
| 4d   | Other program services (Describe on Schedule O.)                                                                                                                                                                                                            |                |                        |
| Tu   | (Expenses \$ including grants of \$ ) (Revenue \$                                                                                                                                                                                                           | ١              |                        |
| 4e   | 07.057                                                                                                                                                                                                                                                      | ,              |                        |
|      |                                                                                                                                                                                                                                                             |                | Form <b>990</b> (2021) |

# Form 990 (2021) CARMEL YOUTH CENTER INC. Part IV Checklist of Required Schedules

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Yes | No  |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|-----|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 37  |     |
|         | If "Yes," complete Schedule A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1          | X   |     |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2          | X   |     |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |     | v   |
|         | public office? If "Yes," complete Schedule C, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3          |     | X   |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 4          |     | х   |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |     |     |
|         | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5          |     | Х   |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |     |     |
|         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6          |     | X   |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |     |     |
|         | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7          |     | X   |
| 8       | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |     | 3,7 |
| _       | Schedule D, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8          |     | X   |
| 9       | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |     |     |
|         | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |     | X   |
| 40      | If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9          |     | Α.  |
| 10      | or in quasi endowments? If "Yes," complete Schedule D, Part V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10         | Х   |     |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10         |     |     |
| • •     | as applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |     |     |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |     |     |
|         | Part VI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11a        | Х   |     |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |     |     |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11b        |     | X   |
| С       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |            |     |     |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 11c        |     | X   |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 44.1       | Х   |     |
| е       | Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11d<br>11e | X   |     |
| f       | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 116        |     |     |
| •       | the organization's diability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11f        |     | Х   |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |     |     |
|         | Schedule D, Parts XI and XII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12a        |     | Х   |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |     |     |
|         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12b        |     | X   |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13         |     | X   |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 14a        |     | X   |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |     |     |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4.41-      |     | x   |
| 15      | or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14b        |     | 1   |
| 15      | foreign organization? If "Yes," complete Schedule F, Parts II and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 15         |     | х   |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |            |     |     |
|         | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16         |     | Х   |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |     |     |
|         | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17         |     | Х   |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |     |     |
|         | 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 18         | Х   |     |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            |     | ,,  |
|         | complete Schedule G, Part III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19         |     | X   |
| 20a     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 20a        |     | X   |
| р<br>21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20b        |     | -   |
| 21      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 21         |     | х   |
|         | democracy government on the try, columnity, since the secondarios, the transfer and the secondarios, the try, columnity of the try, |            |     |     |

Form 990 (2021) CARMEL YOUTH CENTER INC.

Part IV Checklist of Required Schedules (continued)

|      |                                                                                                                                                                                                      |     | Yes | No  |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                                                                        |     | 103 | 110 |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III                                                                                                                          | 22  |     | Х   |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current                                                                          |     |     |     |
|      | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                                                                                       |     |     |     |
|      | Schedule J                                                                                                                                                                                           | 23  |     | Х   |
| 24a  | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                                                                              |     |     |     |
|      | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete                                                                                   |     |     | 37  |
|      | Schedule K. If "No," go to line 25a                                                                                                                                                                  | 24a |     | X   |
|      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                    | 24b |     |     |
| С    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                                                                 | 24c |     |     |
| Ч    | any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                                                                       | 24d |     |     |
|      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                                                                         |     |     |     |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                        | 25a |     | Х   |
| b    | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                                                                           |     |     |     |
|      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete                                                                                |     |     |     |
|      | Schedule L, Part I                                                                                                                                                                                   | 25b |     | Х   |
| 26   | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                                                                                      |     |     |     |
|      | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                                                                              |     |     | l   |
|      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II                                                                                                   | 26  |     | Х   |
| 27   | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                                                          |     |     |     |
|      | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                                                          |     |     | X   |
| 00   | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                                                                             | 27  |     |     |
| 28   | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                                                                               |     |     |     |
| 9    | instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If        |     |     |     |
| а    | "Yes," complete Schedule L, Part IV                                                                                                                                                                  | 28a |     | х   |
| b    | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV                                                                                                      | 28b |     | Х   |
|      | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f                                                                                              |     |     |     |
|      | "Yes," complete Schedule L, Part IV                                                                                                                                                                  | 28c |     | Х   |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                                                                             | 29  |     | Х   |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                                                                          |     |     |     |
|      | contributions? If "Yes," complete Schedule M                                                                                                                                                         | 30  |     | X   |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                                                                                   | 31  |     | Х   |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                                                                                     |     |     | 77  |
|      | Schedule N, Part II                                                                                                                                                                                  | 32  |     | Х   |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                                                                           | 20  |     | X   |
| 34   | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33  |     |     |
| J-1  | Part V, line 1                                                                                                                                                                                       | 34  |     | X   |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                              | 35a |     | X   |
|      | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2                                                                                                              | 35b |     |     |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                                                                           |     |     |     |
|      | If "Yes," complete Schedule R, Part V, line 2                                                                                                                                                        | 36  |     | Х   |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                                                                                     |     |     | ۱   |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                                                                         | 37  |     | X   |
| 38   | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                                                                       |     | Х   |     |
| Pai  | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance                                                                         | 38  | Δ.  |     |
| ı al | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                           |     |     |     |
|      | Chook is desiredule of contains a response of note to any line in this Fart v                                                                                                                        |     | Yes | No  |
| 1a   | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0                                                                                                                    |     |     |     |
|      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b                                                                                                                   |     |     |     |
|      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                                                                                   |     |     |     |
|      | (gambling) winnings to prize winners?                                                                                                                                                                | 1c  |     |     |

Form 990 (2021) CARMEL YOUTH CENTER INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

|                                                                                                                                      |                                                                                                                                                                                                            |          | Yes | No           |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|--------------|--|--|--|--|--|--|--|
| 2a                                                                                                                                   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,                                                                                                                |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | filed for the calendar year ending with or within the year covered by this return 2a 24                                                                                                                    |          | X   |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                           |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.                                                                                                  |          |     |              |  |  |  |  |  |  |  |
| За                                                                                                                                   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                              |          |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                                                                                | 3b       |     |              |  |  |  |  |  |  |  |
| 4a                                                                                                                                   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                                                                                  |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                                                                           | 4a       |     | X            |  |  |  |  |  |  |  |
| b                                                                                                                                    | If "Yes," enter the name of the foreign country                                                                                                                                                            |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                                        |          |     |              |  |  |  |  |  |  |  |
| 5a                                                                                                                                   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                      | 5a       |     | X            |  |  |  |  |  |  |  |
| b                                                                                                                                    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                           | 5b       |     | Х            |  |  |  |  |  |  |  |
| С                                                                                                                                    | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                          | 5c       |     |              |  |  |  |  |  |  |  |
| 6a                                                                                                                                   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                                                                                |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | any contributions that were not tax deductible as charitable contributions?                                                                                                                                | 6a       |     | X            |  |  |  |  |  |  |  |
| b                                                                                                                                    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                                                                                       |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | were not tax deductible?                                                                                                                                                                                   | 6b       |     |              |  |  |  |  |  |  |  |
| 7                                                                                                                                    | Organizations that may receive deductible contributions under section 170(c).                                                                                                                              |          |     | ,,           |  |  |  |  |  |  |  |
| а                                                                                                                                    | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                            | 7a       |     | X            |  |  |  |  |  |  |  |
| b                                                                                                                                    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                            | 7b       |     |              |  |  |  |  |  |  |  |
| С                                                                                                                                    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                                                                                          |          |     | ,            |  |  |  |  |  |  |  |
|                                                                                                                                      | to file Form 8282?                                                                                                                                                                                         | 7c       |     | X            |  |  |  |  |  |  |  |
| d                                                                                                                                    | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                          | _        |     |              |  |  |  |  |  |  |  |
| e                                                                                                                                    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                            | 7e<br>7f |     | Х            |  |  |  |  |  |  |  |
|                                                                                                                                      | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                             |          |     |              |  |  |  |  |  |  |  |
| g                                                                                                                                    |                                                                                                                                                                                                            |          |     |              |  |  |  |  |  |  |  |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |                                                                                                                                                                                                            |          |     |              |  |  |  |  |  |  |  |
| 8                                                                                                                                    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                    | 8        |     |              |  |  |  |  |  |  |  |
| 9                                                                                                                                    | Sponsoring organizations maintaining donor advised funds.                                                                                                                                                  | -        |     |              |  |  |  |  |  |  |  |
| Di 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                              |                                                                                                                                                                                                            |          |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                      | 9a<br>9b |     |              |  |  |  |  |  |  |  |
| 10                                                                                                                                   | Section 501(c)(7) organizations. Enter:                                                                                                                                                                    |          |     |              |  |  |  |  |  |  |  |
| а                                                                                                                                    | Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                   |          |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                                                                                            |          |     |              |  |  |  |  |  |  |  |
| 11                                                                                                                                   | Section 501(c)(12) organizations. Enter:                                                                                                                                                                   |          |     |              |  |  |  |  |  |  |  |
| а                                                                                                                                    | Gross income from members or shareholders                                                                                                                                                                  |          |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | Gross income from other sources. (Do not net amounts due or paid to other sources against                                                                                                                  |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | amounts due or received from them.)                                                                                                                                                                        |          |     |              |  |  |  |  |  |  |  |
| 12a                                                                                                                                  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                 | 12a      |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                      |          |     |              |  |  |  |  |  |  |  |
| 13                                                                                                                                   | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                           |          |     |              |  |  |  |  |  |  |  |
| а                                                                                                                                    | Is the organization licensed to issue qualified health plans in more than one state?                                                                                                                       | 13a      |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                                                                                   |          |     |              |  |  |  |  |  |  |  |
| b                                                                                                                                    | Enter the amount of reserves the organization is required to maintain by the states in which the                                                                                                           |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | organization is licensed to issue qualified health plans                                                                                                                                                   |          |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | Enter the amount of reserves on hand                                                                                                                                                                       |          |     | 37           |  |  |  |  |  |  |  |
|                                                                                                                                      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                 | 14a      |     | X            |  |  |  |  |  |  |  |
|                                                                                                                                      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                                                                                  | 14b      |     | <u> </u>     |  |  |  |  |  |  |  |
| 15                                                                                                                                   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                                                                              | 4-       |     | <sub>v</sub> |  |  |  |  |  |  |  |
|                                                                                                                                      | excess parachute payment(s) during the year?                                                                                                                                                               | 15       |     | X            |  |  |  |  |  |  |  |
| 10                                                                                                                                   | If "Yes," see the instructions and file Form 4720, Schedule N.                                                                                                                                             | 16       |     | Х            |  |  |  |  |  |  |  |
| 10                                                                                                                                   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                                                                            |          |     |              |  |  |  |  |  |  |  |
| 17                                                                                                                                   | If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, any disqualified person, or mine operator organs in any                                                        |          |     |              |  |  |  |  |  |  |  |
| 17                                                                                                                                   | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17       |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      | If "Yes," complete Form 6069.                                                                                                                                                                              | 17       |     |              |  |  |  |  |  |  |  |
|                                                                                                                                      |                                                                                                                                                                                                            |          |     |              |  |  |  |  |  |  |  |

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

|     | Check if Schedule O contains a response or note to any line in this Part VI                                                         |         |         | X    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------|---------|---------|------|
| Sec | tion A. Governing Body and Management                                                                                               |         |         |      |
|     |                                                                                                                                     |         | Yes     | No   |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year                                                 | 1       |         |      |
|     | If there are material differences in voting rights among members of the governing body, or if the governing                         |         |         |      |
|     | body delegated broad authority to an executive committee or similar committee, explain on Schedule O.                               |         |         |      |
| b   | Enter the number of voting members included on line 1a, above, who are independent 1b 14                                            |         |         |      |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other            |         |         |      |
|     | officer, director, trustee, or key employee?                                                                                        | 2       |         | X    |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision               |         |         |      |
|     | of officers, directors, trustees, or key employees to a management company or other person?                                         | 3       |         | X    |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4       |         | Х    |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5       |         | Х    |
| 6   | Did the organization have members or stockholders?                                                                                  | 6       |         | Х    |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or                      |         |         |      |
|     | more members of the governing body?                                                                                                 | 7a      |         | X    |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or                  |         |         |      |
|     | persons other than the governing body?                                                                                              | 7b      |         | Х    |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |         |         |      |
| а   | The governing body?                                                                                                                 | 8a      | Х       |      |
| b   | Each committee with authority to act on behalf of the governing body?                                                               | 8b      | Х       |      |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the                |         |         |      |
|     | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                                             | 9       |         | Х    |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)                    |         |         |      |
|     |                                                                                                                                     |         | Yes     | No   |
| 10a | Did the organization have local chapters, branches, or affiliates?                                                                  | 10a     |         | X    |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,          |         |         |      |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?                                     | 10b     |         |      |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | 11a     | Х       |      |
| b   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                       |         |         |      |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13                                             | 12a     | Х       |      |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b     |         | X    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe                  |         |         |      |
|     | on Schedule O how this was done                                                                                                     | 12c     |         | Х    |
| 13  | Did the organization have a written whistleblower policy?                                                                           | 13      |         | X    |
| 14  | Did the organization have a written document retention and destruction policy?                                                      | 14      |         | X    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent                  |         |         |      |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                   |         |         |      |
| а   | The organization's CEO, Executive Director, or top management official                                                              | 15a     | Х       |      |
| b   | Other officers or key employees of the organization                                                                                 | 15b     |         | X    |
|     | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                  |         |         |      |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a               |         |         |      |
|     | taxable entity during the year?                                                                                                     | 16a     |         | Х    |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation        |         |         |      |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's                      |         |         |      |
|     | exempt status with respect to such arrangements?                                                                                    | 16b     |         |      |
| Sec | tion C. Disclosure                                                                                                                  |         |         |      |
| 17  | List the states with which a copy of this Form 990 is required to be filed ▶CA                                                      |         |         |      |
| 18  | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3      | s only  | ) avail | able |
|     | for public inspection. Indicate how you made these available. Check all that apply.                                                 |         |         |      |
|     | Own website Another's website X Upon request Other (explain on Schedule O)                                                          |         |         |      |
| 19  | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar      | nd fina | ncial   |      |
|     | statements available to the public during the tax year.                                                                             |         |         |      |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records                      |         |         |      |
|     | CARMEL YOUTH CENTER - 831-624-3285                                                                                                  |         |         |      |
|     | PO BOX 2399, CARMEL, CA 93921                                                                                                       |         |         |      |

Page 7

## Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

| Check if Schedule O contains a response or note to any line in this Part VI |  |
|-----------------------------------------------------------------------------|--|
|                                                                             |  |
|                                                                             |  |
|                                                                             |  |

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

| (A)                      | (B)               | (C)                            |                       |             |              |                              | , iou    | (D)             | (E)                           | (F)                   |
|--------------------------|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|----------|-----------------|-------------------------------|-----------------------|
| Name and title           | Average           | (do                            | not c                 | Pos<br>heck | more         | than                         | one      | Reportable      | Reportable                    | Estimated             |
|                          | hours per         |                                |                       |             |              | is bot<br>or/trus            |          | compensation    | compensation                  | amount of             |
|                          | week<br>(list any | to                             |                       |             |              |                              | Ė        | from<br>the     | from related<br>organizations | other<br>compensation |
|                          | hours for         | direc                          |                       |             |              | pg.                          |          | organization    | (W-2/1099-MISC/               | from the              |
|                          | related           | tee or                         | ustee                 |             |              | ensat                        |          | (W-2/1099-MISC/ | 1099-NEC)                     | organization          |
|                          | organizations     | al trus                        | nal tr                |             | loyee        | o mp                         |          | 1099-NEC)       |                               | and related           |
|                          | below             | Individual trustee or director | Institutional trustee | Officer     | Key employee | Highest compensated employee | Former   |                 |                               | organizations         |
| (1) JESSICA FADDIS       | line)<br>40.00    | Ĕ                              | ü                     | ₽           | δ.           | 宝岩                           | 요        |                 |                               |                       |
| EXECUTIVE DIR            | 40.00             |                                |                       | x           |              |                              |          | 62,343.         | 0.                            | 0.                    |
| (2) KATHERINE MAKI       | 1.00              |                                |                       | ^           |              |                              |          | 02,343.         | 0.                            | <u> </u>              |
| DIRECTOR                 | 1.00              | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (3) PETER LEVIN          | 1.00              | ^                              |                       |             |              |                              |          | 0.              | 0.                            | <u></u>               |
| DIRECTOR                 | 1.00              | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (4) DIEGO REYES          | 1.00              | ^                              |                       |             |              |                              |          | 0.              | 0.                            | <u></u>               |
| DIRECTOR                 | 1.00              | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (5) LINDSAY PEELMAN      | 1.00              |                                |                       |             |              |                              |          | 0.              | 0.                            |                       |
| DIRECTOR                 | 1.00              | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (6) MOLLY GOSHORN        | 1.00              |                                |                       |             |              |                              |          | 0.              | •                             |                       |
| DIRECTOR                 | 1:00              | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (7) MARCI MEAUX          | 1.00              |                                |                       |             |              |                              |          | 0.              |                               |                       |
| DIRECTOR                 |                   | x                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (8) PAMELA NEIMAN        | 1.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| DIRECTOR                 |                   | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (9) JOHN MICEK           | 1.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| DIRECTOR                 |                   | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (10) LINDA FRYE          | 1.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| DIRECTOR                 |                   | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (11) NANCY STEBBINS      | 1.00              |                                |                       |             |              |                              |          |                 |                               | _                     |
| DIRECTOR                 |                   | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
| (12) JOHN RUSKELL        | 3.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| PRESIDENT                |                   | Х                              |                       | Х           |              |                              |          | 0.              | 0.                            | 0.                    |
| (13) FARRAH FARHANG      | 3.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| SECRETARY                |                   | Х                              |                       | Х           |              |                              |          | 0.              | 0.                            | 0.                    |
| (14) CHRISTINA BAREUTHER | 3.00              |                                |                       |             |              |                              |          | _               | _                             | _                     |
| TREASURER                |                   | Х                              |                       | Х           |              |                              |          | 0.              | 0.                            | 0.                    |
| (15) JOHN PLASTINI       | 3.00              |                                |                       |             |              |                              |          |                 |                               |                       |
| VICE PRESIDENT           |                   | Х                              |                       |             |              |                              |          | 0.              | 0.                            | 0.                    |
|                          |                   | -                              |                       |             |              |                              |          |                 |                               |                       |
|                          |                   | $\vdash$                       |                       |             |              |                              | $\vdash$ |                 |                               |                       |
|                          |                   |                                |                       |             |              |                              |          |                 |                               |                       |
|                          | I .               |                                |                       |             | <u> </u>     |                              |          | ı               | l                             | - 000                 |

