

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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.

OMB No. 1545-0047

2023Open to Public
Inspection**A For the 2023 calendar year, or tax year beginning and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION		D Employer identification number 77-0202335
	Doing business as		E Telephone number (831) 757-4633
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 CAMINO EL ESTERO		
	City or town, state or province, country, and ZIP or foreign postal code MONTEREY, CA 93940		
	F Name and address of principal officer: AMY GRAMES 600 CAMINO EL ESTERO, MONTEREY, CA 93940		
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527			
J Website: CENTRALCOASTYMCA.ORG			
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1989 M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTRAL COAST YMCA EMBRACES THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, WITH A		
	2 Check this box ☐ 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) 16		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 16		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 432		
	6 Total number of volunteers (estimate if necessary) 830		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,742,697.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 6,404,119.	1,742,697.	1,090,241.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,181.	6,404,119.	8,204,772.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,506.	21,181.	55,969.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,218,503.	50,506.	50,514.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 222,038.	8,218,503.	9,401,496.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	222,038.	233,763.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4,872,779.	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	4,872,779.	5,252,719.
	b Total fundraising expenses (Part IX, column (D), line 25) 217,646.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,848,599.	2,848,599.	2,856,588.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,943,416.	7,943,416.	8,343,070.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 275,087.	275,087.	1,058,426.
	20 Total assets (Part X, line 16) 14,052,733.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 4,104,723.	14,052,733.	14,997,250.
	22 Net assets or fund balances. Subtract line 21 from line 20 9,948,010.	4,104,723.	3,909,570.

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 AMY GRAMES, PRESIDENT & CEO		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name SHEBA B. DALANEY	Preparer's signature SHEBA B. DALANEY	Date 05/14/24	Check if self-employed ☐ PTIN P00351252
	Firm's name ABBOTT, STRINGHAM & LYNCH	Firm's EIN 77-0051130	Phone no. (408) 377-8700	
	Firm's address 1901 S BASCOM AVE STE 105 CAMPBELL, CA 95008			

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE CENTRAL COAST YMCA EMBRACES THE VALUES OF CARING, HONESTY, RESPECT AND RESPONSIBILITY, WITH A MISSION TO STRENGTHEN COMMUNITY THROUGH PROGRAMS THAT DEVELOP YOUTH, SUPPORT HEALTHY LIVING, AND FOSTER SOCIAL RESPONSIBILITY.

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 ☒ 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 ☒ 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 \$ 2,612,552. including grants of \$ 127,144.) (Revenue \$ 2,866,223.)

HEALTHY LIVING: THE Y IS A LEADING VOICE ON HEALTH AND WELL-BEING. WE BRING FAMILIES CLOSER TOGETHER, ENCOURAGE GOOD HEALTH, AND FOSTER CONNECTIONS THROUGH FITNESS, SPORTS, FUN, AND SHARED INTERESTS. AS A RESULT, 29,521 PEOPLE IN OUR COMMUNITY ARE RECEIVING THE SUPPORT, GUIDANCE, AND RESOURCES THEY NEED TO ACHIEVE GREATER HEALTH IN SPIRIT, MIND, AND BODY. THIS IS PARTICULARLY IMPORTANT AS OUR NATION STRUGGLES WITH AN OBESITY CRISIS, FAMILIES STRUGGLE WITH WORK/LIFE BALANCE, AND INDIVIDUALS SEARCH FOR PERSONAL FULFILLMENT. OUR PROGRAMS ARE ACCESSIBLE, AFFORDABLE, AND OPEN TO ALL FAITHS, BACKGROUNDS, ABILITIES, AND INCOME LEVELS. IN 2023, WE PROVIDED \$127,144 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION.

4b (Code:) (Expenses \$ 3,837,338. including grants of \$ 99,698.) (Revenue \$ 3,142,681.)

