

Electronic Filing History and Return Results

Taxing Authority FEDERAL		Prior Export	Current Export
Form	990		
Date			09/06/2022
Time			15:54:46
Release Number			2021.04021
Taxable Income			413,616.
Tax			0.
Refund / Balance Due			0.

Taxing Authority CALIFORNIA		Prior Export	Current Export
Form	199		
Date			09/06/2022
Time			15:54:46
Release Number			2021.04021
Taxable Income			112,396.
Tax			0.
Refund / Balance Due			0.

Taxing Authority		Prior Export	Current Export
Form			
Date			
Time			
Release Number			
Taxable Income			
Tax			
Refund / Balance Due			

Taxing Authority		Prior Export	Current Export
Form			
Date			
Time			
Release Number			
Taxable Income			
Tax			
Refund / Balance Due			

Taxing Authority		Prior Export	Current Export
Form			
Date			
Time			
Release Number			
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

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 federal purposes California will assume a method of "DDB." A 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 asset. 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

013484

Reversed Tick Marks Report (All)

09/06/22

Form

Entity

990 Page 10

990 Page 9

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Statement of Functional Expenses

Depreciation - prog services.....	0
Depreciation - mgmt & general.....	9,337
Depreciation - fundraising.....	0

Worksheet: CA Income/Deduction Overrides

Section: Expense Overrides

Depreciation expense - O/R.....	9,337
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Worksheet: CA Balance Sheet Overrides

Section: Assets Overrides

Ending accum depr - O/R.....	592,134
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AVIVK - 08/01/22 05:16PM WORKSHEET FORM 990

FUNDRAISING	25,914.00
SALE OF INVENTORY	674.00
OTHER REVENUE	20.00
	<hr/>
	26,608.00
	<hr/>

AVIVK - 08/01/22 05:18PM WORKSHEET FORM 990

OCCUPANCY, RENT, UTILITIES	25,073.00
PRINTING, PUBLICATIONS, OSTAGE	115.00
OTHER EXP	58,101.00
	<hr/>
	83,289.00
	<hr/>

AVIVK - 08/05/22 04:12PM WORKSHEET SCHEDULE G

	16,190.00
LESS ALLOCABLE PAYROLL	-10,443.00
	<hr/>
	5,747.00
	<hr/>

VICTORE - 06/15/22 01:19PM WORKSHEET SCHEDULE G

	35,078.00
	-33,500.00
	<hr/>
	1,578.00
	<hr/>

VICTORE - 06/15/22 02:04PM WORKSHEET FORM 990

	166,453.00
	15,000.00
	27.00
	53,319.00
	-53,319.00
REGISTRATION FEE	-3,605.00
	<hr/>
	177,875.00
	<hr/>

2021 Return Summary

CARMEL YOUTH CENTER INC.

94-1415306

FORM 990:

TOTAL REVENUE	335,888.
TOTAL EXPENSES	223,492.
EXCESS <DEFICIT>	112,396.
BEGINNING NET ASSETS	247,351.
CHANGES IN NET ASSETS	53,869.
ENDING NET ASSETS (1)	413,616.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	413,590.
ENDING TOTAL LIABILITIES	-26.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	413,616.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

CALIFORNIA FORM 199:

GROSS RECEIPTS	342,788.
TOTAL EXPENSES	230,392.
EXCESS	112,396.
BEGINNING NET ASSETS	247,351.
CHANGES IN NET ASSETS	53,869.
ENDING NET ASSETS (1)	413,616.
FILING FEES	0.
TOTAL TAX	0.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	413,590.
ENDING TOTAL LIABILITIES	-26.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	413,616.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
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:

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 CALIFORNIA FORM RRF-1

YOU HAVE A BALANCE DUE OF\$ 100.00

ENCLOSE A CHECK OR MONEY ORDER FOR \$100.00, PAYABLE TO DEPARTMENT OF JUSTICE.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

PLEASE MAIL ON OR BEFORE NOVEMBER 15, 2022.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