Form 990 (2021) 132007 12-09-21

94-1415306

| Par      | t VII Section A. Officers, Directors, Trus                                                                                                                                     | tees, Key Em                                   | ploy                           | rees                  | , an          | d Hi                              | ighe                         | st C                  | Compensated Employe                                         | es (continued)                                                       |                     |                             |                                       |   |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------|-----------------------|---------------|-----------------------------------|------------------------------|-----------------------|-------------------------------------------------------------|----------------------------------------------------------------------|---------------------|-----------------------------|---------------------------------------|---|
|          | (A)<br>Name and title                                                                                                                                                          | (B) Average hours per week (list any hours for | (do<br>box<br>offic            | not c                 | Pos<br>heck   | ition<br>more<br>erson<br>lirecto | than<br>is bot<br>or/trus    | one<br>th an<br>stee) | (D)  Reportable compensation from the                       | (E) Reportable compensation from related organizations (W-2/1099-MIS | S                   | Estin<br>amo<br>of<br>compe | (F) mated ount of ther ensation m the |   |
|          |                                                                                                                                                                                | related<br>organizations<br>below<br>line)     | Individual trustee or director | Institutional trustee | Officer       | Key employee                      | Highest compensated employee | Former                | (W-2/1099-MISC/<br>1099-NEC)                                | ` 1099-NEC)                                                          |                     | and                         | nization<br>related<br>nizations      | _ |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       | _ |
|          |                                                                                                                                                                                |                                                | _                              |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       | _ |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       | _ |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       | _ |
|          | Subtotal                                                                                                                                                                       |                                                |                                |                       |               |                                   |                              | <u> </u>              | 62,343.                                                     |                                                                      | 0.                  |                             | 0                                     |   |
|          | Total from continuation sheets to Part VI  Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization ▶                     |                                                |                                |                       |               |                                   |                              | <u> </u>              | 62,343.                                                     | 0,000 of reportabl                                                   | 0.                  |                             | 0                                     |   |
| 3        | Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su                | uch individual                                 |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     | 3                           | res No                                |   |
| 5        | and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," common or the standard or the organization? | 0,000? <i>If</i> "Yes,<br>accrue compe         | " <i>co.</i><br>nsat           | <i>mple</i> ion t     | ete S<br>from | S <i>che</i><br>any               | e <i>dul</i> e<br>y uni      | e J i<br>relat        | for such individual                                         |                                                                      |                     | 5                           | X                                     |   |
| Sec<br>1 | tion B. Independent Contractors  Complete this table for your five highest co                                                                                                  | -                                              | -                              |                       |               |                                   |                              |                       |                                                             |                                                                      | pens                | ation fro                   | om.                                   | _ |
|          | the organization. Report compensation for (A)  Name and business                                                                                                               |                                                |                                | enai<br>ONI           |               | vith                              | or w                         | rithii                | n the organization's tax<br>( <b>B)</b><br>Description of s |                                                                      | (C)<br>Compensation |                             |                                       | _ |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       | _ |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       |   |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             |                                       |   |
| 2        | Total number of independent contractors (i \$100,000 of compensation from the organi                                                                                           |                                                | ot li                          | mite                  | d to          | tho                               | se li                        | stec                  | d above) who received n                                     | nore than                                                            |                     |                             |                                       |   |
|          |                                                                                                                                                                                |                                                |                                |                       |               |                                   |                              |                       |                                                             |                                                                      |                     |                             | 00 (000                               | - |

Form 990 (2021) CARMEL
Part VIII Statement of Revenue

|                                                        |      | Check if Schedule O contains a response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or note to any lin | e in this Part VIII |                   |                  |                    |
|--------------------------------------------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|-------------------|------------------|--------------------|
|                                                        |      | Check if Schedule O contains a response                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | or note to any iii | (A)                 | (B)               | (C)              | (D)                |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Total revenue       | Related or exempt |                  | Revenuè éxcluded   |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     | function revenue  | business revenue | from tax under     |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  | sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a  | Federated campaigns1a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                     |                   |                  |                    |
|                                                        | b    | Membership dues1b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 35,356.            |                     |                   |                  |                    |
|                                                        | С    | Fundraising events 1c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                     |                   |                  |                    |
|                                                        |      | Related organizations 1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |                   |                  |                    |
|                                                        |      | Government grants (contributions) 1e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                     |                   |                  |                    |
| Sig                                                    |      | All other contributions, gifts, grants, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                     |                   |                  |                    |
| ontributic<br>nd Other                                 | '    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 177,875.           |                     |                   |                  |                    |
|                                                        |      | similar amounts not included above 1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 111,013.           |                     |                   |                  |                    |
|                                                        | g    | Noncash contributions included in lines 1a-1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 012 021             |                   |                  |                    |
| <u>a</u> C                                             | h    | Total. Add lines 1a-1f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b></b>            | 213,231.            |                   |                  |                    |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Code      |                     |                   |                  |                    |
| 9                                                      | 2 a  | PROGRAMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 624110             | 91,195.             | 91,195.           |                  |                    |
| ا ہ جَ                                                 | b    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
| Se i                                                   | С    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
| E §                                                    | d    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
| P. E.                                                  | · ·  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
| Program Service<br>Revenue                             | •    | All able on the contract of th |                    |                     |                   |                  |                    |
| _                                                      |      | All other program service revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | 91,195.             |                   |                  |                    |
| $\overline{}$                                          |      | Total. Add lines 2a-2f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | 91,190.             |                   |                  |                    |
|                                                        | 3    | Investment income (including dividends, inter-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | 0                   |                   |                  | _                  |
|                                                        |      | other similar amounts)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | 9.                  |                   |                  | 9.                 |
|                                                        | 4    | Income from investment of tax-exempt bond p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | oroceeds 🕨         |                     |                   |                  |                    |
|                                                        | 5    | Royalties                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                     |                   |                  |                    |
|                                                        |      | (i) Real                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (ii) Personal      |                     |                   |                  |                    |
|                                                        | 6 a  | Gross rents 6a 3,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                     |                   |                  |                    |
|                                                        | b    | Less: rental expenses 6b 0 •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                     |                   |                  |                    |
|                                                        |      | Rental income or (loss) 6c 3,250.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                     |                   |                  |                    |
|                                                        |      | Not went the same of the same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | 3,250.              |                   |                  | 3,250.             |
|                                                        |      | Gross amount from sales of (i) Securities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ii) Other         | 3,2301              |                   |                  | 3,2301             |
|                                                        | ı a  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (ii) Other         |                     |                   |                  |                    |
|                                                        |      | assets other than inventory 7a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    |                     |                   |                  |                    |
|                                                        | b    | Less: cost or other basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                     |                   |                  |                    |
| ž                                                      |      | and sales expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                     |                   |                  |                    |
| her Revenue                                            | С    | Gain or (loss) <b>7c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |                   |                  |                    |
| ~                                                      | d    | Net gain or (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b></b>            |                     |                   |                  |                    |
| Je                                                     | 8 a  | Gross income from fundraising events (not                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                     |                   |                  |                    |
| ₹                                                      |      | including \$ of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
|                                                        |      | contributions reported on line 1c). See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                     |                   |                  |                    |
|                                                        |      | Part IV, line 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 35,078.            |                     |                   |                  |                    |
|                                                        | h    | Less: direct expenses 8b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |                   |                  |                    |
|                                                        |      | Net income or (loss) from fundraising events                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ·                  | 29,331.             |                   |                  | 29,331.            |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 25,551.             |                   |                  | 23,331.            |
|                                                        | 9 a  | Gross income from gaming activities. See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |                   |                  |                    |
|                                                        |      | Part IV, line 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    |                     |                   |                  |                    |
|                                                        |      | Less: direct expenses 9b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                     |                   |                  |                    |
|                                                        | С    | Net income or (loss) from gaming activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                     |                   |                  |                    |
|                                                        | 10 a | Gross sales of inventory, less returns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |                     |                   |                  |                    |
|                                                        |      | and allowances 10a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 25.                |                     |                   |                  |                    |
|                                                        | b    | Less: cost of goods sold 10k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1,153.             |                     |                   |                  |                    |
|                                                        |      | Net income or (loss) from sales of inventory                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>•</b>           | -1,128.             |                   |                  | -1,128.            |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Code      |                     |                   |                  | -                  |
| Miscellaneous<br>Revenue                               | 11 a |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
|                                                        |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
|                                                        | b    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                     |                   |                  |                    |
|                                                        | C    | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                     |                   |                  |                    |
| Ξ                                                      |      | All other revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                     |                   |                  |                    |
|                                                        |      | Total. Add lines 11a-11d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                    | 225 222             | 04 405            |                  | 24 452             |
|                                                        | 12   | Total revenue. See instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ▶                  | 335,888.            | 91,195.           | 0.               | 31,462.            |

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

|          | Check if Schedule O contains a respon                                                                   | •              |                          |                                 | X                       |
|----------|---------------------------------------------------------------------------------------------------------|----------------|--------------------------|---------------------------------|-------------------------|
| Do       | not include amounts reported on lines 6b,                                                               | (A) I          | (B)                      | (C)                             | (D)                     |
|          | 8b, 9b, and 10b of Part VIII.                                                                           | Total expenses | Program service expenses | Management and general expenses | Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations                                                   |                | олроново                 | gorroral experience             | 57,0011000              |
|          | and domestic governments. See Part IV, line 21                                                          |                |                          |                                 |                         |
| 2        | Grants and other assistance to domestic                                                                 |                |                          |                                 |                         |
|          | individuals. See Part IV, line 22                                                                       |                |                          |                                 |                         |
| 3        | Grants and other assistance to foreign                                                                  |                |                          |                                 |                         |
|          | organizations, foreign governments, and foreign                                                         |                |                          |                                 |                         |
|          | individuals. See Part IV, lines 15 and 16                                                               |                |                          |                                 |                         |
| 4        | Benefits paid to or for members                                                                         |                |                          |                                 |                         |
| 5        | Compensation of current officers, directors,                                                            |                |                          |                                 |                         |
|          | trustees, and key employees                                                                             |                |                          |                                 |                         |
| 6        | Compensation not included above to disqualified                                                         |                |                          |                                 |                         |
|          | persons (as defined under section 4958(f)(1)) and                                                       |                |                          |                                 |                         |
|          | persons described in section 4958(c)(3)(B)                                                              |                |                          |                                 |                         |
| 7        | Other salaries and wages                                                                                | 83,271.        | 48,071.                  | 25,708.                         | 9,492.                  |
| 8        | Pension plan accruals and contributions (include                                                        |                |                          |                                 |                         |
|          | section 401(k) and 403(b) employer contributions)                                                       |                |                          |                                 |                         |
| 9        | Other employee benefits                                                                                 | 10 000         | 2 222                    |                                 |                         |
| 10       | Payroll taxes                                                                                           | 12,092.        | 8,293.                   | 2,848.                          | 951.                    |
| 11       | Fees for services (nonemployees):                                                                       |                |                          |                                 |                         |
| а        | Management                                                                                              |                |                          |                                 |                         |
| b        | Legal                                                                                                   |                |                          |                                 |                         |
| С        | Accounting                                                                                              |                |                          |                                 |                         |
| d        | , , , , , , , , , , , , , , , , , , , ,                                                                 |                |                          |                                 |                         |
| e        | Professional fundraising services. See Part IV, line 17                                                 |                |                          |                                 |                         |
| f        | Investment management fees                                                                              |                |                          |                                 |                         |
| g        | ,                                                                                                       | 28,251.        | 8,594.                   | 19,657.                         |                         |
| 40       | column (A), amount, list line 11g expenses on Sch O.)                                                   | 2,733.         | 345.                     | 2,388.                          |                         |
| 12       | Advertising and promotion                                                                               | 4,755.         | 243.                     | 2,300.                          |                         |
| 13       | Office expenses                                                                                         |                |                          |                                 |                         |
| 14       | Information technology                                                                                  |                |                          |                                 |                         |
| 15<br>16 | Royalties                                                                                               |                |                          |                                 |                         |
| 17       | Occupancy<br>Travel                                                                                     |                |                          |                                 |                         |
| 18       | Payments of travel or entertainment expenses                                                            |                |                          |                                 |                         |
| 10       | for any federal, state, or local public officials                                                       |                |                          |                                 |                         |
| 19       | Conferences, conventions, and meetings                                                                  |                |                          |                                 |                         |
| 20       | Interest                                                                                                |                |                          |                                 |                         |
| 21       | Payments to affiliates                                                                                  |                |                          |                                 |                         |
| 22       | Depreciation, depletion, and amortization                                                               | 9,337.         |                          | 9,337.                          |                         |
| 23       | Insurance                                                                                               | 18,671.        |                          | 18,671.                         |                         |
| 24       | Other expenses. Itemize expenses not covered                                                            |                |                          |                                 |                         |
|          | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A). |                |                          |                                 |                         |
|          | amount, list line 24e expenses on Schedule 0.)                                                          |                |                          |                                 |                         |
| а        | SUPPLIES                                                                                                | 25,325.        | 20,185.                  | 5,140.                          |                         |
| b        | REPAIR AND MAINTENANCE                                                                                  | 14,480.        | 278.                     | 14,202.                         |                         |
| С        | UTILITIES                                                                                               | 11,804.        |                          | 11,804.                         |                         |
| d        | SUBSCRIPTIONS                                                                                           | 10,078.        |                          | 10,078.                         |                         |
| е        | All other expenses                                                                                      | 7,450.         | 1,491.                   | 5,959.                          |                         |
| 25       | Total functional expenses. Add lines 1 through 24e                                                      | 223,492.       | 87,257.                  | 125,792.                        | 10,443.                 |
| 26       | Joint costs. Complete this line only if the organization                                                |                |                          |                                 |                         |
|          | reported in column (B) joint costs from a combined                                                      |                |                          |                                 |                         |
|          | educational campaign and fundraising solicitation.                                                      |                |                          |                                 |                         |
|          | Check here if following SOP 98-2 (ASC 958-720)                                                          |                |                          |                                 | F 000 (2024)            |

Form 990 (2021)
Part X | Balance Sheet

| Pai                         | rt X | Balance Sheet                                                                |               |                    |                                 |     |                           |
|-----------------------------|------|------------------------------------------------------------------------------|---------------|--------------------|---------------------------------|-----|---------------------------|
|                             |      | Check if Schedule O contains a response or r                                 | ote to any l  | ine in this Part X |                                 |     |                           |
|                             |      |                                                                              |               |                    | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                             | 1    | Cash - non-interest-bearing                                                  |               |                    | 72,486.                         | 1   | 125,871.                  |
|                             | 2    | Savings and temporary cash investments                                       |               |                    |                                 | 2   |                           |
|                             | 3    | Pledges and grants receivable, net                                           |               |                    |                                 | 3   |                           |
|                             | 4    | Accounts receivable, net                                                     |               |                    |                                 | 4   |                           |
|                             | 5    | Loans and other receivables from any current or former officer, director,    |               |                    |                                 |     |                           |
|                             |      | trustee, key employee, creator or founder, sul                               | ostantial co  | ntributor, or 35%  |                                 |     |                           |
|                             |      | controlled entity or family member of any of the                             | ese person    | s                  |                                 | 5   |                           |
|                             | 6    | Loans and other receivables from other disqu                                 | alified perso | ons (as defined    |                                 |     |                           |
|                             |      | under section 4958(f)(1)), and persons describ                               | ed in section | on 4958(c)(3)(B)   |                                 | 6   |                           |
| ţ                           | 7    | Notes and loans receivable, net                                              |               |                    |                                 | 7   |                           |
| Assets                      | 8    | Inventories for sale or use                                                  |               |                    | 1,007.                          | 8   | 1,007.                    |
| Ř                           | 9    |                                                                              |               |                    |                                 | 9   |                           |
|                             | 10a  | Land, buildings, and equipment: cost or other                                | .             |                    |                                 |     |                           |
|                             |      | basis. Complete Part VI of Schedule D                                        | . 10a         | 818,511.           |                                 |     |                           |
|                             | b    | Less: accumulated depreciation                                               | . 10b         | 592,134.           | 228,969.                        | 10c | 226,377.                  |
|                             | 11   | Investments - publicly traded securities                                     |               |                    |                                 | 11  |                           |
|                             | 12   | Investments - other securities. See Part IV, lin                             | e 11          |                    |                                 | 12  |                           |
|                             | 13   | Investments - program-related. See Part IV, lin                              | e 11          |                    |                                 | 13  |                           |
|                             | 14   | Intangible assets                                                            |               |                    |                                 | 14  |                           |
|                             | 15   | Other assets. See Part IV, line 11                                           |               |                    | 0.                              | 15  | 60,335.                   |
|                             | 16   | Total assets. Add lines 1 through 15 (must ed                                | qual line 33) |                    | 302,462.                        | 16  | 413,590.                  |
|                             | 17   | Accounts payable and accrued expenses                                        |               |                    | 524.                            | 17  |                           |
|                             | 18   | Grants payable                                                               |               |                    |                                 | 18  |                           |
|                             | 19   | Deferred revenue                                                             |               |                    |                                 | 19  |                           |
|                             | 20   | Tax-exempt bond liabilities                                                  |               |                    |                                 | 20  |                           |
|                             | 21   | Escrow or custodial account liability. Complete Part IV of Schedule D        |               |                    |                                 | 21  |                           |
| es                          | 22   | Loans and other payables to any current or former officer, director,         |               |                    |                                 |     |                           |
| ≣                           |      | trustee, key employee, creator or founder, sul                               | ostantial co  | ntributor, or 35%  |                                 |     |                           |
| Liabilities                 |      | controlled entity or family member of any of the                             | ese person    | s                  |                                 | 22  |                           |
| _                           | 23   | Secured mortgages and notes payable to unrelated third parties               |               |                    |                                 | 23  |                           |
|                             | 24   | Unsecured notes and loans payable to unrelated third parties                 |               |                    |                                 | 24  |                           |
|                             | 25   | Other liabilities (including federal income tax, payables to related third   |               |                    |                                 |     |                           |
|                             |      | parties, and other liabilities not included on lines 17-24). Complete Part X |               |                    | E4 E0E                          |     | 26                        |
|                             |      | of Schedule D                                                                |               |                    | 54,587.                         | 25  | -26.                      |
|                             | 26   | Total liabilities. Add lines 17 through 25                                   |               |                    | 55,111.                         | 26  | -26.                      |
| Ś                           |      | Organizations that follow FASB ASC 958, c                                    | heck here     | ► X                |                                 |     |                           |
| nce                         |      | and complete lines 27, 28, 32, and 33.                                       |               |                    | 0.45 0.51                       |     | 412 616                   |
| Net Assets or Fund Balances | 27   | Net assets without donor restrictions                                        |               |                    | 247,351.                        | 27  | 413,616.                  |
|                             | 28   | Net assets with donor restrictions                                           |               |                    |                                 | 28  |                           |
|                             |      | Organizations that do not follow FASB ASC 958, check here                    |               |                    |                                 |     |                           |
|                             |      | and complete lines 29 through 33.                                            |               |                    |                                 |     |                           |
|                             | 29   | Capital stock or trust principal, or current fund                            |               |                    |                                 | 29  |                           |
|                             | 30   | Paid-in or capital surplus, or land, building, or                            |               |                    |                                 | 30  |                           |
|                             | 31   | Retained earnings, endowment, accumulated                                    |               | F                  | 0.45 0.54                       | 31  | 412 616                   |
|                             | 32   | Total net assets or fund balances                                            |               |                    | 247,351.                        | 32  | 413,616.                  |
|                             | 33   | Total liabilities and net assets/fund balances                               |               |                    | 302,462.                        | 33  | 413,590.                  |

| Pai                                         | Reconciliation of Net Assets                                                                                                 |   |   |                  |     |     |  |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---|---|------------------|-----|-----|--|
|                                             | Check if Schedule O contains a response or note to any line in this Part XI                                                  |   |   |                  | l   | X   |  |
|                                             |                                                                                                                              |   | _ |                  |     |     |  |
| 1                                           | Total revenue (must equal Part VIII, column (A), line 12)                                                                    | 1 |   | 335,88<br>223,49 |     |     |  |
| 2                                           | Total expenses (must equal Part IX, column (A), line 25)                                                                     | 2 |   |                  |     |     |  |
| 3                                           | Revenue less expenses. Subtract line 2 from line 1                                                                           | 3 |   | 112,39           |     |     |  |
| 4                                           | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                                    | 4 | 2 | 247,3            |     | 51. |  |
| 5                                           | Net unrealized gains (losses) on investments                                                                                 | 5 |   |                  |     |     |  |
| 6                                           | Donated services and use of facilities                                                                                       | 6 |   |                  |     |     |  |
| 7                                           | Investment expenses                                                                                                          | 7 |   |                  |     |     |  |
| 8                                           | Prior period adjustments                                                                                                     | 8 |   |                  |     | 50. |  |
| 9                                           | Other changes in net assets or fund balances (explain on Schedule O)                                                         | 9 |   | 53,31            |     | L9. |  |
| 10                                          | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                           |   |   |                  |     |     |  |
|                                             | column (B))                                                                                                                  |   |   | 413,616          |     | L6. |  |
| Part XII Financial Statements and Reporting |                                                                                                                              |   |   |                  |     |     |  |
|                                             | Check if Schedule O contains a response or note to any line in this Part XII                                                 |   |   |                  | l   |     |  |
|                                             |                                                                                                                              |   |   | Y                | 'es | No  |  |
| 1                                           | Accounting method used to prepare the Form 990: X Cash Accrual Other                                                         |   |   |                  |     |     |  |
|                                             | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.            |   |   |                  |     |     |  |
| 2a                                          | Were the organization's financial statements compiled or reviewed by an independent accountant?                              |   |   |                  |     | Х   |  |
|                                             | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a         |   |   |                  |     |     |  |
|                                             | separate basis, consolidated basis, or both:                                                                                 |   |   |                  |     |     |  |
|                                             | Separate basis Consolidated basis Both consolidated and separate basis                                                       |   |   |                  |     |     |  |
| b                                           | <b>b</b> Were the organization's financial statements audited by an independent accountant?                                  |   |   |                  |     | Х   |  |
|                                             | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,      |   |   |                  |     |     |  |
|                                             | consolidated basis, or both:                                                                                                 |   |   |                  |     |     |  |
|                                             | Separate basis Consolidated basis Both consolidated and separate basis                                                       |   |   |                  |     |     |  |
| С                                           | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,  |   |   |                  |     |     |  |
|                                             | review, or compilation of its financial statements and selection of an independent accountant?                               |   |   |                  |     |     |  |
|                                             | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.    |   |   |                  |     |     |  |
| За                                          | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit |   |   |                  |     |     |  |
|                                             | ct and OMB Circular A-133?                                                                                                   |   |   |                  |     | Х   |  |
| b                                           | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit  |   |   |                  |     |     |  |
|                                             | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                     |   |   |                  |     |     |  |