YOUTH DEVELOPMENT: OUR YMCA IS COMMITTED TO NURTURING THE POTENTIAL OF EVERY CHILD AND TEEN. WE BELIEVE THAT ALL KIDS DESERVE THE OPPORTUNITY TO DISCOVER WHO THEY ARE AND WHAT THEY CAN ACHIEVE. THAT'S WHY WE HELP YOUNG PEOPLE CULTIVATE THE VALUES, SKILLS, AND RELATIONSHIPS THAT LEAD TO POSITIVE BEHAVIORS, BETTER HEALTH, AND EDUCATIONAL ACHIEVEMENT. OUR YMCA PROGRAMS, SUCH AS AFTERSCHOOL ENRICHMENT, DAY CAMPS, AND RECREATION PROGRAMS IN PUBLIC HOUSING COMMUNITIES, OFFER A RANGE OF EXPERIENCES THAT ENRICH COGNITIVE, SOCIAL, PHYSICAL, AND EMOTIONAL GROWTH. WE PROVIDE SUBSIDIES AND DIRECT FINANCIAL ASSISTANCE MAKING PARTICIPATION POSSIBLE FOR 58 PERCENT OF THE YOUNG PEOPLE WE ENGAGE. IN 2023, WE INVOLVED 27,591 YOUTH UNDER AGE 18. IN 2023, WE PROVIDED \$99,698 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE

4c (Code:) (Expenses \$ 1,038,481. including grants of \$ 6,920.) (Revenue \$ 268,782.)

SPORTS AND RECREATION: THE Y BELIEVES THAT PHYSICAL ACTIVITY IS A KEY INGREDIENT TO GOOD HEALTH AND WELL-BEING. WE ALSO BELIEVE THAT CHILDREN NEED OPPORTUNITIES TO BUILD CONFIDENCE, DEVELOP TEAMWORK SKILLS AND HAVE FUN. THAT'S WHY WE PROVIDE SPORTS, SWIMMING AND RECREATION PROGRAMS FOR CHILDREN OF ALL AGES AS WELL AS FAMILIES. AT THE Y, EVERYONE PLAYS, WITH NO TRY-OUTS OR PRE-DETERMINED SKILL LEVELS. WE GIVE CHILDREN THE OPPORTUNITY TO LEARN NEW SKILLS, TRY NEW ACTIVITIES, AND STAY ACTIVE. OVER 532 PEOPLE VOLUNTEER AS COACHES AND INSTRUCTORS, PROVIDING POSITIVE ADULT ROLE MODELS FOR YOUTH. IN 2023, 9,462 YOUTH PARTICIPATED IN SPORTS ACTIVITIES AT THE Y. IN 2023, WE PROVIDED \$6,920 IN FINANCIAL ASSISTANCE TO PEOPLE WHO OTHERWISE WOULD HAVE FACED ECONOMIC BARRIERS TO PARTICIPATION.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 7,488,371.

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CHRISTIAN ASSOCIATION**

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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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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>		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>		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>		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>		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>		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>	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>	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>		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>		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>		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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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. See instructions</i>		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

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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>	22 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>	23 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>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a 12	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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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 432		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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, or any disqualified or other person 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		

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

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

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	1a 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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
SCOTT KURTEFF - (831) 757-4633
600 CAMINO EL ESTERO, MONTEREY, CA 93940

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Form 990 (2023)

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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, box 6 of 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) SCOTT KURTEFF CFAO	40.00			X				185,451.	0.	29,567.
(2) AMY GRAMES PRESIDENT & CEO	40.00			X				184,054.	0.	29,707.
(3) JAMES ANNESI VP OF HEALTH INITIATIVES	40.00				X			115,955.	0.	22,847.
(4) MAYRA ZENDEJAS VP OF MEMBERSHIP & COMMUNITY ENGAGEM	40.00				X			100,385.	0.	10,075.
(5) TAMA BISTRAN IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(6) CLAUDIA PIZARRO-VILLALOBOS BOARD CHAIR	1.00	X		X				0.	0.	0.
(7) ERIN SHORT TREASURER	1.00	X		X				0.	0.	0.
(8) KEITH SEVERSON SECRETARY	1.00	X		X				0.	0.	0.
(9) GEOFF ARNOLD DIRECTOR	1.00	X						0.	0.	0.
(10) JACKIE CRUZ DIRECTOR	1.00	X						0.	0.	0.
(11) TERRIE FUENTES DIRECTOR	1.00	X						0.	0.	0.
(12) KIRBY GARRY DIRECTOR THRU 8/31/23	1.00	X						0.	0.	0.
(13) DENEEN GUSS DIRECTOR THRU 6/30/23	1.00	X						0.	0.	0.
(14) RAQUEL PULIDO DIRECTOR THRU 6/30/23	1.00	X						0.	0.	0.
(15) MARK SCARONI DIRECTOR	1.00	X						0.	0.	0.
(16) CLARK WATKINS DIRECTOR THRU 6/30/23	1.00	X						0.	0.	0.
(17) DEBRA BRAU DIRECTOR	1.00	X						0.	0.	0.