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 No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
1	IMPROVEMENTS	01/01/70	SL	39.00	MM16	132,672.				132,672.	132,672.		0.	132,672.
2	BUILDING IMPROVEMENTS	01/01/02	SL	39.00	MM16	25,955.				25,955.	12,647.		666.	13,313.
3	BUILDING IMPROVEMENTS	01/01/02	SL	39.00	MM16	7,783.				7,783.	3,793.		200.	3,993.
4	BUILDING RENOVATIONS	05/01/10	SL	39.00	MM16	41,661.				41,661.	11,426.		1,068.	12,494.
5	RENOVATIONS	07/01/15	SL	39.00	MM16	106,182.				106,182.	14,865.		2,723.	17,588.
6	RENOVATIONS	07/01/16	SL	39.00	MM16	88,662.				88,662.	10,136.		2,273.	12,409.
7	RENOVATIONS	07/01/18	SL	39.00	MM16	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 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 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	HY17	5,878.				5,878.	5,878.		0.	5,878.
13	POS SYSTEM	05/30/12	200DB	7.00	HY17	1,596.				1,596.	1,596.		0.	1,596.
14	OFFICE COMPUTER	09/18/15	200DB	5.00	HY17	478.				478.	478.		0.	478.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
15	CASH DRAWER REPLACEMENT	04/09/15	200DB	5.00		HY17	154.				154.	154.		0.	154.
16	SOFTWARE	05/18/15	200DB	3.00		HY17	197.				197.	197.		0.	197.
17	TIME CLOCK SOFTWARE	07/27/15	200DB	3.00		HY17	150.				150.	150.		0.	150.
	* 990 PAGE 10 TOTAL 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		HY19B	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 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 History and Return Results

Taxing Authority FEDERAL Form 990	Prior Export	Current Export
Date Time Release Number Taxable Income Tax Refund / Balance Due		
		09/06/2022
		15:54:46
		2021.04021
		413,616.
		0.
		0.

Taxing Authority CALIFORNIA Form 199	Prior Export	Current Export
Date Time Release Number Taxable Income Tax Refund / Balance Due		
		09/06/2022
		15:54:46
		2021.04021
		112,396.
		0.
		0.

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 Refund / Balance Due		

Taxing Authority Form	Prior Export	Current Export
Date Time Release Number Taxable Income Tax Refund / Balance Due		

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20__

2021

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

CARMEL YOUTH CENTER INC.

EIN or SSN

94-1415306

Name and title of officer or person subject to tax **DIEGO REYES
TREASURER**

Part I Type of Return and Return Information

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, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>335,888.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BIANCHI, KASAVAN & POPE, LLP to enter my PIN 15306
ERO firm name Enter five numbers, but do not enter all zeros

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 also authorize the aforementioned ERO to enter my PIN 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.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77554245011

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.

ERO's signature ▶ _____ Date ▶ 09/06/22

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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.

Type or print	Name of exempt organization or other filer, see instructions. CARMEL YOUTH CENTER INC.	Taxpayer identification number (TIN) 94-1415306
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 2399	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CARMEL, CA 93921-2399	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
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)	07		

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 box . 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.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c 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.	3c	\$	0.

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 instructions.