Form **990** (2021)

# **SCHEDULE A**

(Form 990)

Total

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

Open to Public Inspection

Employer identification number Name of the organization CARMEL YOUTH CENTER INC. 94-1415306 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 7 X 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 university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990) 2021 CARMEL YOUTH CENTER INC. 94-14153

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 org | ganization failed to qualify under Part III. If the organizati | on |
| fails to qualify under the tests listed below, please complete Part III.)        |                                                                |    |

| Sec  | ction A. Public Support                                                                                                            |                             |                      |                            |                             |                     |             |
|------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|----------------------------|-----------------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in)                                                                                            | (a) 2017                    | <b>(b)</b> 2018      | (c) 2019                   | (d) 2020                    | (e) 2021            | (f) Total   |
| 1    | Gifts, grants, contributions, and                                                                                                  |                             |                      |                            |                             |                     |             |
|      | membership fees received. (Do not                                                                                                  |                             |                      |                            |                             |                     |             |
|      | include any "unusual grants.")                                                                                                     | 98,355.                     | 74,923.              | 135,073.                   | 121,134.                    | 213,231.            | 642,716.    |
| 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                                                                                                       | 98,355.                     | 74,923.              | 135,073.                   | 121,134.                    | 213,231.            | 642,716.    |
| 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.                                                                                       |                             |                      |                            |                             |                     | 642,716.    |
| Sec  | ction B. Total Support                                                                                                             |                             |                      |                            |                             |                     |             |
| Cale | ndar year (or fiscal year beginning in)                                                                                            | (a) 2017                    | <b>(b)</b> 2018      | (c) 2019                   | (d) 2020                    | (e) 2021            | (f) Total   |
| 7    | Amounts from line 4                                                                                                                | 98,355.                     | 74,923.              | 135,073.                   | 121,134.                    | 213,231.            | 642,716.    |
| 8    | Gross income from interest,                                                                                                        |                             |                      |                            |                             |                     |             |
|      | dividends, payments received on                                                                                                    |                             |                      |                            |                             |                     |             |
|      | securities loans, rents, royalties,                                                                                                |                             |                      |                            |                             |                     |             |
|      | and income from similar sources                                                                                                    | 123.                        | 64.                  | 28.                        | 7.                          | 9.                  | 231.        |
| 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                                                                                              |                             |                      |                            |                             |                     | 642,947.    |
| 12   | Gross receipts from related activities,                                                                                            | etc. (see instruction       | ons)                 |                            |                             | 12                  |             |
| 13   | First 5 years. If the Form 990 is for th                                                                                           | ne organization's fi        | rst, second, third,  | fourth, or fifth tax       | year as a section 5         | 501(c)(3)           |             |
|      | organization, check this box and stop                                                                                              | here                        |                      |                            |                             |                     | <b>&gt;</b> |
| Sec  | ction C. Computation of Publ                                                                                                       | ic Support Pe               | rcentage             |                            |                             |                     |             |
| 14   | Public support percentage for 2021 (                                                                                               | line 6, column (f), c       | livided by line 11,  | column (f))                |                             | 14                  | 99.96 %     |
| 15   | Public support percentage from 2020                                                                                                | Schedule A, Part            | II, line 14          |                            |                             | 15                  | 89.83 %     |
| 16a  | 33 1/3% support test - 2021. If the o                                                                                              | -                           |                      |                            |                             |                     |             |
|      | stop here. The organization qualifies                                                                                              | as a publicly supp          | orted organization   | ı                          |                             |                     | <b>▶</b> X  |
| b    | 33 1/3% support test - 2020. If the o                                                                                              | -                           |                      |                            |                             |                     |             |
|      | and stop here. The organization qual                                                                                               | ifies as a publicly s       | supported organiza   | ation                      |                             |                     | ▶□          |
| 17a  | 10% -facts-and-circumstances tes                                                                                                   | <b>t - 2021.</b> If the org | anization did not o  | check a box on line        | e 13, 16a, or 16b, a        | and line 14 is 10%  | or more,    |
|      | and if the organization meets the fact                                                                                             | s-and-circumstand           | es test, check this  | s box and <b>stop he</b>   | <b>re.</b> Explain in Part  | VI how the organiz  | ation       |
|      | meets the facts-and-circumstances to                                                                                               | est. The organization       | on qualifies as a pu | ublicly supported          | organization                |                     | ▶□          |
| b    | 10% -facts-and-circumstances tes                                                                                                   | <b>t - 2020.</b> If the org | anization did not o  | check a box on line        | e 13, 16a, 16b, or          | 17a, and line 15 is | 10% or      |
|      | more, and if the organization meets the                                                                                            | ne facts-and-circur         | nstances test, che   | eck this box and <b>st</b> | t <b>op here.</b> Explain i | n Part VI how the   |             |
|      | organization meets the facts-and-circ                                                                                              | umstances test. Th          | ne organization qu   | alifies as a publicl       | y supported organ           | ization             | ▶∐          |
| 18   | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions |                             |                      |                            |                             |                     |             |

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

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

| Section A. Public Support                                                            | below, please con          | ipiete i art ii.)     |                        |                     |                      |           |
|--------------------------------------------------------------------------------------|----------------------------|-----------------------|------------------------|---------------------|----------------------|-----------|
| Calendar year (or fiscal year beginning in)                                          | (a) 2017                   | <b>(b)</b> 2018       | (c) 2019               | (d) 2020            | (e) 2021             | (f) Total |
| 1 Gifts, grants, contributions, and                                                  |                            |                       | ` '                    | ,                   | <b>,</b> ,           | ,         |
| membership fees received. (Do not                                                    |                            |                       |                        |                     |                      |           |
| include any "unusual grants.")                                                       |                            |                       |                        |                     |                      |           |
| 2 Gross receipts from admissions,                                                    |                            |                       |                        |                     |                      |           |
| merchandise sold or services per-                                                    |                            |                       |                        |                     |                      |           |
| formed, or facilities furnished in                                                   |                            |                       |                        |                     |                      |           |
| any activity that is related to the<br>organization's tax-exempt purpose             |                            |                       |                        |                     |                      |           |
| 3 Gross receipts from activities that                                                |                            |                       |                        |                     | +                    |           |
| are not an unrelated trade or bus-                                                   |                            |                       |                        |                     |                      |           |
| in                                                                                   |                            |                       |                        |                     |                      |           |
|                                                                                      |                            |                       |                        |                     | +                    |           |
| 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                                                       |                            |                       |                        |                     |                      |           |
| 7a Amounts included on lines 1, 2, and                                               | 1                          |                       |                        |                     |                      |           |
| 3 received from disqualified person                                                  | s                          |                       |                        |                     |                      |           |
| <b>b</b> Amounts included on lines 2 and 3 received                                  |                            |                       |                        |                     |                      |           |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the |                            |                       |                        |                     |                      |           |
| amount on line 13 for the year                                                       |                            |                       |                        |                     |                      |           |
| c Add lines 7a and 7b                                                                |                            |                       |                        |                     |                      |           |
| 8 Public support. (Subtract line 7c from line 6.)                                    |                            |                       |                        |                     |                      |           |
| Section B. Total Support                                                             |                            |                       |                        |                     |                      |           |
| Calendar year (or fiscal year beginning in) 🕨                                        | (a) 2017                   | <b>(b)</b> 2018       | (c) 2019               | (d) 2020            | (e) 2021             | (f) Total |
| 9 Amounts from line 6                                                                |                            |                       |                        |                     |                      |           |
| 10a Gross income from interest,                                                      |                            |                       |                        |                     |                      |           |
| dividends, payments received on<br>securities loans, rents, royalties,               |                            |                       |                        |                     |                      |           |
| and income from similar sources                                                      |                            |                       |                        |                     |                      |           |
| <b>b</b> Unrelated business taxable income                                           |                            |                       |                        |                     |                      |           |
| (less section 511 taxes) from businesse                                              | s                          |                       |                        |                     |                      |           |
| acquired after June 30, 1975                                                         |                            |                       |                        |                     |                      |           |
| c Add lines 10a and 10b                                                              |                            |                       |                        |                     |                      |           |
| 11 Net income from unrelated busines                                                 |                            |                       |                        |                     |                      |           |
| activities not included on line 10b,                                                 |                            |                       |                        |                     |                      |           |
| whether or not the business is<br>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.                                     |                            | <u> </u>              |                        | L                   | 504( )(0) : 1        |           |
| 14 First 5 years. If the Form 990 is for                                             | the organization's         | first, second, third, | , fourth, or fifth tax | year as a section   | 1501(c)(3) organizat | tion,     |
| check this box and stop here                                                         |                            |                       |                        |                     |                      | <u></u>   |
| Section C. Computation of Pul                                                        |                            |                       | . (2)                  |                     | 11                   |           |
| <b>15</b> Public support percentage for 2021                                         |                            |                       | column (f))            |                     |                      |           |
| 16 Public support percentage from 20:                                                |                            |                       |                        |                     | 16                   | •         |
| Section D. Computation of Inv                                                        |                            |                       |                        |                     |                      |           |
| 17 Investment income percentage for                                                  |                            |                       |                        |                     |                      | •         |
| 18 Investment income percentage from                                                 |                            |                       |                        |                     | 18                   |           |
| 19a 33 1/3% support tests - 2021. If the                                             | e organization did         | not check the box     | on line 14, and line   | e 15 is more than   | 33 1/3%, and line    | 17 is not |
| more than 33 1/3%, check this box                                                    | and stop here. The         | e organization qual   | ifies as a publicly s  | supported organi    | zation               | ▶∟        |
| b 33 1/3% support tests - 2020. If the                                               | ne organization did        | not check a box of    | n line 14 or line 19a  | a, and line 16 is n | nore than 33 1/3%,   | and       |
| line 18 is not more than 33 1/3%, c                                                  | neck this box and <b>s</b> | stop here. The orga   | anization qualifies a  | as a publicly supp  | oorted organization  | ▶□        |
| 20 Private foundation. If the organizat                                              |                            |                       |                        |                     |                      |           |

## 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   |     |    |
|     |     |    |
| За  |     |    |
|     |     |    |
| 3b  |     |    |
|     |     |    |
| 3с  |     |    |
| 40  |     |    |
| 4a  |     |    |
|     |     |    |
| 4b  |     |    |
|     |     |    |
| 4c  |     |    |
|     |     |    |
| 5a  |     |    |
|     |     |    |
| 5b  |     |    |
| 5c  |     |    |
|     |     |    |
| 6   |     |    |
|     |     |    |
| 7   |     |    |
|     |     |    |
| 8   |     |    |
| 9a  |     |    |
| Ja  |     |    |
| 9b  |     |    |
|     |     |    |
| 9с  |     |    |
|     |     |    |
| 10a |     |    |
| 10h |     |    |
| 10b |     |    |

| Par | t IV    | Supporting Organizations (continued)                                                                                                                                                                                                         |          |      |     |
|-----|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|-----|
|     |         |                                                                                                                                                                                                                                              |          | Yes  | No  |
| 11  | Has th  | ne organization accepted a gift or contribution from any of the following persons?                                                                                                                                                           |          |      |     |
| а   |         | son who directly or indirectly controls, either alone or together with persons described on lines 11b and                                                                                                                                    |          |      |     |
|     |         | elow, the governing body of a supported organization?                                                                                                                                                                                        | 11a      |      |     |
| b   |         | ily member of a person described on line 11a above?                                                                                                                                                                                          | 11b      |      |     |
|     |         | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide                                                                                                                               |          |      |     |
| _   |         | in Part VI.                                                                                                                                                                                                                                  | 11c      |      |     |
| Sec |         | 3. Type I Supporting Organizations                                                                                                                                                                                                           |          |      |     |
|     |         | ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,                                                                                                                                                                                                       |          | Yes  | No  |
| 1   | Did th  | e governing body, members of the governing body, officers acting in their official capacity, or membership of one or                                                                                                                         |          | 100  | 110 |
|     |         | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,                                                                                                                     |          |      |     |
|     |         | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)                                                                                                                            |          |      |     |
|     |         | ively 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 |          |      |     |
|     | _       | prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.          | 1        |      |     |
| 2   |         | e organization operate for the benefit of any supported organization other than the supported                                                                                                                                                | -        |      |     |
| _   |         | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                                                                                                                                        |          |      |     |
|     | •       | I how providing such benefit carried out the purposes of the supported organization(s) that operated,                                                                                                                                        |          |      |     |
|     |         | vised, or controlled the supporting organization.                                                                                                                                                                                            | 2        |      |     |
| Sec |         | C. Type II Supporting Organizations                                                                                                                                                                                                          |          |      |     |
|     |         | <i>y</i> 11 0 0                                                                                                                                                                                                                              |          | Yes  | No  |
| 1   | Were    | a majority of the organization's directors or trustees during the tax year also a majority of the directors                                                                                                                                  |          |      | 110 |
| •   |         | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                                                                                                                                      |          |      |     |
|     |         | nagement of the supporting organization was vested in the same persons that controlled or managed                                                                                                                                            |          |      |     |
|     |         | upported organization(s).                                                                                                                                                                                                                    | 1        |      |     |
| Sec |         | D. All Type III Supporting Organizations                                                                                                                                                                                                     | •        |      |     |
|     |         |                                                                                                                                                                                                                                              |          | Yes  | No  |
| 1   | Did th  | e organization provide to each of its supported organizations, by the last day of the fifth month of the                                                                                                                                     |          | 100  | 110 |
|     |         | ization'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                                                                                                                             |          |      |     |
|     |         | ization'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                                                                                                                                  | •        |      |     |
| _   |         | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how                                                                                                                                |          |      |     |
|     | -       | ganization 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                                                                                                                                   |          |      |     |
| _   |         | cant 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                                                                                                                                     |          |      |     |
|     |         | orted organizations played in this regard.                                                                                                                                                                                                   | 3        |      |     |
| Sec |         | E. Type III Functionally Integrated Supporting Organizations                                                                                                                                                                                 |          |      |     |
| 1   | Check   | k the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .                                                                                                         |          |      |     |
| а   |         | The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                       |          |      |     |
| b   |         | The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                |          |      |     |
| С   |         | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in                                                                                                                        | structio | ns). |     |
| 2   |         | ties Test. Answer lines 2a and 2b below.                                                                                                                                                                                                     |          | Yes  | No  |
| а   | Did su  | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of                                                                                                                                |          |      |     |
|     |         | apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                                                                                                                                        |          |      |     |
|     | those   | supported organizations and explain how these activities directly furthered their exempt purposes,                                                                                                                                           |          |      |     |
|     | how th  | he organization was responsive to those supported organizations, and how the organization determined                                                                                                                                         |          |      |     |
|     | that th | nese activities constituted substantially all of its activities.                                                                                                                                                                             | 2a       |      |     |
| b   | Did th  | e activities described on line 2a, above, constitute activities that, but for the organization's involvement,                                                                                                                                |          |      |     |
|     | one or  | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in                                                                                                                                      |          |      |     |
|     |         | Ithe reasons for the organization's position that its supported organization(s) would have engaged in                                                                                                                                        |          |      |     |
|     |         | activities but for the organization's involvement.                                                                                                                                                                                           | 2b       |      |     |
| 3   |         | t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>                                                                                                                                                                           |          |      |     |
| а   |         | e organization have the power to regularly appoint or elect a majority of the officers, directors, or                                                                                                                                        |          |      |     |
|     |         | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.                                                                                                                                                      | 3a       |      |     |
| b   |         | e organization exercise a substantial degree of direction over the policies, programs, and activities of each                                                                                                                                |          |      |     |
|     |         | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                   | 3b       |      |     |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti                  | ng Orga     | nizations                     | J                              |
|------|-------------------------------------------------------------------------------|-------------|-------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifyi | ing trust o | n Nov. 20, 1970 (explain in l | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must  | st complet  | te Sections A through E.      |                                |
| Sect | ion A - Adjusted Net Income                                                   |             | (A) Prior Year                | (B) Current Year<br>(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<br>(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 <b>Part VI</b> ):                                       |             |                               |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                  | 2           |                               |                                |
| 3    | Subtract line 2 from line 1d.                                                 | 3           |                               |                                |
| 4    | Cash deemed held for exempt use. Enter 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           |                               |                                |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2021

instructions).

| _         | dule A (Form 990) 2021 CARMEL YOUTH                            |                                   |                                        | 94-1415306 Page 7                         |
|-----------|----------------------------------------------------------------|-----------------------------------|----------------------------------------|-------------------------------------------|
|           | t V Type III Non-Functionally Integrated 509                   | (a)(3) Supporting Org             | anizations (continued)                 | 1                                         |
| Sect      | ion D - Distributions                                          |                                   |                                        | Current Year                              |
|           | Amounts paid to supported organizations to accomplish exe      |                                   | 1                                      |                                           |
| 2         | Amounts paid to perform activity that directly furthers exempt | ot purposes of supported          |                                        |                                           |
|           | organizations, in excess of income from activity               |                                   | 2                                      |                                           |
| _3_       | Administrative expenses paid to accomplish exempt purpos       | es of supported organization      | i i                                    |                                           |
| 4         | Amounts paid to acquire exempt-use assets                      |                                   | 4                                      |                                           |
| _5_       | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in <b>Part VI</b> ) | 5                                      |                                           |
| 6         | Other distributions (describe in Part VI). See instructions.   |                                   | 6                                      |                                           |
| 7         | Total annual distributions. Add lines 1 through 6.             |                                   | 7                                      |                                           |
| 8         | Distributions to attentive supported organizations to which t  | he organization is responsive     |                                        |                                           |
|           | (provide details in Part VI). See instructions.                |                                   | 8                                      |                                           |
| _9_       | Distributable amount for 2021 from Section C, line 6           |                                   | 9                                      |                                           |
| <u>10</u> | Line 8 amount divided by line 9 amount                         | Г                                 | 10                                     |                                           |
| Sect      | ion E - Distribution Allocations (see instructions)            | (i)<br>Excess Distributions       | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
| 1         | Distributable amount for 2021 from Section C, line 6           |                                   |                                        |                                           |
| 2         | Underdistributions, if any, for years prior to 2021 (reason-   |                                   |                                        |                                           |
|           | able cause required - explain in Part VI). See instructions.   |                                   |                                        |                                           |
| 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                                   |                                   |                                        |                                           |
|           | Applied to underdistributions of prior years                   |                                   |                                        |                                           |
| h         | Applied to 2021 distributable amount                           |                                   |                                        |                                           |
| i         | Carryover from 2016 not applied (see instructions)             |                                   |                                        |                                           |
|           | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.         |                                   |                                        |                                           |
| 4         | Distributions for 2021 from Section D,                         |                                   |                                        |                                           |
|           | line 7: \$                                                     |                                   |                                        |                                           |
| a         | 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   |                                   |                                        |                                           |
|           | Part VI. See instructions.                                     |                                   |                                        |                                           |
| 7         | Excess distributions carryover to 2022. Add lines 3j           |                                   |                                        |                                           |
|           | and 4c.                                                        |                                   |                                        |                                           |
| 8         | Breakdown of line 7:                                           |                                   |                                        |                                           |

Schedule A (Form 990) 2021

a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e 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,                                                                                                                                                                        |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## Schedule B

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

94-1415306

OMB No. 1545-0047

Name of the organization Employer identification number

CARMEL YOUTH CENTER INC.

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ > \$\_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

## CARMEL YOUTH CENTER INC.

94-1415306

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if addition              | nal space is needed.        |                                                                        |
|------------|------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------|
| (a)        | (b)                                                                                      | (c)                         | (d)                                                                    |
| No.        | Name, address, and ZIP + 4                                                               | Total contributions         | Type of contribution                                                   |
| 1          | BAREUTHER FAMILY FOUNDATION  2354 GARDEN ROAD  MONTEREY, CA 93940                        | \$\$10,000.                 | Person X Payroll                                                       |
| (a)        | (b)                                                                                      | (c)                         | (d)                                                                    |
| No.        | Name, address, and ZIP + 4 COMMUNITY FOUNDATION FOR MONTEREY                             | Total contributions         | Type of contribution                                                   |
| 2          | COUNTY  2354 GARDEN ROAD  MONTEREY, CA 93940                                             | \$\$10,000.                 | Person X Payroll                                                       |
| (a)        | (b)                                                                                      | (c)                         | (d)                                                                    |
| No.        | Name, address, and ZIP + 4                                                               | Total contributions         | Type of contribution                                                   |
| 3          | PO BOX S1  CARMEL BY THE SEA, CA 93921                                                   | \$ 5,000.                   | Person X Payroll                                                       |
| (a)        | (b)                                                                                      | (c)                         | (d)                                                                    |
| No.<br>4   | Name, address, and ZIP + 4  LACY WILLIAMS BUCK  PO BOX 1933  CARMEL BY THE SEA, CA 93921 | Total contributions  5,000. | Person X Payroll                                                       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                                        | (c) Total contributions     | (d) Type of contribution                                               |
| 5          | CARMEL ROTARY FUND  2354 GARDEN ROAD  MONTEREY, CA 93940                                 | \$ 35,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)        | (b)                                                                                      | (c)                         | (d)                                                                    |
| No.        | Name, address, and ZIP + 4                                                               | Total contributions         | Type of contribution                                                   |
|            | LINDY B. STREET                                                                          | -                           | Person X Payroll                                                       |
|            | 406 WYNFIELD CLOSE COURT                                                                 | \$\$,000.                   |                                                                        |

Name of organization Employer identification number

## CARMEL YOUTH CENTER INC.

94-1415306

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | Il space is needed.        |                                                                         |
|------------|-------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------------------|
| (a)        | (b)                                                                           | (c)                        | (d)                                                                     |
| No.        | Name, address, and ZIP + 4                                                    | Total contributions        | Type of contribution                                                    |
| 7          | HARDEN FOUNDATION  PO BOX 779  SALINAS, CA 93902                              | \$                         | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
| 8          | THE PEBBLE BEACH COMPANY FOUNDATION  PO BOX 1767  PEBBLE BEACH, CA 93953      | \$5,775.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d)<br>Type of contribution                                             |
| 9          | COMMUNITY FOUNDATION OF LOUISVILLE  325 W MAIN ST #1110  LOUISVILLE, KY 40202 | \$5,000.                   | Person X Payroll                                                        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d)<br>Type of contribution                                             |
| 10         | COUNTY OF MONTEREY  PO BOX 1728  SALINAS, CA 93902                            | \$ 6,315.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c) Total contributions    | (d) Type of contribution                                                |
|            | Tamo, addi 000, and En TT                                                     | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)    |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                             | (c)<br>Total contributions | (d)<br>Type of contribution                                             |
|            | Traine, addi 200, dila Eli TT                                                 | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)    |

Name of organization Employer identification number

## CARMEL YOUTH CENTER INC.

94-1415306

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |                                           |                      |
|------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                                                        | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                                                          | (c) FMV (or estimate) (See instructions.) | (d)<br>Date received |
|                              |                                                                                                     | \$                                        |                      |

Name of organization Employer identification number 94-1415306 CARMEL YOUTH CENTER INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CARMEL YOUTH CENTER INC.

Employer identification number 94-1415306

| Pa | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin                               |                                              | s or Accounts. Complete if the         |
|----|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------|
|    | organization answered Tes Off Official 350, Fartiv, in                                                                         | (a) Donor advised funds                      | (b) Funds and other accounts           |
| 1  | Total number at end of year                                                                                                    |                                              |                                        |
| 2  | Aggregate value of contributions to (during year)                                                                              |                                              |                                        |
| 3  | Aggregate value of grants from (during year)                                                                                   |                                              |                                        |
| 4  | Aggregate value at end of year                                                                                                 |                                              |                                        |
| 5  | Did the organization inform all donors and donor advisors in                                                                   | writing that the assets held in donor advi   | sed funds                              |
|    | are the organization's property, subject to the organization's                                                                 | -                                            |                                        |
| 6  | Did the organization inform all grantees, donors, and donor a                                                                  |                                              |                                        |
|    | for charitable purposes and not for the benefit of the donor of                                                                |                                              |                                        |
|    | impermissible private benefit?                                                                                                 |                                              |                                        |
| Pa |                                                                                                                                |                                              |                                        |
| 1  | Purpose(s) of conservation easements held by the organizati                                                                    | on (check all that apply).                   |                                        |
|    | Preservation of land for public use (for example, recrea                                                                       | ition or education) Preservation o           | f a historically important land area   |
|    | Protection of natural habitat                                                                                                  | Preservation o                               | f a certified historic structure       |
|    | Preservation of open space                                                                                                     |                                              |                                        |
| 2  | Complete lines 2a through 2d if the organization held a qualif                                                                 | fied conservation contribution in the form   | of a conservation easement on the last |
|    | day of the tax year.                                                                                                           |                                              | Held at the End of the Tax Year        |
| а  | Total number of conservation easements                                                                                         |                                              | 2a                                     |
| b  | Total acreage restricted by conservation easements                                                                             |                                              | 2b                                     |
| С  | Number of conservation easements on a certified historic str                                                                   | ucture included in (a)                       | 2c                                     |
| d  | Number of conservation easements included in (c) acquired a                                                                    | after 7/25/06, and not on a historic struc   | ture                                   |
|    | listed in the National Register                                                                                                |                                              | 2d                                     |
| 3  | Number of conservation easements modified, transferred, rel                                                                    | leased, extinguished, or terminated by th    | e organization during the tax          |
|    | year ▶                                                                                                                         |                                              |                                        |
| 4  | Number of states where property subject to conservation eas                                                                    | sement is located                            |                                        |
| 5  | Does the organization have a written policy regarding the per                                                                  | riodic monitoring, inspection, handling of   |                                        |
|    | violations, and enforcement of the conservation easements it                                                                   |                                              |                                        |
| 6  | Staff and volunteer hours devoted to monitoring, inspecting,                                                                   | handling of violations, and enforcing cor    | servation easements during the year    |
|    | <b></b>                                                                                                                        |                                              |                                        |
| 7  | Amount of expenses incurred in monitoring, inspecting, hand                                                                    | dling of violations, and enforcing conserva  | ation easements during the year        |
|    | <b>▶</b> \$                                                                                                                    |                                              |                                        |
| 8  | Does each conservation easement reported on line 2(d) above                                                                    |                                              |                                        |
|    | and section 170(h)(4)(B)(ii)?                                                                                                  |                                              |                                        |
| 9  | In Part XIII, describe how the organization reports conservati                                                                 | ·                                            |                                        |
|    | balance sheet, and include, if applicable, the text of the footr                                                               | note to the organization's financial staten  | nents that describes the               |
| Do | organization's accounting for conservation easements.  t III Organizations Maintaining Collections or                          | f Art Historical Tracquires or C             | Other Similar Assets                   |
| Ра | till Organizations Maintaining Collections or<br>Complete if the organization answered "Yes" on Form                           |                                              | Other Sillinar Assets.                 |
| 10 |                                                                                                                                |                                              | and balance sheet works                |
| ıa | If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put | •                                            |                                        |
|    | ,                                                                                                                              | ,                                            | '                                      |
|    | service, provide in Part XIII the text of the footnote to its finar                                                            |                                              |                                        |
| D  | If the organization elected, as permitted under FASB ASC 95                                                                    |                                              |                                        |
|    | art, historical treasures, or other similar assets held for public                                                             | e exhibition, education, or research in turn | therance of public service,            |
|    | provide the following amounts relating to these items:                                                                         |                                              | <b>•</b>                               |
|    | (i) Revenue included on Form 990, Part VIII, line 1                                                                            |                                              | <b>L</b>                               |
| •  |                                                                                                                                |                                              |                                        |
| 2  | If the organization received or held works of art, historical tre                                                              |                                              | ai gairi, provide                      |
| _  | the following amounts required to be reported under FASB A                                                                     | -                                            | <b>•</b>                               |
| a  | Revenue included on Form 990, Part VIII, line 1                                                                                |                                              |                                        |
| D  | Assets included in Form 990, Part X                                                                                            |                                              | 🖊 🔻                                    |

| 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a   Public exhibition   d   Loan or exchange program    b   Scholarly research   e   Other    C   Preservation for future generations    4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicid to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow and Custodial Arrangements. Complete if the organization's answered "Yes" on Form 990, Part XI, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, truster, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI line 21.  Beginning balance   1e   Additions during the year   1e   1e   d    C Beginning balance   1e   Additions during the year   1e   1e   d    Data the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Pai           | t III Organizations Maintaining C               | ollections of A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rt, Hist           | torical Tr     | easures,       | or Othe     | r Similar              | Asse           | <b>ts</b> (contin | nued)      |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|----------------|-------------|------------------------|----------------|-------------------|------------|--|
| a Public exhibition d Loan or exchange program b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. D buring the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. D buring the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Tall Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Tall Is the organization and part that are part and the part of the organization and the part of the customer of the organization and the part of the part of the organization and the part of | 3             | Using the organization's acquisition, accession | on, and other record                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ls, checl          | k any of the   | following tha  | at make s   | ignificant us          | se of its      |                   |            |  |
| b Scholarly research c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | collection items (check all that apply):        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| b Scholarly research e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | а             | Public exhibition                               | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | Loan or exc    | hange progra   | am          |                        |                |                   |            |  |
| 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Ves                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | b             | b Scholarly research e Other                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an angent, flustee, outstodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is 18 the organization and part X!!  Is 18 they are the part X!!  Is 19 they are the part X!!  Is 19 they are the part X!!  Is 20 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 21 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 22 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 22 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 24 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 25 bid the organization answered "Yes" on Form 990, Part IV, line 10.  Is 26 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 26 bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Is 27 bid the organization include an amount on Form 990, Part X, line 10.  Is 28 bid the organization include an amount on Form 990, Part X, line 10.  Is 29 bid the organization include an amount on Form 990, Part X, line 10.  Is 20 bid the organization and part Y, line 10, line years back (li) Time years back (li) Fore years back (li) Time years back (li) For  | С             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization an expert Yes* on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990. Part X?   If Yes, explain the arrangement in Part XIII and complete the following table:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4             | Provide a description of the organization's co  | llections and explain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n how th           | ney further t  | he organizati  | on's exer   | npt purpose            | e in Par       | t XIII.           |            |  |
| Does noted to raise funds rather than to be maintained as part of the organization's collection?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 5             |                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    | -              | -              |             |                        |                |                   |            |  |
| Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10.    Complete If the organization and page in the page 100 page 100 page 100 page 110 page    |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                  |                | •              |             |                        | $\square$      | Yes               | ☐ No       |  |
| Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pai           |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| on Form 990, Part X7  b if "Yes," explain the arrangement in Part XIII and complete the following table:    Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | reported an amount on Form 990, Par             | t X, line 21.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    | · ·            |                |             |                        |                |                   |            |  |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1d   1d   1d   1d   1d   1d   1d   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1a            | Is the organization an agent, trustee, custodia | an or other intermed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | liary for          | contribution   | ns or other as | sets not    | included               |                |                   |            |  |
| b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1d   1d   1d   1d   1d   1d   1d   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               | on Form 990, Part X?                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                | Yes               | ☐ No       |  |
| d Additions during the year   1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | b             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| d Additions during the year e   Distributions during the year   Distributions   Distributions  |               | , ,                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ü                  |                |                |             |                        |                | Amount            | :          |  |
| d Additions during the year e   Distributions during the year   Distributions   Distributions  | С             | Beginning balance                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             | 1c                     |                |                   |            |  |
| Example   Distributions during the year   f   Ending balance   T   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Part V   Endowment Funds and losses   P   P   P   P   P   P   P   P   P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| Ending balance     11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| Describe in Part XIII. Check here if the explanation has been provided on Part XIII   Describe in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 10.   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                | Yes               | No         |  |
| Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four ye    |               | _                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             | •                      |                |                   |            |  |
| (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years   (d) Three ye    | $\overline{}$ |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| 1a Beginning of year balance       75,000.       14,268.       209,744.       172,502.         b Contributions       33,157.       37,167.         c Net investment earnings, gains, and losses of Grants or scholarships       33,57.       75.         e Other expenditures for facilities and programs       10,942.       195,533.         f Administrative expenses       9 End of year balance       75,000.       3,329.       14,268.       209,744.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ► 96       96         b Permanent endowment ► 100.0000       %       56       75,000.       3,329.       14,268.       209,744.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ► 96       96         b Permanent endowment ► 96       96       The percentages on lines 2a, 2b, and 2c should equal 100%.       3a(i)       X         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       3a(i)       X         (i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(i)       X         3a(ii)       X         4 Describe in Part XIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                 | The state of the s |                    |                |                |             |                        | rs back        | (e) Four          | years back |  |
| b Contributions 37,167. c Net investment earnings, gains, and losses d Grants or scholarships 510 and programs 510,942. d Grants or scholarships 510,942. e Other expenditures for facilities and programs 10,942. g End of year balance 75,000. g End of year balance 75,000. g End of year balance 75,000. g End of year balance 96 bear balance (line 1g, column (a)) held as: a Board designated or quasi-endowment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1a            | Beginning of year balance                       | 75,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                | +              |             |                        |                | . ,               |            |  |
| C Net investment earnings, gains, and losses   3. 57. 75.     Grants or scholarships   0   0   0     E Other expenditures for facilities and programs   10,942, 195,533.     F Administrative expenses   10,942, 195,533.     F Administrative expenses   75,000.   3,329, 14,268. 209,744.     E Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment   96   96     Fermanent endowment   100.0000   96   96     The percentages on lines 2a, 2b, and 2c should equal 100%.     Aar there endowment funds not in the possession of the organization that are held and administered for the organization by:   (i) Unrelated organizations   3a(i)   X   3a(i)   3a(i    |               | F                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                |                |             |                        | ,              |                   |            |  |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 75,000, 3,329, 14,268, 209,744.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  100,0000 9 b Permanent endowment  100,0000 9 c Term endowment  100,0000 9 c Term endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land b Buildings 763,545. 537,168. 226,377. c Leasehold improvements d Equipment 40,473. 40,473. 0. e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                | 3.          |                        | 57.            |                   |            |  |
| e Other expenditures for facilities and programs  f Administrative expenses g End of year balance 75,000. 3,329. 14,268. 209,744.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment  be Permanent endowment  100,0000  Term endowment  100,0000  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation  1a Land  b Buildings 763,545. 537,168. 226,377. c Leasehold improvements d Equipment 40,473. 40,473. 0. e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        | -              |                   |            |  |
| and programs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               | T .                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| g End of year balance 75,000. 3,329. 14,268. 209,744.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ·             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                | 1              | 0 942       | 195                    | 5 533.         |                   |            |  |
| g End of year balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | f             | · • · · · · · · · · · · · · · · · · · ·         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                | , ,         |                        | 7              |                   |            |  |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               | Г                                               | 75 000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                |                | 3 329.      | 14                     | 1 268.         |                   | 209 744.   |  |
| a Board designated or quasi-endowment ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | _             | <del>-</del>                                    | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o (lino 1          | a column (     | •              | -,          |                        | , •            |                   |            |  |
| b Permanent endowment ▶ 100.0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | •                                               | crit year erid balarie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    | g, column (    | ajj ricia as.  |             |                        |                |                   |            |  |
| Term endowment ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               | - · · · · · · · · · · · · · · · · · · ·         | 0/6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _′0                |                |                |             |                        |                |                   |            |  |
| The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  763,545. 537,168. 226,377.  c Leasehold improvements  d Equipment  40,473. 40,473. 0.  e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | -                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  763,545. 537,168. 226,377. c Leasehold improvements  d Equipment  40,473. 40,473. 0. e Other  Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·             |                                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                |                |             |                        |                |                   |            |  |
| Ves   No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32            |                                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ation the          | nt are hold a  | and administe  | arad for th | o organizat            | ion            |                   |            |  |
| (ii) Unrelated organizations (iii) Related organizations ( | Ja            |                                                 | 331011 Of the organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ation the          | it are rield a | ina aaniiniste | sied for ti | ie organizat           | .1011          | Γ                 | Yes No     |  |
| (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (other)  1a Land  b Buildings  763,545.  537,168.  226,377.  c Leasehold improvements  d Equipment  40,473. 40,473. 0.  e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | •                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                | - t               |            |  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  763,545.  763,545.  763,545.  226,377.  c Leasehold improvements  d Equipment  40,473.  40,473.  0.  e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                | <del> </del>      |            |  |
| 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  C Leasehold improvements  d Equipment  40,473. 40,473. 0.  14,493. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | h             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                |                |             |                        |                |                   |            |  |
| Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  763,545.  537,168.  226,377.  c Leasehold improvements  d Equipment  40,473.  40,473.  0.  e Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _             | -                                               | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                |                |             |                        |                | Sb                |            |  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  basis (other)  Description of property  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  763,545.  537,168.  226,377.  c Leasehold improvements  d Equipment  e Other  14,493.  14,493.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _             |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | willelit           | iurius.        |                |             |                        |                |                   |            |  |
| Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ı uı          |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ) Part I\          | / line 11a 9   | See Form 991   | ) Part X    | line 10                |                |                   |            |  |
| basis (investment)         basis (other)         depreciation           1a Land         763,545.         537,168.         226,377.           c Leasehold improvements         40,473.         40,473.         0.           e Other         14,493.         14,493.         0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               | -                                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                |                |             |                        |                | /d\ Daal          |            |  |
| 1a Land         b Buildings       763,545.       537,168.       226,377.         c Leasehold improvements       40,473.       40,473.       0.         e Other       14,493.       14,493.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | Description of property                         | 1 ' '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                |                |             |                        |                | (a) Bool          | k value    |  |
| b Buildings       763,545.       537,168.       226,377.         c Leasehold improvements       40,473.       40,473.       0.         e Other       14,493.       14,493.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | ld                                              | · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n <del>c</del> nt) | Sissu          | (Uti lel)      | uep         | n <del>c</del> ulatiOH |                |                   |            |  |
| c Leasehold improvements       40,473.       40,473.       0.         d Equipment       14,493.       14,493.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 76             | 3 5/5          | -           | 37 160                 | 2              | 221               | 5 377      |  |
| d Equipment       40,473.       40,473.       0.         e Other       14,493.       14,493.       0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | 10             | J,J45.         |             | ,, TO                  | <del>-  </del> | 44                | 0,311•     |  |
| e Other 14,493. 14,493. 0.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    | Л              | 0 472          |             | 10 17                  | 2              |                   | ^          |  |
| 0 00101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                | -              |             |                        |                |                   |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V 001              |                | -              |             | <u> </u>               |                | 221               |            |  |