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARMEL YOUTH CENTER INC.		D Employer identification number 94-1415306
	Doing business as		E Telephone number (831) 624-3285
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 2399		G Gross receipts \$ 342,788.
	City or town, state or province, country, and ZIP or foreign postal code CARMEL, CA 93921-2399		
F Name and address of principal officer: DIEGO REYES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CARMELYOUTH.COM**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1949** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CENTER IS TO PROVIDE A POSITIVE ENVIRONMENT FOR THE YOUTH OF CARMEL AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	245
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 124,578.	Current Year 213,231.
	9 Program service revenue (Part VIII, line 2g)	515.	91,195.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232.	9.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,608.	31,453.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	151,933.	335,888.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	105,835.	95,363.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	16,720.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 10,443.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	83,289.	128,129.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	205,844.	223,492.	
19 Revenue less expenses. Subtract line 18 from line 12	-53,911.	112,396.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 302,462.	End of Year 413,590.
	21 Total liabilities (Part X, line 26)	55,111.	-26.
	22 Net assets or fund balances. Subtract line 21 from line 20	247,351.	413,616.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DIEGO REYES, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name AVIV KADOSH	Preparer's signature AVIV KADOSH	Date 09/06/22	Check if self-employed <input type="checkbox"/>	PTIN P00727367
	Firm's name ▶ BIANCHI, KASAVAN & POPE, LLP	Firm's EIN ▶ 94-1541507	Phone no. 831-757-5311		
Firm's address ▶ 450 LINCOLN AVENUE, SUITE 200		SALINAS, CA 93901			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part 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 ENVIRONMENT FOR THE YOUTH OF CARMEL AND SURROUNDING COMMUNITIES AND TO HELP YOUTH DEVELOP STRONG VALUES AND CITIZENSHIP THROUGH ENCOURAGING VOLUNTEERISM, PEER MENTORING, THE ARTS, ATHLETICS AND ACADEMICS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 87,257. including grants of \$) (Revenue \$ 91,195.) YOUTH CENTER - TO PROMOTE AND MAINTAIN A YOUTH CENTER FOR THE USE AND BENEFIT OF ALL YOUTHS FROM AGES NINE THROUGH HIGH SCHOOL. THE CENTER BENEFITS 100 CHILDREN PER MONTH.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 87,257.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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 public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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		
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.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
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? 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

Section 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 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.		
	1a 14		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section 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?		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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		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?		X
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			

Section 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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, and financial 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**

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 VII

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA FADDIS EXECUTIVE DIR	40.00			X				62,343.	0.	0.
(2) KATHERINE MAKI DIRECTOR	1.00	X						0.	0.	0.
(3) PETER LEVIN DIRECTOR	1.00	X						0.	0.	0.
(4) DIEGO REYES DIRECTOR	1.00	X						0.	0.	0.
(5) LINDSAY PEELMAN DIRECTOR	1.00	X						0.	0.	0.
(6) MOLLY GOSHORN DIRECTOR	1.00	X						0.	0.	0.
(7) MARCI MEAUX DIRECTOR	1.00	X						0.	0.	0.
(8) PAMELA NEIMAN DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN MICEK DIRECTOR	1.00	X						0.	0.	0.
(10) LINDA FRYE DIRECTOR	1.00	X						0.	0.	0.
(11) NANCY STEBBINS DIRECTOR	1.00	X						0.	0.	0.
(12) JOHN RUSKELL PRESIDENT	3.00	X		X				0.	0.	0.
(13) FARRAH FARHANG SECRETARY	3.00	X		X				0.	0.	0.
(14) CHRISTINA BAREUTHER TREASURER	3.00	X		X				0.	0.	0.
(15) JOHN PLASTINI VICE PRESIDENT	3.00	X						0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b	35,356.					
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	177,875.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f			213,231.				
Program Service Revenue	2 a PROGRAMS	Business Code	624110	91,195.	91,195.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			91,195.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			9.			9.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real	3,250.				
			(ii) Personal					
			6b Less: rental expenses ...	0.				
	c Rental income or (loss)	6c	3,250.					
	d Net rental income or (loss)			3,250.			3,250.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			7b Less: cost or other basis and sales expenses					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		35,078.				
8b Less: direct expenses			5,747.					
c Net income or (loss) from fundraising events			29,331.			29,331.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		9b Less: direct expenses						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a		25.					
		10b Less: cost of goods sold	1,153.					
c Net income or (loss) from sales of inventory			-1,128.			-1,128.		
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
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 response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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 Payroll taxes	12,092.	8,293.	2,848.	951.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	28,251.	8,594.	19,657.	
12 Advertising and promotion	2,733.	345.	2,388.	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses 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 O.)				
a SUPPLIES	25,325.	20,185.	5,140.	
b REPAIR AND MAINTENANCE	14,480.	278.	14,202.	
c UTILITIES	11,804.		11,804.	
d SUBSCRIPTIONS	10,078.		10,078.	
e 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)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	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, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,007.	8	1,007.
	9 Prepaid expenses and deferred charges		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, line 11		12	
	13 Investments - program-related. See Part IV, line 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 equal line 33)	302,462.	16	413,590.	
Liabilities	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	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 of Schedule D	54,587.	25	-26.
	26 Total liabilities. Add lines 17 through 25	55,111.	26	-26.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	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 <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	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.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	335,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	112,396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	247,351.
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	550.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	53,319.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	413,616.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
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.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<input checked="" type="checkbox"/>
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 _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	98,355.	74,923.	135,073.	121,134.	213,231.	642,716.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	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.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(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 instructions) **12**