Schedule D (Form 990) 2021

| Schedule D (Form 990) 2021 CARMEL YOU'I Part VII Investments - Other Securities. | H CENTER INC.               | 94-                                             | 1415306 Page 3       |
|----------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|----------------------|
| Complete if the organization answered "Yes"                                      | on Form 990 Part IV line    | 11h See Form 990 Part X line 12                 |                      |
| (a) Description of security or category (including name of security)             | (b) Book value              | (c) Method of valuation: Cost or end-           | of-vear market value |
| (1) Financial derivatives                                                        | (a) I som value             | (2)                                             |                      |
| (2) Closely held equity interests                                                |                             |                                                 |                      |
| (3) Other                                                                        |                             |                                                 |                      |
| (A)                                                                              |                             |                                                 |                      |
| (B)                                                                              |                             |                                                 |                      |
| (C)                                                                              |                             |                                                 |                      |
| (D)                                                                              |                             |                                                 |                      |
|                                                                                  |                             |                                                 |                      |
| (E)                                                                              |                             |                                                 |                      |
| (F)<br>(G)                                                                       |                             |                                                 |                      |
| (H)                                                                              |                             |                                                 |                      |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)                 |                             |                                                 |                      |
| Part VIII Investments - Program Related.                                         |                             |                                                 |                      |
| Complete if the organization answered "Yes"                                      | on Form 990 Part IV line    | 11c See Form 990 Part X line 13                 |                      |
| (a) Description of investment                                                    | (b) Book value              | (c) Method of valuation: Cost or end-           | of-vear market value |
|                                                                                  | (b) Book value              | (e) method of valuations desired one            | or your market value |
| (1)                                                                              |                             |                                                 |                      |
| (2)                                                                              |                             |                                                 |                      |
| (3)                                                                              |                             |                                                 |                      |
| <u>(4)</u>                                                                       |                             |                                                 |                      |
| (5)                                                                              |                             |                                                 |                      |
| <u>(6)</u>                                                                       |                             |                                                 |                      |
| (7)                                                                              |                             |                                                 |                      |
| (8)                                                                              |                             |                                                 |                      |
| (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶           |                             |                                                 |                      |
| Part IX Other Assets.                                                            |                             |                                                 |                      |
| Complete if the organization answered "Yes"                                      | on Form 990 Part IV line    | 11d See Form 990 Part X line 15                 |                      |
|                                                                                  | Description                 | Tra. Gee Form 350, Fart X, line 15.             | (b) Book value       |
| (1) ERC REFUND                                                                   | Bosonption                  |                                                 | 60,335               |
|                                                                                  |                             |                                                 | 00,333               |
| (2)                                                                              |                             |                                                 |                      |
| (3)<br>(4)                                                                       |                             |                                                 |                      |
|                                                                                  |                             |                                                 |                      |
| <u>(5)</u><br>(6)                                                                |                             |                                                 |                      |
| (7)                                                                              |                             |                                                 |                      |
| (8)                                                                              |                             |                                                 |                      |
|                                                                                  |                             |                                                 |                      |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin                 | 15)                         |                                                 | 60,335               |
| Part X Other Liabilities.                                                        | C 10./                      |                                                 | 00,000               |
| Complete if the organization answered "Yes"                                      | on Form 990 Part IV line    | 11e or 11f See Form 990 Part X line 25          |                      |
| (1) D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                        | on rollingoo, raitiv, lille | 1.10 G. 111. 000 1 G.H. 990, 1 art A, illie 20. | (b) Book value       |
|                                                                                  |                             |                                                 | (S) BOOK VAIGO       |
| (1) Federal income taxes (2) WF CREDIT CARD                                      |                             |                                                 | -26                  |
|                                                                                  |                             |                                                 | 20                   |
| (3)                                                                              |                             |                                                 |                      |

|        | Complete ii ti     |                                          | ·•             |
|--------|--------------------|------------------------------------------|----------------|
| 1.     |                    | (a) Description of liability             | (b) Book value |
| (1)    | Federal income tax | es                                       |                |
| (2)    | WF CREDIT          | CARD                                     | -26            |
| (3)    |                    |                                          |                |
| (4)    |                    |                                          |                |
| (5)    |                    |                                          |                |
| (6)    |                    |                                          |                |
| (7)    |                    |                                          |                |
| (8)    |                    |                                          |                |
| (9)    |                    |                                          |                |
| Total. | Column (b) must eq | ual Form 990, Part X, col. (B) line 25.) | -26            |
|        |                    |                                          |                |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

| Pai   | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. |                          |                                            |  |  |  |  |  |  |
|-------|---------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------|--|--|--|--|--|--|
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line                      | 12a.                     |                                            |  |  |  |  |  |  |
| 1     | Total revenue, gains, and other support per audited financial statements                    |                          | 1                                          |  |  |  |  |  |  |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                         |                          |                                            |  |  |  |  |  |  |
| а     | Net unrealized gains (losses) on investments                                                | 2a                       |                                            |  |  |  |  |  |  |
| b     | Donated services and use of facilities                                                      | 2b                       |                                            |  |  |  |  |  |  |
| С     | Recoveries of prior year grants                                                             | 2c                       |                                            |  |  |  |  |  |  |
| d     | Other (Describe in Part XIII.)                                                              | 2d                       |                                            |  |  |  |  |  |  |
| е     | Add lines 2a through 2d                                                                     |                          | 2e                                         |  |  |  |  |  |  |
| 3     | Subtract line 2e from line 1                                                                |                          |                                            |  |  |  |  |  |  |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                        |                          |                                            |  |  |  |  |  |  |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                       |                                            |  |  |  |  |  |  |
| b     | Other (Describe in Part XIII.)                                                              | 4b                       |                                            |  |  |  |  |  |  |
| С     | Add lines 4a and 4b                                                                         |                          | 4c                                         |  |  |  |  |  |  |
| _5_   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)             |                          |                                            |  |  |  |  |  |  |
| Pa    | rt XII Reconciliation of Expenses per Audited Financial Stat                                | ements With Exp          | enses per Return.                          |  |  |  |  |  |  |
|       | Complete if the organization answered "Yes" on Form 990, Part IV, line                      | 12a.                     |                                            |  |  |  |  |  |  |
| 1     | Total expenses and losses per audited financial statements                                  |                          | 1                                          |  |  |  |  |  |  |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25:                           |                          |                                            |  |  |  |  |  |  |
| а     | Donated services and use of facilities                                                      | 2a                       |                                            |  |  |  |  |  |  |
| b     | Prior year adjustments                                                                      | 2b                       |                                            |  |  |  |  |  |  |
| С     | Other losses                                                                                | 2c                       |                                            |  |  |  |  |  |  |
| d     | Other (Describe in Part XIII.)                                                              |                          |                                            |  |  |  |  |  |  |
| е     | Add lines 2a through 2d                                                                     |                          | 2e                                         |  |  |  |  |  |  |
|       | Subtract line 2e from line 1                                                                |                          |                                            |  |  |  |  |  |  |
|       | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |                          |                                            |  |  |  |  |  |  |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b                            | 4a                       |                                            |  |  |  |  |  |  |
| b     | Other (Describe in Part XIII.)                                                              | 4b                       |                                            |  |  |  |  |  |  |
| С     | Add lines 4a and 4b                                                                         |                          | 4c                                         |  |  |  |  |  |  |
| _5_   |                                                                                             |                          | 5                                          |  |  |  |  |  |  |
| Pa    | rt XIII Supplemental Information.                                                           |                          |                                            |  |  |  |  |  |  |
| Prov  | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;      | Part IV, lines 1b and 2b | ; Part V, line 4; Part X, line 2; Part XI, |  |  |  |  |  |  |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any            | additional information.  |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
| PAI   | RT V, LINE 4-INTENDED USES OF ENDOWMENT                                                     | FUND                     |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
| FUI   | NDS USED FOR GENERAL SUPPORT OF CARMEL Y                                                    | OUTH CENTER              | , INC.                                     |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |
|       |                                                                                             |                          |                                            |  |  |  |  |  |  |

## SCHEDULE G (Form 990)

Department of the Treasury

## **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

**2021** 

Open to Public Inspection

Name of the organization

CARMEL YOUTH CENTER INC.

Employer identification number 94-1415306

|                                                                                                                                                               | TOOTH CENTER INC.                       |                                    |                   |                        | 7 1 1113                            |                     |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------|------------------------|-------------------------------------|---------------------|--|--|--|--|--|
| Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| 1 Indicate whether the organization rais                                                                                                                      |                                         | na acti                            | vities            | Check all that apply   |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        | •                                   |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   | overnment grants       |                                     |                     |  |  |  |  |  |
| <b>b</b> Internet and email solicitations                                                                                                                     |                                         |                                    |                   | nment grants           |                                     |                     |  |  |  |  |  |
| c Phone solicitations g Special fundraising events                                                                                                            |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| d In-person solicitations                                                                                                                                     |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or                                    |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?                                                   |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| <b>b</b> If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be                  |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| compensated at least \$5,000 by the organization.                                                                                                             |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| (iii) and (iii) Amount poid                                                                                                                                   |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| (i) Name and address of individual                                                                                                                            | <b>200. 2</b>                           | (iii)<br>fundr<br>have c<br>or cor | Did<br>aiser      | (iv) Gross receipts    | (v) Amount paid to (or retained by) | (vi) Amount paid    |  |  |  |  |  |
| or entity (fundraiser)                                                                                                                                        | (ii) Activity                           | have c                             | ustody<br>trol of | from activity          | fundraiser                          | to (or retained by) |  |  |  |  |  |
| , (                                                                                                                                                           |                                         | contributions?                     |                   | <b>'</b>               | listed in col. (i)                  | organization        |  |  |  |  |  |
|                                                                                                                                                               |                                         | Yes                                | No                |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    | -110              |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| Total                                                                                                                                                         |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
| 3 List all states in which the organization                                                                                                                   | on is registered or licensed to solicit | contrib                            | utions            | s or has been notified | d it is exempt from re              | egistration         |  |  |  |  |  |
| or licensing.                                                                                                                                                 |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |
|                                                                                                                                                               |                                         |                                    |                   |                        |                                     |                     |  |  |  |  |  |

94-1415306 Page 2 Schedule G (Form 990) 2021 CARMEL YOUTH CENTER INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CONCOURS (add col. (a) through D'ELEGANCE 1 col. (c)) (event type) (event type) (total number) Revenue 33,500. 35,078. 1 Gross receipts 1,578. 2 Less: Contributions 1,578. 33,500. 35,078. 3 Gross income (line 1 minus line 2) ........ 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,747. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

**b** If "Yes," explain:

| Sch | nedule G (Form 990) 2021 CARMEL YOUTH CENTER INC. 94-1                                                                                                                                                         | 415         | 306    | Page 3   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|----------|
|     | Does the organization conduct gaming activities with nonmembers?                                                                                                                                               |             | Yes    | No       |
| 12  | 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    | ☐ No     |
| 13  | Indicate the percentage of gaming activity conducted in:                                                                                                                                                       |             | _      |          |
|     | a The organization's facility                                                                                                                                                                                  | 13a         |        | %        |
|     | o An outside facility                                                                                                                                                                                          | 13b         |        | %        |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                                              |             |        |          |
|     | Name                                                                                                                                                                                                           |             |        |          |
|     | Address                                                                                                                                                                                                        |             |        |          |
| 15  | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                                                 | . 🔲         | Yes    | ☐ No     |
|     | of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount                                                                                                                  |             |        |          |
|     | of gaming revenue retained by the third party  \$\sum_{\text{s}} = \sum_{\text{s}} = \text{s}                                                                                                                  |             |        |          |
|     | 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:                                                                                                                                                                                       |             |        |          |
|     | a Is the organization required under state law to make charitable distributions from the gaming proceeds to                                                                                                    |             |        |          |
|     | retain the state gaming license?                                                                                                                                                                               |             | Yes    | ☐ No     |
| - 1 | no 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 ▶ \$                                                                                                                                                  |             |        |          |
| Pá  | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | rt III, lir | nes 9, | 9b, 10b, |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |
|     |                                                                                                                                                                                                                |             |        |          |

| Schedule G | (Form 990)                   | CARMEL YOUTH        | CENTER | INC. | 94-1415306 Page 4 |
|------------|------------------------------|---------------------|--------|------|-------------------|
| Part IV    | (Form 990) Supplemental Info | rmation (continued) |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |
|            |                              |                     |        |      |                   |

## **SCHEDULE 0** (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.

Open to Public

Inspection

OMB No. 1545-0047

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

Name of the organization

CARMEL YOUTH CENTER INC.

Employer identification number 94-1415306

| CHARLE TOOTH CENTER THE.                                                   |
|----------------------------------------------------------------------------|
| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:             |
| SURROUNDING COMMUNITIES AND TO HELP YOUTH DEVELOP STRONG VALUES AND        |
| CITIZENSHIP THROUGH ENCOURAGING VOLUNTEERISM, PEER MENTORING, THE ARTS,    |
| ATHLETICS AND ACADEMICS.                                                   |
|                                                                            |
| FORM 990, PART VI, SECTION B, LINE 11B:                                    |
| THE BOARD TREASURER REVIEWS A DRAFT OF FORM 990 BEFORE APPROVING AND       |
| SENDING FOR SUBMISSION.                                                    |
|                                                                            |
| FORM 990, PART VI, SECTION B, LINE 15A:                                    |
| THE BOARD OF DIRECTORS DETERMINES THE EXECUTIVE DIRECTOR SALARY BASED ON   |
| CERTAIN COMPARABILITY DATA AND SUBSEQUENT DELIBERATION.                    |
|                                                                            |
| FORM 990, PART VI, SECTION C, LINE 19:                                     |
| THE CARMEL YOUTH CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTERES |
| POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.      |
|                                                                            |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                                   |
| JANITORIAL:                                                                |
| PROGRAM SERVICE EXPENSES 8,594                                             |
| MANAGEMENT AND GENERAL EXPENSES 1,920                                      |
| FUNDRAISING EXPENSES 0                                                     |
| TOTAL EXPENSES 10,514                                                      |
|                                                                            |
| PAYROLL SERVICES:                                                          |
| PROGRAM SERVICE EXPENSES 0                                                 |
|                                                                            |

Schedule O (Form 990) 2021 Page **2** 

| Schedule O (Form 990) 2021                                | Page 2                                    |
|-----------------------------------------------------------|-------------------------------------------|
| Name of the organization  CARMEL YOUTH CENTER INC.        | Employer identification number 94-1415306 |
| MANAGEMENT AND GENERAL EXPENSES                           | 5,425.                                    |
| FUNDRAISING EXPENSES                                      | 0.                                        |
| TOTAL EXPENSES                                            | 5,425.                                    |
| ACCOUNTING:                                               |                                           |
| PROGRAM SERVICE EXPENSES                                  | 0.                                        |
| MANAGEMENT AND GENERAL EXPENSES                           | 12,312.                                   |
| FUNDRAISING EXPENSES                                      | 0.                                        |
| TOTAL EXPENSES                                            | 12,312.                                   |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A    | 28,251.                                   |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:         |                                           |
| PPP LOAN                                                  | 53,319.                                   |
| FORM 990, PART XI, LINE 9                                 |                                           |
| THIS REPRESENTS THE PAYCHECK PROTECTION PROGRAM (PPP) LOA | AN THAT IS NOT                            |
| TAXABLE. THE PPP LOAN HAS BEEN FORGIVEN AND HAS BEEN REC  | CLASSIFIED TO                             |
| THE FUND BALANCE.                                         |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |
|                                                           |                                           |