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided 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 organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	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 Part VI. 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:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule B
(Form 990)

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.

OMB No. 1545-0047

2021

Name of the organization

CARMEL YOUTH CENTER INC.

Employer identification number

94-1415306

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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 additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAREUTHER FAMILY FOUNDATION 2354 GARDEN ROAD MONTEREY, CA 93940	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD MONTEREY, CA 93940	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BARNET SEGAL CHARITABLE TRUST PO BOX S1 CARMEL BY THE SEA, CA 93921	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LACY WILLIAMS BUCK PO BOX 1933 CARMEL BY THE SEA, CA 93921	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARMEL ROTARY FUND 2354 GARDEN ROAD MONTEREY, CA 93940	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	LINDY B. STREET 406 WYNFIELD CLOSE COURT LOUISVILLE, KY 40206	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CARMEL YOUTH CENTER INC.	Employer identification number 94-1415306
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HARDEN FOUNDATION PO BOX 779 SALINAS, CA 93902	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE PEBBLE BEACH COMPANY FOUNDATION PO BOX 1767 PEBBLE BEACH, CA 93953	\$ 5,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	COMMUNITY FOUNDATION OF LOUISVILLE 325 W MAIN ST #1110 LOUISVILLE, KY 40202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	COUNTY OF MONTEREY PO BOX 1728 SALINAS, CA 93902	\$ 6,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CARMEL YOUTH CENTER INC.	Employer identification number 94-1415306
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization CARMEL YOUTH CENTER INC.	Employer identification number 94-1415306
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Part III 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 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 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 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 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	

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

2021

Open to Public Inspection

Name of the organization **CARMEL YOUTH CENTER INC.** Employer identification number **94-1415306**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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? Yes No

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.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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
1a Beginning of year balance	75,000.		14,268.	209,744.	172,502.
b Contributions					37,167.
c Net investment earnings, gains, and losses			3.	57.	75.
d Grants or scholarships					
e Other expenditures for facilities and programs			10,942.	195,533.	
f Administrative expenses					
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 _____ %
 - b Permanent endowment 100.0000 %
 - c Term endowment _____ %
- 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:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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
1a Land				
b Buildings		763,545.	537,168.	226,377.
c Leasehold improvements				
d Equipment		40,473.	40,473.	0.
e Other		14,493.	14,493.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				226,377.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(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-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(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.

(a) Description	(b) Book value
(1) ERC REFUND	60,335.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	60,335.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WF CREDIT CARD	-26.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal 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...

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:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide 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.

PART V, LINE 4-INTENDED USES OF ENDOWMENT FUND

FUNDS USED FOR GENERAL SUPPORT OF 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 D' ELEGANCE (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	33,500.	1,578.	35,078.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	33,500.	1,578.	35,078.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	5,747.		5,747.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			5,747.
11	Net income summary. Subtract line 10 from line 3, column (d)			29,331.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
 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: _____

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CARMEL YOUTH CENTER INC.

Employer identification number

94-1415306

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 INTEREST
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.
--------------------------	----

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.
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FORM 990, PART XI, LINE 9

THIS REPRESENTS THE PAYCHECK PROTECTION PROGRAM (PPP) LOAN THAT IS NOT TAXABLE. THE PPP LOAN HAS BEEN FORGIVEN AND HAS BEEN RECLASSIFIED TO THE FUND BALANCE.

Attach to your tax return.

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CARMEL YOUTH CENTER INC.

FORM 990 PAGE 10

94-1415306

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, and Amount. Includes lines 1-13 for Section 179 election.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 columns: Line number and Description. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, and Depreciation deduction.

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Line number, Class life, and Amount. Includes lines 20a-d for alternative depreciation.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary.

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, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29 for depreciation calculations.

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.

Table with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability questions.

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.

Table with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

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

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

California Exempt Organization Annual Information Return

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **CARMEL YOUTH CENTER INC.** California corporation number: **0239703**

Additional information. See instructions. FEIN: **94-1415306**

Street address (suite or room): **P.O. BOX 2399** PMB no. _____

City: **CARMEL** State: **CA** ZIP code: **93921-2399**

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	129,557	00
	2	Gross dues and assessments from members and affiliates	2	35,356	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	177,875	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	342,788	00
	5	Cost of goods sold STMT 2	5	1,153	00
	6	Cost or other basis, and sales expenses of assets sold	6		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	341,635	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	229,239	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	112,396	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Title: **TREASURER** Date: _____ Telephone: _____

Preparer's signature: **AVIV KADOSH** Date: **09/06/22** Check if self-employed: PTIN: **P00727367**

Firm's name (or yours, if self-employed) and address: **BIANCHI, KASAVAN & POPE, LLP**
450 LINCOLN AVENUE, SUITE 200
SALINAS, CA 93901 Firm's FEIN: **94-1541507** Telephone: **831-757-5311**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

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

Receipts from Other Sources Expenses and Disbursements	1	Gross sales or receipts from all business activities. See instructions	•	1	35,103	00
	2	Interest	•	2	9	00
	3	Dividends	•	3		00
	4	Gross rents	•	4	3,250	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income SEE STATEMENT 3	•	7	91,195	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	129,557	00
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	0	00
	12	Other salaries and wages	•	12	83,271	00
	13	Interest	•	13		00
	14	Taxes	•	14	12,092	00
	15	Rents	•	15		00
	16	Depreciation and depletion (See instructions)	•	16	9,337	00
	17	Other expenses and disbursements SEE STATEMENT 5	•	17	124,539	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	229,239	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		72,486		125,871
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories		1,007		1,007
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	811,766		818,511	
b Less accumulated depreciation	(582,797)	228,969	(592,134)	226,377
11 Land				
12 Other assets STMT 6				60,335
13 Total assets		302,462		413,590
Liabilities and net worth				
14 Accounts payable		524		
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		54,587		-26
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		247,351		413,616
22 Total liabilities and net worth		302,462		413,590

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	112,396	7 Income recorded on books this year not included in this return. Attach schedule
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5		112,396	
			112,396

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT	1
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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BAREUTHER FAMILY FOUNDATION	2354 GARDEN ROAD MONTEREY, CA 93940	08/06/21	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 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 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.

FORM 199

COST OF GOODS SOLD
INCLUDED ON PART I, LINE 5

STATEMENT 2

COST OF GOODS SOLD

1. INVENTORY AT BEGINNING OF YEAR		
2. MERCHANDISE PURCHASED.		
3. COST OF LABOR.		
4. MATERIALS AND SUPPLIES	1,153	
5. OTHER COSTS.		
6. ADD LINES 1 THROUGH 5		1,153
7. INVENTORY AT END OF YEAR		
8. COST OF GOODS SOLD (LINE 6 LESS LINE 7) . .		1,153

CA 199	OTHER INCOME	STATEMENT	3
DESCRIPTION		AMOUNT	
PROGRAMS		91,195.	
TOTAL TO FORM 199, PART II, LINE 7		91,195.	

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
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 1.00	0.
PETER LEVIN P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
DIEGO REYES P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
LINDSAY PEELMAN P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
MOLLY GOSHORN P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
MARCI MEAUX P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
PAMELA NEIMAN P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.