## Form **4562**

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

| CAI         | RMEL YOUTH CENTER I                                                              | NC.                          |                   | FOF                           | RM 9          | 90 1               | PAGE 10        |         |            | 94-1415306                 |
|-------------|----------------------------------------------------------------------------------|------------------------------|-------------------|-------------------------------|---------------|--------------------|----------------|---------|------------|----------------------------|
| Pa          | rt   Election To Expense Certain Prope                                           | erty Under Section 1         | 79 Note: If yo    | ou have any li                | sted pr       | operty             | , complete Par | t V b   | efore y    | you complete Part I.       |
| 1 1         | Maximum amount (see instructions)                                                |                              |                   |                               |               |                    |                |         | 1          | 1,050,000.                 |
| 2 7         | otal cost of section 179 property place                                          |                              |                   |                               |               |                    |                |         | 2          |                            |
| 3 7         | hreshold cost of section 179 property                                            | before reduction             | in limitation     |                               |               |                    |                |         | 3          | 2,620,000.                 |
| <b>4</b> F  | Reduction in limitation. Subtract line 3                                         | from line 2. If zero         | or less, ente     | er -0-                        |               |                    |                |         | 4          |                            |
| 5 🛚         | Pollar limitation for tax year. Subtract line 4 from lin                         | e 1. If zero or less, enter  | -0 If married fil | ling separately, se           | e instruct    | ions               |                |         | 5          |                            |
| 6           | (a) Description of pr                                                            | roperty                      |                   | (b) Cost (busin               | ness use      | only)              | (c) Elected    | cost    |            |                            |
|             |                                                                                  |                              |                   |                               |               |                    |                |         |            |                            |
|             |                                                                                  |                              |                   |                               |               |                    |                |         |            |                            |
|             |                                                                                  |                              |                   |                               |               |                    |                |         |            |                            |
|             |                                                                                  |                              |                   |                               | 1             |                    |                |         |            |                            |
|             | isted property. Enter the amount fron                                            |                              |                   |                               | _             | 7                  |                |         |            |                            |
|             | otal elected cost of section 179 properties                                      |                              |                   |                               |               |                    |                |         | 8          |                            |
|             | entative deduction. Enter the smaller                                            |                              |                   |                               |               |                    |                |         | 9          |                            |
|             | Carryover of disallowed deduction from                                           |                              |                   |                               |               |                    |                |         | 10         |                            |
|             | Business income limitation. Enter the s                                          |                              |                   |                               |               |                    |                |         | 11         |                            |
|             | Section 179 expense deduction. Add I                                             |                              |                   |                               |               |                    |                |         | 12         |                            |
|             | Carryover of disallowed deduction to 2 : Don't use Part II or Part III below for |                              |                   |                               |               | 13                 |                |         |            |                            |
|             | rt II Special Depreciation Allowa                                                |                              |                   |                               | lo lietoc     | Inrone             | orty )         |         |            |                            |
|             | Special depreciation allowance for qua                                           |                              | -                 | •                             |               |                    |                |         | I          |                            |
|             |                                                                                  |                              |                   |                               |               |                    | -              |         | 14         | 2,070.                     |
|             | ne tax year<br>Property subject to section 168(f)(1) el                          |                              |                   |                               |               |                    |                |         | 15         | 2,0,00                     |
|             | Other depreciation (including ACRS)                                              |                              |                   |                               |               |                    |                |         | 16         | 7,267.                     |
| _           | rt III MACRS Depreciation (Don't                                                 |                              |                   |                               |               |                    |                |         | 10         | .,                         |
|             |                                                                                  | <u> </u>                     | -                 | ection A                      |               |                    |                |         |            |                            |
| <b>17</b> N | MACRS deductions for assets placed                                               | in service in tax ye         | ears beginnir     | ng before 202                 | :1            |                    |                |         | 17         |                            |
|             | you are electing to group any assets placed in ser                               |                              |                   |                               |               |                    |                |         |            |                            |
|             | Section B - Assets                                                               | Placed in Service            | e During 20       | 21 Tax Year                   | Using         | the Ge             | eneral Deprec  | iatio   | 1 Syst     | em                         |
|             | (a) Classification of property                                                   | (b) Month and<br>year placed | (business/i       | or depreciation nvestment use | (d) F         | Recovery<br>period | (e) Convention | n (f) N | 1ethod     | (g) Depreciation deduction |
|             |                                                                                  | in service                   | only - see        | e instructions)               |               | Jeriod             |                | _       |            |                            |
| <u>19a</u>  | 3-year property                                                                  |                              |                   |                               |               |                    |                | _       |            |                            |
| b           | 5-year property                                                                  |                              |                   |                               | -             |                    |                | +       |            |                            |
| C           | 7-year property                                                                  |                              |                   |                               |               |                    |                |         |            |                            |
| <u>d</u>    | 10-year property                                                                 |                              |                   |                               |               |                    |                |         |            |                            |
| _ <u>e</u>  | 15-year property                                                                 |                              |                   |                               | -             |                    |                | +       |            |                            |
| f_          | 20-year property                                                                 |                              |                   |                               | -             | <del></del>        |                | +       | 2/1        |                            |
| <u>g</u>    | 25-year property                                                                 | ,                            |                   |                               | +             | 5 yrs.             | NANA           | +-      | S/L        |                            |
| h           | Residential rental property                                                      | /                            |                   |                               |               | .5 yrs.            | MM             | +-      | S/L        |                            |
|             |                                                                                  | /                            |                   |                               | 1             | .5 yrs.            | MM             | +-      | S/L<br>S/L |                            |
| i           | Nonresidential real property                                                     | /                            |                   |                               | 3             | 9 yrs.             | MM             | +-      | 3/L<br>S/L |                            |
|             | Section C - Assets I                                                             | /<br>Placed in Service       | During 202        | 1 Tax Year U                  | l<br>Isina th | e Alte             |                |         |            | l<br>stem                  |
| <br>20a     | Class life                                                                       |                              |                   | Tux Tour O                    |               | .0 7               |                |         | S/L        |                            |
| <u>20a</u>  | 12-year                                                                          |                              |                   |                               | 1:            | 2 yrs.             |                | _       | 3/L<br>S/L |                            |
|             | 30-year                                                                          | /                            |                   |                               |               | 0 yrs.             | MM             | _       | 3/L<br>S/L |                            |
| d           | 40-year                                                                          | /                            |                   |                               | _             | 0 yrs.             | MM             | +       | S/L        |                            |
|             | rt IV Summary (See instructions.)                                                | ,                            | 1                 |                               |               | ,                  |                |         | . –        | <u> </u>                   |
|             | isted property. Enter amount from line                                           | e 28                         |                   |                               |               |                    |                |         | 21         |                            |
|             | <b>Total.</b> Add amounts from line 12, lines                                    |                              |                   |                               |               |                    |                |         |            |                            |
|             | Enter here and on the appropriate lines                                          |                              |                   |                               |               |                    |                |         | 22         | 9,337.                     |
|             | For assets shown above and placed in                                             | •                            | •                 | •                             |               |                    |                |         | -          |                            |
|             | oortion of the basis attributable to sec                                         | -                            | -                 |                               |               | 23                 |                |         |            |                            |

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

| Section A Depreciation and Other Information (Caution: See the instructions for limits for passanger automobiles)  2a (a) type the property (a) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | _    | 24b, columns (                                    | ·                 | <u>,                                      </u> |                                              |           |                                                         |          |                     |            | limita for | nassan                 | aor autor         | nobiles l |             |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------|-------------------|------------------------------------------------|----------------------------------------------|-----------|---------------------------------------------------------|----------|---------------------|------------|------------|------------------------|-------------------|-----------|-------------|------|
| (g) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                   |                   |                                                |                                              |           |                                                         |          | $\neg$              | 1          |            |                        |                   |           |             |      |
| Special depreciation   Dear of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 248  | a Do you have evidence to s                       |                   |                                                | iii use ci                                   | aimeur    | <del>'''</del>                                          |          |                     | 1          |            |                        |                   |           |             |      |
| used more than 50% in a qualified business use:  26 Property used more than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used for less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified automobile during the year and the property use of the instruction in the property use of vehicles, except communing, by your employees who aren't mere than 5% owners or related person.  30 Post unaintain a writer policy statement that prohibi |      | (a) Type of property (list vehicles first)        | Date placed in    | Business/<br>investment                        | e ot                                         | Cost or   | Basis for depreciation (business/investment period Conv |          | ethod/              | Depre      | eciation   | Elected<br>section 179 |                   |           |             |      |
| Property used more than 50% in a qualified business use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25   | Special depreciation alle                         | owance for q      | ualified listed p                              | oroperty                                     | / placed  | in serv                                                 | ice duri | ng the              | tax year a | and        |                        |                   |           |             |      |
| Property used more than 50% in a qualified business use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      | used more than 50% in                             | a qualified b     | usiness use                                    |                                              |           |                                                         |          |                     |            |            | 25                     |                   |           |             |      |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26   |                                                   |                   |                                                |                                              |           |                                                         |          |                     | _          | _          |                        | _                 |           |             |      |
| 27 Property used 50% or less in a qualified business use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |                                                   | : :               | %                                              | ó                                            |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Property used 50% or less in a qualified business use:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                                                   | : :               | %                                              | ó                                            |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 96   S/L   S/L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                   | : :               | %                                              | ó                                            |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 96                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27   | Property used 50% or le                           | ess in a quali    | ified business (                               | use:                                         |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                   | 1 1               | %                                              | ó                                            |           |                                                         |          |                     |            | S/L -      |                        |                   |           |             |      |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                   | 1 1               | %                                              | ó                                            |           |                                                         |          |                     |            | S/L -      |                        |                   |           |             |      |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (abrit include commuting miles)  31 Total commuting miles driven during the year (abrit include commuting miles driven during th |      |                                                   | : :               | %                                              | ó                                            |           |                                                         |          |                     |            | S/L -      |                        |                   |           |             |      |
| Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.    Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 28   | Add amounts in column                             | (h), lines 25     | through 27. Er                                 | nter her                                     | e and or  | line 2                                                  | I, page  | 1                   |            |            | . 28                   |                   |           |             |      |
| Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (4en't include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  30 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Amortization of costs that begins during your 2021 tax year.  43 Amortization of costs that begins during your 2021 tax year.                                                                                                                                                                                      | 29   | Add amounts in column                             | ı (i), line 26. E | nter here and                                  | on line                                      | 7, page   | 1                                                       |          |                     |            |            |                        |                   | . 29      |             |      |
| to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (4on't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven during the year Add lines 30 through 32 31 Total other personal from the year Add lines 30 through 32 41 Was the vehicle available for personal use during off-dury hours? 42 Total other vehicle available for personal use during off-dury hours? 43 Was the vehicle available for personal use during off-dury hours? 44 Was the vehicle available for personal use during off-dury hours? 55 Was the vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  75 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  80 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  90 Do you meet an exception to completing Section B for vehicles used by employees and that the use of the vehicles, and retain the information received?  10 Do you provide more than five vehicles to your prohibits personal use?  11 Do you meet the requirements concerning qualified automobile demonstration use?  12 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  13 Do you maintain a written policy statement that prohibits personal use?  14 Amortization of costs that begins during your 2021 tax year.                                                                                                                                                                                                                      |      |                                                   |                   | S                                              | ection l                                     | B - Infor | matior                                                  | on Us    | e of Ve             | hicles     |            |                        |                   |           |             |      |
| Total business/investment miles driven during the year (don't include commuting miles)  11 Total commuting miles driven during the year 22 Total other personal (noncommuting) miles driven during the year 23 Total other personal (noncommuting) miles driven during the year 24 Total other personal (noncommuting) miles driven during the year.  Add lines 30 through 32  13 Total miles driven during the year.  Add lines 30 through 32  14 Was the vehicle available for personal use during off-duty hours?  15 Was the vehicle available for personal use dusing owner or related person?  16 Is another vehicle available for personal use?  17 Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  18 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  19 Do you printain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  20 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  18 Depart VI Amortization  19 Depart VI Amortization of costs that begins during your 2021 tax year:  19 Depart VI Amortization of costs that begins during your 2021 tax year:                                                   | Co   | mplete this section for ve                        | ehicles used      | by a sole prop                                 | rietor, p                                    | artner, c | r other                                                 | "more    | than 59             | 6 owner,   | or relate  | d perso                | n. If you         | provided  | l vehicles  | 3    |
| Total business/investment miles driven during the year (don't include commuting miles)  11 Total commuting miles driven during the year as 12 Total other personal (noncommuting) miles driven.  22 Total other personal (noncommuting) miles driven during the year as 13 Total other personal (noncommuting) miles driven.  23 Total miles driven during the year.  Add lines 30 through 32 Add line | to y | your employees, first ans                         | wer the ques      | stions in Sectio                               | n C to                                       | see if yo | u meet                                                  | an exce  | eption <sup>.</sup> | to comple  | ting this  | section 1              | for those         | vehicles  | S.          |      |
| Total business/investment miles driven during the year (don't include commuting miles)  11 Total commuting miles driven during the year as 12 Total other personal (noncommuting) miles driven.  22 Total other personal (noncommuting) miles driven during the year as 13 Total other personal (noncommuting) miles driven.  23 Total miles driven during the year.  Add lines 30 through 32 Add line |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| year (don't include commutting miles driven during the year 31 Total commutting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle available for personal use than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles to your employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  42 Amortization of costs that begins during your 2021 tax year.  43 Amortization of costs that begins before your 2021 tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                   |                   |                                                | (                                            | a)        |                                                         | (b)      |                     | (c)        |            | (d)                    | (4                | e)        | (f          | )    |
| 31 Total commuting miles driven during the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 30   | Total business/investment miles driven during the |                   | uring the                                      | Vel                                          | nicle     | Ve                                                      | hicle    |                     | Vehicle    | Ve         | hicle                  | Veh               | nicle     | Veh         | icle |
| 32 Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, used by employees about the use of the vehicles, and the treat in the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI   Amortization   Qualified automobile demonstration use?   Qualifie |      | • (                                               | ,                 |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs    Ves   No   Yes   N |      |                                                   |                   |                                                |                                              |           |                                                         |          | _                   |            |            |                        |                   |           |             |      |
| Add lines 30 through 32  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year.  43 Amortization of costs that began before your 2021 tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 32   | •                                                 | •                 | "                                              |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, except commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  42 Amortization  (a)  Description of costs  (b)  Description of costs  (c)  Description of costs that begins during your 2021 tax year:  (c)  Description of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 33   | Total miles driven during                         | g the year.       |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a) Code Amortization period or percentage Amortization for this year  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      | Add lines 30 through 32                           | <u></u>           |                                                |                                              |           |                                                         |          |                     |            |            | _                      |                   |           |             |      |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortizable amount  (c)  Description of costs  (d)  Que (e)  Amortization period or percentage  Amortization of costs that begins during your 2021 tax year:  42 Amortization of costs that began before your 2021 tax year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 34   | Was the vehicle availab                           | le for person     | al use                                         | Yes                                          | No        | Yes                                                     | No       | Ye                  | s No       | Yes        | No                     | Yes               | No        | Yes         | No   |
| than 5% owner or related person?  Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs  (a)  Description of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      | during off-duty hours?                            |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs  Date amortization amount  Amortization for this year  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 35   |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a) (c) (d) (e) Amortization period or percentage in the protection of costs that begins during your 2021 tax year:  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      | than 5% owner or relate                           | ed person?        |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs  (a)  (b)  Qualified Amortization Description of costs that begins during your 2021 tax year:  (c)  (d)  (e)  Amortization Period or percentage Amortization period or percentage Amortization of costs that begins during your 2021 tax year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 36   | Is another vehicle availa                         | able for perso    | onal                                           |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  Description of costs  (a)  Description of costs  (b)  Date amortization Amortizable Amortizable Amortization period or percentage Amortization for this year  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | use?                                              |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortizable amount Amortizable amount Section  Amortization period or percentage  43 Amortization of costs that began before your 2021 tax year  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                   | Section C         | - Questions for                                | or Emp                                       | loyers V  | Vho Pro                                                 | ovide V  | ehicles             | for Use    | by Their   | Employ                 | ees               |           |             |      |
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization Amortizable amount  begins  Amortizable amount  Amortizable section  Begins  Amortization period or percentage  43 Amortization of costs that began before your 2021 tax year.  43 Amortization of costs that began before your 2021 tax year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ans  | swer these questions to                           | determine if      | you meet an ex                                 | ception                                      | n to com  | pleting                                                 | Section  | n B for             | vehicles ι | used by e  | mployee                | es who <b>a</b> i | ren't     |             |      |
| employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization amount  (c)  Amortizable amount  Code section  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  (c)  Amortizable amount  Code Amortization period or percentage for this year  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 37   |                                                   | en policy stat    | tement that pro                                | ohibits a                                    | all perso | nal use                                                 | of vehic | cles, in            | cluding c  | ommutino   | g, by you              | ır                |           | Yes         | No   |
| employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  Amortizable amount  Code Section Period or percentage  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           | -           | -    |
| 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization  Amortizable amount  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 38   | •                                                 |                   | · ·                                            | -                                            |           |                                                         |          |                     | •          |            | -                      |                   |           |             |      |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortization of costs that begins during your 2021 tax year:  42 Amortization of costs that began before your 2021 tax year  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  Date amortization begins  Amortizable amount  Amortizable section  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortization begins  Amortizable amount  (c)  Amortizable amount  Code section  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 40   |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a) Description of costs  (b) Date amortization begins  Amortizable amount  (c) Amortizable Code section Code section  Amortization period or percentage  42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             | 1    |
| Part VI Amortization  (a) Description of costs  (b) Date amortization begins  (c) Amortizable amount  (d) Code Amortization period or percentage  Amortization for this year  42 Amortization of costs that begins during your 2021 tax year:  (3) Date amortization begins  (b) Date amortization begins  Amortization begins  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 41   |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        |                   |           |             |      |
| (a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code Section (f) Amortization period or percentage (f) Amortization for this year (f) Amortization of costs that begins during your 2021 tax year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D    |                                                   | 37, 38, 39, 4     | U, or 41 is "Ye                                | s," aon                                      | t compi   | ete Sec                                                 | tion B t | or the o            | coverea v  | enicies.   |                        |                   |           |             |      |
| 42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |                                                   |                   |                                                | (h)                                          |           | (c)                                                     |          |                     | (d)        |            | (6)                    |                   |           | (f)         |      |
| 42 Amortization of costs that begins during your 2021 tax year:  43 Amortization of costs that began before your 2021 tax year  43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      | Description o                                     | f costs           | Date a                                         | mortization                                  |           | Amortiza                                                |          |                     | Code       | ,          | Amortiza               | ation             | Ar        | nortization |      |
| 43 Amortization of costs that began before your 2021 tax year 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 40   | Amortization of costs th                          | at hogina du      |                                                |                                              | ]<br>]    | anioui                                                  |          |                     | Secilo     |            | period or pe           | rcentage          | IC        | i ilio yeal |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42   | AMORIZATION OF COSTS IN                           | iai Degins du     |                                                | iax yea                                      | ai.       |                                                         |          |                     |            | -          |                        |                   |           |             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                   |                   |                                                | <u>:                                    </u> |           |                                                         |          | -                   |            | +          |                        | -                 |           |             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42   | Amortization of costs th                          | at bagan ha       | fore your 2021                                 | tov vos                                      | <u> </u>  |                                                         |          |                     |            |            |                        | 42                |           |             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |                                                   |                   |                                                |                                              |           |                                                         |          |                     |            |            |                        | -                 |           |             |      |