JOHN MICEK P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
LINDA FRYE P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
NANCY STEBBINS P.O. BOX 2399 CARMEL, CA 93921-2399	DIRECTOR 1.00	0.
JOHN RUSKELL P.O. BOX 2399 CARMEL, CA 93921-2399	PRESIDENT 3.00	0.
FARRAH FARHANG P.O. BOX 2399 CARMEL, CA 93921-2399	SECRETARY 3.00	0.
CHRISTINA BAREUTHER P.O. BOX 2399 CARMEL, CA 93921-2399	TREASURER 3.00	0.
JOHN PLASTINI P.O. BOX 2399 CARMEL, CA 93921-2399	VICE PRESIDENT 3.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
SUPPLIES	25,325.
REPAIR AND MAINTENANCE	14,480.
UTILITIES	11,804.
SUBSCRIPTIONS	10,078.
DIRECT EXPENSES OF FUNDRAISING EVENTS	5,747.
OTHER PROFESSIONAL FEES	28,251.
ADVERTISING AND PROMOTION	2,733.
INSURANCE	18,671.
ALL OTHER EXPENSES	7,450.
TOTAL TO FORM 199, PART II, LINE 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	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
SBA STIMULUS	10,000.	0.	
PPP LOAN	44,587.	0.	
WF CREDIT CARD	0.	-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.	

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-1415306

Corporation name

California corporation number

CARMEL YOUTH CENTER INC.

0239703

Part I Election To Expense Certain Property Under IRC Section 179

Table with 5 rows for election details and 13 rows for property description and cost calculations.

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Depreciation allowed or allowable in earlier years, (e) Depreciation method, (f) Life or rate, (g) Depreciation for this year, (h) Additional first year depreciation.

Part III Summary

Summary table with 3 rows for total expense, total depreciation, and depreciation adjustment.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year.

CA 3885		DEPRECIATION				STATEMENT 9	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- 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						
	01/01/02	7,783.	3,793.	SL	39.00	200.	
4	BUILDING RENOVATIONS						
	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	88,662.	10,136.	SL	39.00	2,273.	
7	RENOVATIONS						
	07/01/18	12,373.	780.	SL	39.00	317.	
8	BUILDING						
	01/01/60	343,582.	343,582.	SL	40.00	0.	
9	FURNITURE AND FIXTURES						
	01/01/70	4,617.	4,617.	SL	7.00	0.	
10	LANDSCAPE IMPROVEMENTS						
	01/01/04	7,806.	7,806.	SL	15.00	0.	
11	MACHINERY & EQUIPMENT						
	01/01/90	32,020.	32,020.	SL	7.00	0.	
12	SURVEILLANCE CAMERA						
	05/31/10	5,878.	5,878.	200DB	5.00	0.	
13	POS SYSTEM						
	05/30/12	1,596.	1,596.	200DB	7.00	0.	
14	OFFICE COMPUTER						
	09/18/15	478.	478.	200DB	5.00	0.	
15	CASH DRAWER REPLACEMENT						
	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	150.	150.	200DB	3.00	0.	
18	BUILDING IMPROVEMENTS						
	10/19/21	4,675.		SL	39.00	20.	
19	TABLE & CHAIRS						
	09/29/21	2,070.		200DB	5.00	207.	
TOTAL TO FORM 3885		818,511.	582,797.			7,474.	

**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.

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

<p><u>CARMEL YOUTH CENTER INC.</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>P.O. BOX 2399</u> Address (Number and Street)</p> <p><u>CARMEL, CA 93921-2399</u> City or Town, State, and ZIP Code</p> <p><u>(831) 624-3285</u> <u>DREYES@STILLWATERCAPITA</u> Telephone Number E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>CT003839</u></p> <p>Corporation or Organization No. <u>0239703</u></p> <p>Federal Employer ID No. <u>94-1415306</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue (including noncash contributions) \$ 335,888 Noncash Contributions \$ 0 Total Assets \$ 413,590
Program Expenses \$ 87,257 Total Expenses \$ 223,492

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DIEGO REYES	TREASURER		
Signature of Authorized Agent	Printed Name	Title	Date