TAXABLE YEAR **2021** 

## California Exempt Organization Annual Information Return

128941 12-29-21 FORM

199

| Cal       | endar Year      | 2021 or fiscal year beginning (mm/dd/yyyy)                                                                                                                            | , and ending                                                            | (mm/dd/yyy                     | /y)                   |                       |             |             |    |
|-----------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------|-----------------------|-----------------------|-------------|-------------|----|
|           |                 | anization name                                                                                                                                                        |                                                                         |                                |                       | oration number        |             |             |    |
|           |                 |                                                                                                                                                                       |                                                                         |                                |                       |                       |             |             |    |
| CZ        | ARMEL           | YOUTH CENTER INC.                                                                                                                                                     |                                                                         |                                | 0239                  | 703                   |             |             |    |
| Add       | litional inforn | nation. See instructions.                                                                                                                                             |                                                                         | FE                             | IN                    |                       |             |             |    |
|           |                 |                                                                                                                                                                       |                                                                         |                                | 94-1                  | 415306                | j           |             |    |
| Stre      | et address (s   | suite or room)                                                                                                                                                        |                                                                         |                                | PMB no.               |                       |             |             |    |
| Ρ         | .O. B           | OX 2399                                                                                                                                                               |                                                                         |                                |                       |                       |             |             |    |
| City      | ,               |                                                                                                                                                                       |                                                                         | State                          | ZIP code              |                       |             |             |    |
| CZ        | ARMEL           |                                                                                                                                                                       |                                                                         | CA                             | 9392                  | 1-2399                | )           |             |    |
| Fore      | eign country    | name Foreign province/st                                                                                                                                              | ate/county                                                              |                                | Foreign p             | ostal code            |             |             |    |
|           |                 |                                                                                                                                                                       |                                                                         |                                |                       |                       |             |             |    |
| A         | First retu      |                                                                                                                                                                       | o I Did the organization hav                                            |                                |                       |                       |             |             |    |
| В         | Amended         |                                                                                                                                                                       | · ·                                                                     |                                |                       |                       |             | <u> </u>    | No |
| C         | IRC Secti       | on 4947(a)(1) trust Yes X N                                                                                                                                           | · ·                                                                     |                                |                       | -                     |             |             |    |
| D         | Final info      | rmation return?                                                                                                                                                       | engaged in political activ                                              |                                |                       |                       |             | X I         |    |
|           | • 🔲             | Dissolved Surrendered (Withdrawn) Merged/Reorganized                                                                                                                  | K Is the organization exen                                              | -                              |                       | _                     |             | X           | No |
|           |                 | (mm/dd/yyyy) ●                                                                                                                                                        | If "Yes," enter the gross                                               | -                              |                       |                       |             |             | _  |
| Ε         |                 | Counting method: (1) X Cash (2) Accrual (3) Other                                                                                                                     | L Is the organization a lim                                             |                                |                       |                       | ● L Yes     | X           | No |
| F         |                 | eturn filed? (1) ● 990T(2) ● 990PF (3) ● Sch H ( 990)                                                                                                                 |                                                                         |                                |                       |                       |             |             |    |
|           |                 | Other 990 series                                                                                                                                                      | report taxable income?                                                  |                                |                       |                       | • L Yes     | <u> </u>    | No |
| G         |                 | group filing? See instructions • Yes X N                                                                                                                              |                                                                         |                                |                       |                       |             | 37          |    |
| Н         |                 | ganization in a group exemption Yes X N                                                                                                                               |                                                                         |                                |                       |                       |             | X           |    |
|           | If "Yes," w     | hat is the parent's name?                                                                                                                                             | O Is federal Form 1023/10                                               |                                |                       |                       | L Yes       | X           | No |
|           |                 |                                                                                                                                                                       | Date filed with IRS                                                     |                                |                       |                       |             |             |    |
| _         | ort I C         | omplete Part I unless not required to file this form. See General I                                                                                                   | nformation P and C                                                      |                                |                       |                       |             |             |    |
| _         | art I           |                                                                                                                                                                       |                                                                         |                                | _                     | 4                     | 129,        | 557         | 00 |
|           |                 | 1 Gross sales or receipts from other sources. From Side 2, Par                                                                                                        |                                                                         |                                |                       | 2                     | 35,         |             |    |
|           |                 | <ul> <li>Gross dues and assessments from members and affiliates</li> <li>Gross contributions, gifts, grants, and similar amounts received</li> </ul>                  |                                                                         | СТМТ                           | 1                     | 3                     | 177,        |             |    |
|           |                 | 4 Total gross receipts for filing requirement test. Add line 1 thro                                                                                                   |                                                                         | <u> </u>                       | . <del></del> •       | ٥                     | ± / / ,     | <u> </u>    | 00 |
| F         | Receipts        | This line must be completed. If the result is less than \$50,00                                                                                                       | •                                                                       |                                |                       | 4                     | 342,        | 7 8 8I      | 00 |
|           | and             | 5 Cost of goods sold STM                                                                                                                                              |                                                                         |                                | 53 00                 | 7                     | 312,        | , o o       | 00 |
| R         | evenues         | 6 Cost or other basis, and sales expenses of assets sold                                                                                                              |                                                                         |                                | 00                    |                       |             |             |    |
|           |                 | 7 Total costs. Add line 5 and line 6                                                                                                                                  |                                                                         |                                |                       | 7                     | 1.          | 153         | 00 |
|           |                 | 8 Total gross income. Subtract line 7 from line 4                                                                                                                     |                                                                         |                                |                       | 8                     | 341,        |             |    |
| _         |                 | 9 Total expenses and disbursements. From Side 2, Part II, line                                                                                                        |                                                                         |                                |                       | 9                     | 229,        |             |    |
| E         | xpenses         | 10 Excess of receipts over expenses and disbursements. Subtra                                                                                                         |                                                                         |                                |                       | 10                    | 112,        |             |    |
| _         |                 | 11 Total payments                                                                                                                                                     |                                                                         |                                |                       | 11                    |             |             | 00 |
|           |                 | 10 11 1 0 0 11 11                                                                                                                                                     |                                                                         |                                |                       | 12                    |             |             | 00 |
|           |                 | 13 Payments balance. If line 11 is more than line 12, subtract lin                                                                                                    |                                                                         |                                |                       | 13                    |             |             | 00 |
| F         | iling Fee       | 14 Use tax balance. If line 12 is more than line 11, subtract line 1                                                                                                  |                                                                         |                                |                       | 14                    |             |             | 00 |
|           | ·               |                                                                                                                                                                       |                                                                         |                                |                       | 15                    |             |             | 00 |
|           |                 | 16 Balance due. Add line 12 and line 15. Then subtract line 11 f                                                                                                      | rom the result                                                          |                                |                       | 16                    |             |             | 00 |
|           |                 | Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) is | accompanying schedules and state<br>based on all information of which p | ments, and to<br>reparer has a | the best only knowled | f my knowledge<br>ge. | and belief, |             |    |
| Sig<br>He |                 |                                                                                                                                                                       | I Title                                                                 | Date                           |                       | _<br>I ● Tel          | ephone      |             |    |
| 110       |                 | Signature of officer                                                                                                                                                  | TREASURER                                                               |                                |                       |                       |             |             |    |
|           |                 |                                                                                                                                                                       | Date                                                                    | Check                          | if                    | ● PTI                 | N           |             |    |
|           |                 | Preparer's ► AVIV KADOSH                                                                                                                                              | 09/06/2                                                                 | 2 self-en                      | nployed               |                       | 727367      |             |    |
| Pa        | id              | Firm's name                                                                                                                                                           |                                                                         |                                |                       |                       | m's FEIN    |             |    |
| Pre       | parer's         | (or yours, if self-                                                                                                                                                   |                                                                         |                                |                       |                       | -154150'    | 7           |    |
| Us        | e Only          | employed) 450 LINCOLN AVENUE, SUIT                                                                                                                                    | E 200                                                                   |                                |                       |                       | ephone      |             |    |
|           |                 | SALINAS, CA 93901                                                                                                                                                     |                                                                         |                                |                       |                       | 757-5       | <u> 311</u> |    |
|           |                 | May the FTB discuss this return with the preparer shown above? S                                                                                                      | ee instructions                                                         | <u></u>                        | • X                   | 」Yes                  | No          |             |    |

## CARMEL YOUTH CENTER INC.

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

| 128951 01 | -19-22 |
|-----------|--------|
|-----------|--------|

|          |                                                                                                               | 1                                                              | Gross sales or receipts from all b                                | usiness activities. See inst | ructions  |                           | •                          | 1       |        | 35,103  | 00          |
|----------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------|------------------------------|-----------|---------------------------|----------------------------|---------|--------|---------|-------------|
|          |                                                                                                               | 2                                                              | Interest                                                          |                              |           |                           | •                          | 2       |        | 9       | 00          |
|          |                                                                                                               | 3                                                              |                                                                   |                              |           |                           |                            | 3       |        |         | 00          |
| Rece     | ipts                                                                                                          | 4                                                              | Gross rents                                                       |                              |           |                           | •                          | 4       |        | 3,250   | 00          |
| from     |                                                                                                               | 5                                                              | Gross royalties                                                   |                              |           |                           |                            | 5       |        |         | 00          |
| Othe     | r                                                                                                             | 6 Gross amount received from sale of assets (See instructions) |                                                                   |                              |           |                           |                            |         |        |         | 00          |
| Sour     | ther 6 Gross amount received from sale of assets (See instructions) • ources 7 Other income SEE STATEMENT 3 • |                                                                |                                                                   |                              |           |                           | 7                          |         | 91,195 | 00      |             |
|          |                                                                                                               | 8                                                              | Total gross sales or receipts from                                | n other sources. Add line 1  | 1 through | line 7. Enter here and    | on Side 1, Part I, line 1  | 8       |        | 129,557 |             |
|          |                                                                                                               | 9                                                              | Contributions, gifts, grants, and                                 | similar amounts paid         |           |                           | •                          | 9       |        |         | 00          |
|          |                                                                                                               | 10                                                             | Disbursements to or for member                                    | \$                           |           |                           | •                          | 10      |        |         | 00          |
|          |                                                                                                               | 11                                                             | Disbursements to or for member Compensation of officers, director | ors, and trustees            |           | SEE STA                   | TEMENT 4 •                 | 11      |        | 0       | 00          |
|          |                                                                                                               | 12                                                             | Other salaries and wages                                          | ,                            |           |                           | •                          | 12      |        | 83,271  |             |
| Expe     | nses                                                                                                          | 13                                                             | Interest                                                          |                              |           |                           |                            | 13      |        |         | 00          |
| and      |                                                                                                               | 14                                                             | Taxes                                                             |                              |           |                           |                            | 14      |        | 12,092  | 00          |
| Disb     | ırse-                                                                                                         | 15                                                             | Rents                                                             |                              |           |                           |                            | 15      |        |         | 00          |
| ment     | s                                                                                                             | 16                                                             | Depreciation and depletion (See                                   | instructions)                |           |                           | •                          | 16      |        | 9,337   | 00          |
|          |                                                                                                               | 17                                                             | Depreciation and depletion (See other expenses and disbursement   | nts                          |           | SEE STA                   | TEMENT 5 •                 | 17      |        | 124,539 |             |
|          |                                                                                                               | 18                                                             | Total expenses and disbursemer                                    | nts. Add line 9 through line | 17. Ente  | r here and on Side 1. P   | art I, line 9              | 18      |        | 229,239 |             |
| Sch      | edu                                                                                                           |                                                                |                                                                   | Beginning                    |           |                           |                            | of taxa | ble ye |         | 100         |
| Asse     |                                                                                                               |                                                                |                                                                   | (a)                          |           | (b)                       | (c)                        |         |        | (d)     |             |
|          |                                                                                                               |                                                                |                                                                   | .,                           |           | 72,486                    |                            |         | •      | 125,8   | 71          |
|          |                                                                                                               |                                                                | s receivable                                                      |                              |           | ,                         |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | ceivable                                                          |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                |                                                                   |                              |           | 1,007                     |                            |         | •      | 1,0     | 07          |
|          |                                                                                                               |                                                                | state government obligations                                      |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | in other bonds                                                    |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | in stock                                                          |                              |           |                           |                            |         | •      |         |             |
|          | /lortga                                                                                                       |                                                                |                                                                   |                              |           |                           |                            |         | •      |         |             |
|          | Other ii                                                                                                      | -                                                              |                                                                   |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | le assets                                                         | 811,76                       | 6         |                           | 818,5                      | 11      | _      |         |             |
|          | less                                                                                                          | accu                                                           | mulated depreciation                                              | ( 582,797                    |           | 228,969                   |                            |         |        | 226,3   | 77          |
|          |                                                                                                               |                                                                |                                                                   | <u> </u>                     | 1         |                           | (                          |         | •      |         | <del></del> |
|          | other a                                                                                                       | ssets                                                          | STMT 6                                                            |                              |           |                           |                            |         | •      | 60,3    | 35          |
|          |                                                                                                               |                                                                |                                                                   |                              |           | 302,462                   |                            |         |        | 413,5   |             |
|          |                                                                                                               |                                                                | et worth                                                          |                              |           |                           |                            |         |        | ,       |             |
|          | \ccour                                                                                                        |                                                                |                                                                   |                              |           | 524                       |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | s, gifts, or grants payable                                       |                              |           | <del></del>               |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | otes payable                                                      |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | ayable                                                            |                              |           |                           |                            |         | •      |         |             |
| 18 (     | )ther li                                                                                                      | ahiliti                                                        | es STMT 7                                                         |                              |           | 54,587                    |                            |         |        |         | 26          |
| 19 (     | Canital                                                                                                       | stock                                                          | or principal fund                                                 |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | tal surplus. Attach reconciliation                                |                              |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | nings or income fund                                              |                              |           | 247,351                   |                            |         | •      | 413,6   | 16          |
|          |                                                                                                               |                                                                | ies and net worth                                                 |                              |           | 302,462                   |                            |         |        | 413,5   | 90          |
|          | edu                                                                                                           |                                                                |                                                                   | ner hooks with income ne     | r return  | ,                         |                            |         |        |         |             |
| <b>.</b> |                                                                                                               |                                                                | Do not complete this sched                                        |                              |           | ne 13, column (d), is les | ss than \$50,000.          |         |        |         |             |
| 1 1      | let inc                                                                                                       | ome r                                                          | oer books                                                         |                              | ,396      |                           |                            |         |        |         |             |
|          |                                                                                                               |                                                                | ne tax                                                            |                              | ,         | 1                         | nis return. Attach schedul | le      | •      |         |             |
|          |                                                                                                               |                                                                | pital losses over capital gains                                   |                              |           | -1                        | s return not charged       |         |        |         |             |
|          |                                                                                                               |                                                                | recorded on books this year.                                      |                              |           | against book inco         |                            |         |        |         |             |
|          |                                                                                                               |                                                                | lule                                                              | •                            |           |                           |                            |         | •      |         |             |
|          |                                                                                                               |                                                                | corded on books this year not                                     |                              |           | 9 Total. Add line 7       |                            |         |        |         |             |
|          |                                                                                                               |                                                                | this return. Attach schedule                                      | •                            |           | 10 Net income per r       |                            |         |        |         |             |
|          |                                                                                                               |                                                                | ne 1 through line 5                                               |                              | ,396      |                           |                            |         |        | 112,3   | 96          |
|          | Jul. F                                                                                                        | iuu III                                                        | io i anough mio o                                                 |                              | ,         | J Gubaldot iiilo 3 II     | o ano o                    |         |        |         |             |
|          |                                                                                                               |                                                                |                                                                   |                              |           |                           |                            |         |        |         |             |

| CA 199                                   | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3    | STATEMENT       |         |  |
|------------------------------------------|--------------------------------------------------|-----------------|---------|--|
| CONTRIBUTOR'S NAME                       | CONTRIBUTOR'S ADDRESS                            | DATE OF<br>GIFT | AMOUNT  |  |
| BAREUTHER FAMILY FOUNDATION              | 2354 GARDEN ROAD MONTEREY, CA<br>93940           | 08/06/21        |         |  |
| TOUNDATION                               | JJJ <del>1</del> 0                               |                 | 10,000. |  |
| COMMUNITY FOUNDATION FOR MONTEREY COUNTY | 2354 GARDEN ROAD MONTEREY, CA 93940              | 01/11/21        | 10,000. |  |
| BARNET SEGAL CHARITABLE TRUST            | PO BOX S1 CARMEL BY THE SEA, CA 93921            | 04/14/21        | 5,000.  |  |
| LACY WILLIAMS BUCK                       | PO BOX 1933 CARMEL BY THE SEA, CA 93921          | 05/18/21        | 5,000.  |  |
| CARMEL ROTARY FUND                       | 2354 GARDEN ROAD MONTEREY, CA 93940              | 06/30/21        | 35,000. |  |
| LINDY B. STREET                          | 406 WYNFIELD CLOSE COURT<br>LOUISVILLE, KY 40206 | 06/30/21        | 5,000.  |  |
| HARDEN FOUNDATION                        | PO BOX 779 SALINAS, CA 93902                     | 06/30/21        | 10,000. |  |
| THE PEBBLE BEACH COMPANY FOUNDATION      | PO BOX 1767 PEBBLE BEACH, CA 93953               | 06/23/21        | 5,775.  |  |
| COMMUNITY FOUNDATION OF LOUISVILLE       | 325 W MAIN ST #1110<br>LOUISVILLE, KY 40202      | 06/23/21        | 5,000.  |  |
| COUNTY OF MONTEREY                       | PO BOX 1728 SALINAS, CA 93902                    |                 | 6,315.  |  |
| TOTAL INCLUDED ON LINE 3                 |                                                  | -               | 97,090. |  |

| FOR            | м 199                                                                                        |                                       | -   | GOODS SOLD<br>PART I, LINE 5          |       | STATEMENT 2 |
|----------------|----------------------------------------------------------------------------------------------|---------------------------------------|-----|---------------------------------------|-------|-------------|
| COS            | r of goods sold                                                                              |                                       |     |                                       |       |             |
| 1.             | INVENTORY AT BEGINNING                                                                       | G OF YEAR                             | •   |                                       |       |             |
| 3.<br>4.<br>5. | MERCHANDISE PURCHASED COST OF LABOR MATERIALS AND SUPPLIES OTHER COSTS ADD LINES 1 THROUGH 5 | · · · · · · · · · · · · · · · · · · · | •   | · · · · · · · · · · · · · · · · · · · | 1,153 | 1,153       |
| 7.             | INVENTORY AT END OF Y                                                                        | EAR                                   | •   |                                       |       |             |
| 8.             | COST OF GOODS SOLD (L                                                                        | INE 6 LES                             | S L | INE 7)                                |       | 1,153       |

| CA 199                                                    | OTHER INCOME                       | STATEMENT | 3           |  |
|-----------------------------------------------------------|------------------------------------|-----------|-------------|--|
| DESCRIPTION                                               |                                    | AMOUNT    |             |  |
| PROGRAMS                                                  |                                    | 91,1      | 95.         |  |
| TOTAL TO FORM 199, PART II, LI                            | NE 7                               | 91,1      | 95 <b>.</b> |  |
| CA 199 COMPENSATION OF O                                  | OFFICERS, DIRECTORS AND TRUSTEES   | STATEMENT | 4           |  |
| NAME AND ADDRESS                                          | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSAT | ION         |  |
| JESSICA FADDIS P.O. BOX 2399 CARMEL, CA 93921-2399        | EXECUTIVE DIR 40.00                |           | 0.          |  |
| KATHERINE MAKI P.O. BOX 2399 CARMEL, CA 93921-2399        | DIRECTOR<br>1.00                   |           | 0.          |  |
| PETER LEVIN P.O. BOX 2399 CARMEL, CA 93921-2399           | DIRECTOR<br>1.00                   |           | 0.          |  |
| DIEGO REYES<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399     | DIRECTOR 1.00                      |           | 0.          |  |
| LINDSAY PEELMAN<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399 | DIRECTOR<br>1.00                   |           | 0.          |  |
| MOLLY GOSHORN<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399   | DIRECTOR<br>1.00                   |           | 0.          |  |
| MARCI MEAUX<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399     | DIRECTOR<br>1.00                   |           | 0.          |  |
| PAMELA NEIMAN P.O. BOX 2399 CARMEL, CA 93921-2399         | DIRECTOR<br>1.00                   |           | 0.          |  |

| CARMEL YOUTH CENTER INC.                                                                                                                                              |            |                | 94-1415306                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------|----------------------------------------------------------------------------------------------|
| JOHN MICEK P.O. BOX 2399 CARMEL, CA 93921-2399                                                                                                                        | DIRE       | CTOR<br>1.00   | 0.                                                                                           |
| LINDA FRYE<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399                                                                                                                  | DIRE       | CTOR<br>1.00   | 0.                                                                                           |
| NANCY STEBBINS<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399                                                                                                              | DIRE       | CTOR<br>1.00   | 0.                                                                                           |
| JOHN RUSKELL<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399                                                                                                                | PRES       | IDENT<br>3.00  | 0.                                                                                           |
| FARRAH FARHANG<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399                                                                                                              | SECR       | ETARY<br>3.00  | 0.                                                                                           |
| CHRISTINA BAREUTHER P.O. BOX 2399 CARMEL, CA 93921-2399                                                                                                               | TREA       | SURER<br>3.00  | 0.                                                                                           |
| JOHN PLASTINI<br>P.O. BOX 2399<br>CARMEL, CA 93921-2399                                                                                                               | VICE       | PRESIDENT 3.00 | 0.                                                                                           |
| TOTAL TO FORM 199, PART II, LI                                                                                                                                        | NE 11      |                | 0.                                                                                           |
| CA 199                                                                                                                                                                | OTHER EXPE | NSES           | STATEMENT 5                                                                                  |
| DESCRIPTION                                                                                                                                                           |            |                | AMOUNT                                                                                       |
| SUPPLIES REPAIR AND MAINTENANCE UTILITIES SUBSCRIPTIONS DIRECT EXPENSES OF FUNDRAISING OTHER PROFESSIONAL FEES ADVERTISING AND PROMOTION INSURANCE ALL OTHER EXPENSES | EVENTS     |                | 25,325.<br>14,480.<br>11,804.<br>10,078.<br>5,747.<br>28,251.<br>2,733.<br>18,671.<br>7,450. |
| TOTAL TO FORM 199, PART II, LI                                                                                                                                        | NE 17      |                | 124,539.                                                                                     |

| CA 199 OTHER ASSETS                    |                          | STATEMENT 6      |
|----------------------------------------|--------------------------|------------------|
| DESCRIPTION                            | BEG. OF YEAR             | END OF YEAR      |
| ERC REFUND                             | 0.                       | 60,335.          |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 0.                       | 60,335.          |
| CA 199 OTHER LIABILITIES               | S                        | STATEMENT 7      |
| DESCRIPTION                            | BEG. OF YEAR             | END OF YEAR      |
| SBA STIMULUS PPP LOAN WF CREDIT CARD   | 10,000.<br>44,587.<br>0. | 0.<br>0.<br>-26. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 54,587.                  | -26.             |
| CA 199 FUND BALANCES                   |                          | STATEMENT 8      |
| DESCRIPTION                            | BEG. OF YEAR             | END OF YEAR      |
| NET ASSETS WITHOUT DONOR RESTRICTIONS  | 247,351.                 | 413,616.         |
| TOTAL TO FORM 199, SCHEDULE L, LINE 21 | 247,351.                 | 413,616.         |

Attach to Form 100 or Form 100W. FORM 199 FEIN 94-1415306 Corporation name California corporation number 0239703 CARMEL YOUTH CENTER INC. Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description of property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years method SEE STATEMENT 9 818,511. 582,797. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 7,474 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 7,474 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation -1,863amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Cost or Date acquired Amortization allowed or Period or Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

| CA 3885                                 | DEPRI            | ECIATION      |        |       | STATEN            | MENT 9 |
|-----------------------------------------|------------------|---------------|--------|-------|-------------------|--------|
| ASSET NO./ DATE IN DESCRIPTION SERVICE  | COST OR<br>BASIS | PRIOR<br>DEPR | METHOD | LIFE  | DEPRE-<br>CIATION | BONUS  |
| 1 IMPROVEMENTS                          |                  |               |        |       |                   |        |
| 01/01/70                                | 132,672.         | 132,672.      | SL     | 39.00 | 0.                |        |
| 2 BUILDING IMPROVEMENTS 01/01/02        | 25,955.          | 12,647.       | SL     | 39.00 | 666.              |        |
| 3 BUILDING IMPROVEMENTS                 | 7 702            | 2 702         | GT.    | 20 00 | 200               |        |
| 01/01/02<br>4 BUILDING RENOVATIONS      | 1,183.           | 3,793.        | SГ     | 39.00 | 200.              |        |
| 05/01/10                                | 41,661.          | 11,426.       | SL     | 39.00 | 1,068.            |        |
| 5 RENOVATIONS 07/01/15                  | 106,182.         | 14,865.       | SL     | 39.00 | 2,723.            |        |
| 6 RENOVATIONS                           | -                | -             |        |       | -                 |        |
| 07/01/16<br>7 RENOVATIONS               | 88,662.          | 10,136.       | SL     | 39.00 | 2,273.            |        |
| 07/01/18                                | 12,373.          | 780.          | SL     | 39.00 | 317.              |        |
| 8 BUILDING<br>01/01/60                  | 343,582.         | 343,582.      | ST     | 40.00 | 0.                |        |
| 9 FURNITURE AND FIXTURE                 | S                | •             |        |       |                   |        |
| 01/01/70<br>10 LANDSCAPE IMPROVEMENT    | 4,617.           | 4,617.        | SL     | 7.00  | 0.                |        |
| 01/01/04                                |                  | 7,806.        | SL     | 15.00 | 0.                |        |
| 11 MACHINERY & EQUIPMENT 01/01/90       | 32,020.          | 32,020.       | СТ     | 7.00  | 0.                |        |
| 12 SURVEILLANCE CAMERA                  | 32,020.          | 32,020•       | ъп     | 7.00  | 0.                |        |
| 05/31/10<br>13 POS SYSTEM               | 5,878.           | 5,878.        | 200DB  | 5.00  | 0.                |        |
| 05/30/12                                | 1,596.           | 1,596.        | 200DB  | 7.00  | 0.                |        |
| 14 OFFICE COMPUTER                      | 470              | 470           | 20000  | F 00  | 0                 |        |
| 09/18/15<br>15 CASH DRAWER REPLACEME    | 478.<br>NT       | 4/8.          | 200DB  | 5.00  | 0.                |        |
| 04/09/15                                | 154.             | 154.          | 200DB  | 5.00  | 0.                |        |
| 16 SOFTWARE 05/18/15                    | 197.             | 197.          | 200DB  | 3.00  | 0.                |        |
| 17 TIME CLOCK SOFTWARE                  |                  |               |        |       |                   |        |
| 07/27/15<br>18 BUILDING IMPROVEMENTS    | 150.             | 150.          | 200DB  | 3.00  | 0.                |        |
| 10/19/21                                | 4,675.           |               | SL     | 39.00 | 20.               |        |
| 19 TABLE & CHAIRS<br>09/29/21           | 2,070.           |               | 200DB  | 5.00  | 207.              |        |
| TOTAL TO FORM 3885                      |                  | 582,797.      |        | -     | 7,474.            |        |
| = = = = = = = = = = = = = = = = = = = = |                  |               |        | =     |                   |        |

Date Accepted \_

TAXABLE YEAR

# California e-file Return Authorization for

FORM

| 20                                                                      | 21                                                                                                       |                                                                                                     |                                                                                                 | ganizat                                                                                                  | tions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | tiioi                                                                               | ızaı                                                                      | 1011 1                                                                          | OI .                                                                    |                                                                |                                                               |                                                                                         | 8                                                           | 453- <b>I</b>                                                  | ΕΟ         |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------|------------|
| Exempt Or                                                               | rganization name                                                                                         | )                                                                                                   |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | Identifying nun                                                                         | nber                                                        |                                                                |            |
| CARM                                                                    | EL YOU                                                                                                   | TH CEN                                                                                              | TER I                                                                                           | NC.                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | 94-141                                                                                  | L530                                                        | 6                                                              |            |
| Part I                                                                  | Electronic                                                                                               | c Return Inf                                                                                        | ormation                                                                                        | (whole dollars                                                                                           | only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| <b>1</b> To                                                             | tal gross rec                                                                                            | eipts (Form                                                                                         | 199, line 4)                                                                                    | )                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | 1                                                                                       |                                                             | 342,7                                                          | 788        |
| <b>2</b> To                                                             | tal gross inc                                                                                            | ome (Form 1                                                                                         | 99, line 8)                                                                                     |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | 2                                                                                       |                                                             | 341,6                                                          | <u> 35</u> |
| <b>3</b> Tot                                                            | tal expenses                                                                                             | and disbure                                                                                         | sements (F                                                                                      | orm 199, line                                                                                            | 9)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | 3                                                                                       |                                                             | 229,2                                                          | 239        |
| Part II                                                                 | Settle Yo                                                                                                | ur Account                                                                                          | Electronic                                                                                      | cally for Taxa                                                                                           | ble Year 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| 4                                                                       | Electronic                                                                                               | funds withou                                                                                        | drawal                                                                                          | 4a Amount                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           | <b>4b</b> Wi                                                                    | thdrawal o                                                              | date (mr                                                       | n/dd/yy                                                       | yy)                                                                                     |                                                             |                                                                |            |
| Part III                                                                | Banking I                                                                                                | nformation                                                                                          | (Have you                                                                                       | verified the e                                                                                           | xempt organiza                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | tion's ba                                                                           | anking                                                                    | informat                                                                        | ion?)                                                                   |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| <b>5</b> Rou                                                            | ıting number                                                                                             |                                                                                                     |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 | ı                                                                       | _                                                              |                                                               |                                                                                         |                                                             |                                                                |            |
| 6 Acc                                                                   | ount numbe                                                                                               |                                                                                                     |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>7</b> T                                                                | ype of a                                                                        | ccount:                                                                 | Ch                                                             | ecking                                                        | Sav                                                                                     | vings                                                       |                                                                |            |
| Part IV                                                                 |                                                                                                          | on of Office                                                                                        |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| on line 4                                                               |                                                                                                          | organization's                                                                                      | s account to                                                                                    | be settled as de                                                                                         | esignated in Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | II. If I che                                                                        | ck Part                                                                   | II, box 4,                                                                      | I authorize                                                             | an electr                                                      | onic fun                                                      | ds withdraw                                                                             | al for the                                                  | e amount li                                                    | sted       |
| California<br>a balance<br>organizat<br>statemen<br>delayed,            | a electronic ret<br>e due return, l<br>tion will remai<br>nts be transmit                                | turn. To the be<br>understand th<br>n liable for the<br>tted to the FTE                             | est of my kn<br>nat if the Fra<br>e fee liability<br>3 by the ERC                               | owledge and be<br>nchise Tax Boar<br>and all applicab<br>), transmitter, or                              | Part I above agre<br>elief, the exempt o<br>rd (FTB) does not<br>other the service pro<br>intermediate service pro<br>diate service pro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rganization<br>receive finalties. I<br>vice prov                                    | on's ret<br>ull and<br>authori<br>ider. If<br>e reaso                     | urn is true<br>timely pay<br>ze the exe<br><b>the proce</b>                     | e, correct, a<br>yment of th<br>ympt organi<br>ssing of th<br>le delay. | nd comp<br>e exempt<br>zation re                               | lete. If the<br>organiz<br>turn and                           | ne exempt or<br>ation's fee lia<br>accompany                                            | ganizati<br>ability, thing sche                             | on is filing<br>ne exempt<br>edules and                        |            |
| Sign<br>Here                                                            | Signatur                                                                                                 | re of officer                                                                                       |                                                                                                 |                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ 💆                                                                                 | itle                                                                      | AOOM                                                                            | .EK                                                                     |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| пеге                                                                    | 9                                                                                                        |                                                                                                     |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| Part V                                                                  | Declaration                                                                                              | on of Electr                                                                                        | onic Retu                                                                                       | rn Originator                                                                                            | (ERO) and Pai                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | d Prepa                                                                             | rer.                                                                      |                                                                                 |                                                                         |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
| am only a<br>accuratel<br>provided<br>1345, 20<br>the exem<br>I declare | an intermediat<br>ly reflects the<br>the organizati<br>21 Handbook<br>Ipt organizatio<br>that I have exi | te service proved the rest on the rest on officer with for Authorized net the abanined the abarons. | vider, I unde<br>turn.) I have<br>h a copy of a<br>d e-file Prov<br>ed, whicheve<br>pove exempt | rstand that I amed obtained the or all forms and infiders. I will keeper is later, and I verganization's | eturn and that then not responsible to ganization officer formation that I will be sufficed in the suffice formation that I will make a copy a return and accominformation of which is the suffice formation of the suffice form | for reviev<br>'s signati<br>ill file with<br>EO on file<br>available t<br>panying s | ving the<br>ure on t<br>n the FT<br>for <b>fo</b> o<br>to the F<br>schedu | e exempt of<br>form FTB<br>B, and I h<br>Ir years fr<br>TB upon r<br>les and st | organization<br>8453-EO bo<br>ave followe<br>om the due<br>equest. If I | n's return<br>efore trar<br>ed all oth<br>date of t<br>am also | i. I decla<br>ismitting<br>er requir<br>the retur<br>the paid | re, however,<br>I this return t<br>ements desc<br>In or <b>four</b> yea<br>preparer, un | that form<br>to the FT<br>cribed in<br>ars from<br>ader pen | m FTB 845<br>B; I have<br>FTB Pub.<br>the date<br>alties of pe | 3-EO       |
| ERO                                                                     | ERO's signature                                                                                          |                                                                                                     |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | Date                                                                      |                                                                                 | Check if also paid preparer                                             | X                                                              | Check<br>if self-<br>employe                                  |                                                                                         | 0's PTIN                                                    | 7367                                                           |            |
| Must                                                                    | Firm's name (o                                                                                           | r yours                                                                                             | BIANC                                                                                           | HI,KASA                                                                                                  | VAN & PO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DPE,                                                                                | LLE                                                                       | •                                                                               | <u> </u>                                                                |                                                                | ' '                                                           | Firm's FEIN                                                                             |                                                             |                                                                | 7          |
| Sign                                                                    | if self-employed) and address                                                                            |                                                                                                     | 450 LINCOLN AVENUE, SUITE 200<br>SALINAS, CA                                                    |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 | ZIP code 93901                                                          |                                                                |                                                               |                                                                                         |                                                             |                                                                |            |
|                                                                         |                                                                                                          | ury, I declare                                                                                      | that I have e                                                                                   | xamined the ab                                                                                           | ove organization's<br>aration based on a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                | itements                                                      | , and to the I                                                                          | best of n                                                   | ny knowled                                                     | lge        |
| Paid<br>Prepa                                                           | Paid<br>preparei<br>rer signatur                                                                         | r's<br>re                                                                                           |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           | Date                                                                            |                                                                         | Check<br>if self-<br>employe                                   | ed                                                            | Paid pre                                                                                | eparer's P                                                  | TIN                                                            |            |
| Must                                                                    | Firm's n                                                                                                 | ame (or yours                                                                                       | <b>\</b>                                                                                        |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | Firm's FEIN                                                                             |                                                             |                                                                |            |
| Sign                                                                    | and add                                                                                                  |                                                                                                     |                                                                                                 |                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                           |                                                                                 |                                                                         |                                                                |                                                               | 7IP code                                                                                |                                                             |                                                                |            |

DEPARTMENT OF JUSTICE

STATE OF CALIFORNIA RRF-1

(Rev. 02/2021)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

| PAGE 1 of 5             |  |
|-------------------------|--|
| (For Registry Use Only) |  |
|                         |  |
|                         |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Check if:        |                                           |             |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|-------------|--|--|--|--|
| CARNET VOLUME CENTER INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | ange of address                           |             |  |  |  |  |
| CARMEL YOUTH CENTER INC.  Name of Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Am               | nended report                             |             |  |  |  |  |
| , and the second       |                  |                                           |             |  |  |  |  |
| List all DBAs and names the organization uses or has used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                           |             |  |  |  |  |
| P.O. BOX 2399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State Ch         | arity Registration Number CT 003839       |             |  |  |  |  |
| Address (Number and Street)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  | , <u> </u>                                |             |  |  |  |  |
| CARMEL, CA 93921-2399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Corporat         | ion or Organization No. 0239703           |             |  |  |  |  |
| City or Town, State, and ZIP Code DREYES@STILLWATERCAPITA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                           | _           |  |  |  |  |
| (831) 624-3285 LMGMT.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Federal E        | Employer ID No. 94-1415306                |             |  |  |  |  |
| Telephone Number E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | 1: 004 007 044 1040)                      |             |  |  |  |  |
| ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal.<br>Make Check Payable to Departr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                |                                           |             |  |  |  |  |
| Total Revenue Fee Total Revenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fee              | Total Revenue                             | Fee         |  |  |  |  |
| Less than \$50,000 \$25 Between \$250,001 and \$1 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <del>\$100</del> | Between \$20,000,001 and \$100 million    | \$800       |  |  |  |  |
| Between \$50,000 and \$100,000 \$50 Between \$1,000,001 and \$5 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Between \$100,000,001 and \$500 million   | \$1,000     |  |  |  |  |
| Between \$100,001 and \$250,000 \$75 Between \$5,000,001 and \$20 million                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | on \$400         | Greater than \$500 million                | \$1,200     |  |  |  |  |
| PART A - ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0.1              | 10/21/2021                                |             |  |  |  |  |
| For your most recent full accounting period (beginning $01/01/20$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 21 end           | ling 12/31/2021 ) list:                   |             |  |  |  |  |
| Total Revenue (including noncash contributions) \$ 335,888 Noncash Contributions\$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | 0 Total Assets \$ 413                     | 3,590       |  |  |  |  |
| (including noncash contributions) \$ 335,888 Noncash Contributions \$ 87,257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total Exp        |                                           | 7000        |  |  |  |  |
| PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                           |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | -                                         |             |  |  |  |  |
| Note: All questions must be answered. If you answer "yes" to any of the que providing an explanation and details for each "yes" response. Please r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                           | V N-        |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  | -                                         | Yes No      |  |  |  |  |
| <ol> <li>During this reporting period, were there any contracts, loans, leases or other the and any officer, director or trustee thereof, either directly or with an entity in which is a support of the contract of the c</li></ol> |                  | <u> </u>                                  |             |  |  |  |  |
| any financial interest?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | villoit arry o   | don onlock, director of tractor had       | x           |  |  |  |  |
| 2. During this reporting period, was there any theft, embezzlement, diversion or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | misuse of t      | he organization's charitable property     |             |  |  |  |  |
| or funds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                           | X           |  |  |  |  |
| 3. During this reporting period, were any organization funds used to pay any per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nalty, fine o    | r judgment?                               | 1,,         |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                           | X           |  |  |  |  |
| 4. During this reporting period, were the services of a commercial fundraiser, fur<br>commercial coventurer used?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ndraising co     | ounsel for charitable purposes, or        | x           |  |  |  |  |
| commercial covertation asca:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                           | - 21        |  |  |  |  |
| 5. During this reporting period, did the organization receive any governmental fu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ınding?          |                                           | х           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                           |             |  |  |  |  |
| 6. During this reporting period, did the organization hold a raffle for charitable pu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | urposes?         |                                           | X           |  |  |  |  |
| 7. Does the organization conduct a vehicle donation program?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                           | 77          |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -:-! -+-+        | anta in accordance with                   | X           |  |  |  |  |
| 8. Did the organization conduct an independent audit and prepare audited finan generally accepted accounting principles for this reporting period?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | iciai statem     | ents in accordance with                   | x           |  |  |  |  |
| 9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                           |             |  |  |  |  |
| I declare under penalty of perjury that I have examined this report, including a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ıccompany        | ing documents, and to the best of my know | X<br>wledge |  |  |  |  |
| and belief, the content is true, correct and complete, and I am authorized to si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                           |             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                           |             |  |  |  |  |
| DIEGO REYES  Signature of Authorized Agent Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | FREASURER                                 |             |  |  |  |  |
| Signature of Authorized Agent Printed Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | nie Date                                  |             |  |  |  |  |