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
(18) ALLEN BRANDT DIRECTOR	1.00	X						0.	0.	0.
(19) MANNY GARCIA DIRECTOR	1.00	X						0.	0.	0.
(20) NICOLE SHELTON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								585,845.	0.	92,196.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								585,845.	0.	92,196.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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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	3,250.				
	b Membership dues	1b					
	c Fundraising events	1c	12,340.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,074,651.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a YOUTH DEVELOPMENT	Business Code	713940	4,552,816.	4,552,816.		
	b MEMBERSHIP DUES & ASSE		713940	2,835,528.	2,835,528.		
	c YOUTH SPORTS & RECREAT		713940	430,562.	430,562.		
	d FEES & CONTRACT GOV AG		713940	355,172.	355,172.		
	e HEALTHY LIVING		713940	30,694.	30,694.		
	f All other program service revenue						
	g Total. Add lines 2a-2f				8,204,772.		
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			55,969.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 12,340. of contributions reported on line 1c). See Part IV, line 18		8a					
b Less: direct expenses		8b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions				9,401,496.	8,204,772.	0.

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Form 990 (2023)

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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 ☐

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	233,763.	233,763.		
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	428,782.	402,869.	18,201.	7,712.
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	4,116,666.	3,895,302.	155,482.	65,882.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	139,142.	124,956.	9,964.	4,222.
9 Other employee benefits	231,674.	208,053.	16,591.	7,030.
10 Payroll taxes	336,455.	302,152.	24,094.	10,209.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	43,000.	35,974.	4,935.	2,091.
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.)	312,055.	261,064.	35,815.	15,176.
12 Advertising and promotion	37,050.	31,341.	4,010.	1,699.
13 Office expenses	106,861.	90,498.	11,493.	4,870.
14 Information technology				
15 Royalties				
16 Occupancy	1,244,663.	1,039,715.	143,952.	60,996.
17 Travel	9,344.	9,203.	99.	42.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,163.	43,844.	3,953.	1,366.
20 Interest	135,368.	112,626.	15,974.	6,768.
21 Payments to affiliates	122,674.		122,674.	
22 Depreciation, depletion, and amortization	542,093.	451,022.	63,967.	27,104.
23 Insurance				
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 PROGRAM SUPPLIES	214,730.	212,714.	1,416.	600.
b EMPLOYEE RECRUITMENT	11,678.	9,925.	1,231.	522.
c EQUIPMENT REPAIR & MAINT	11,665.	9,705.	1,377.	583.
d EQUIPMENT RENTAL	9,033.	7,516.	1,065.	452.
e All other expenses	7,211.	6,129.	760.	322.
25 Total functional expenses. Add lines 1 through 24e	8,343,070.	7,488,371.	637,053.	217,646.
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)				

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Form 990 (2023)

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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	2,752,626.	1	774,149.
	2 Savings and temporary cash investments	20,602.	2	3,055,096.
	3 Pledges and grants receivable, net	381,304.	3	581,296.
	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		8	
	9 Prepaid expenses and deferred charges	35,751.	9	34,415.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,049,845.		
	b Less: accumulated depreciation	10,107,227.	10,266,279.	9,942,618.
	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	596,171.	15	609,676.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,052,733.	16	14,997,250.	
Liabilities	17 Accounts payable and accrued expenses	287,524.	17	311,658.
	18 Grants payable		18	
	19 Deferred revenue	135,234.	19	140,885.
	20 Tax-exempt bond liabilities	3,510,277.	20	3,351,963.
	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	171,688.	24	105,064.
	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		25	
	26 Total liabilities. Add lines 17 through 25	4,104,723.	26	3,909,570.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,430,697.	27	10,413,553.
	28 Net assets with donor restrictions	517,313.	28	674,127.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	9,948,010.	32	11,087,680.
	33 Total liabilities and net assets/fund balances	14,052,733.	33	14,997,250.

Form **990** (2023)

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Form 990 (2023)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,401,496.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,343,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,058,426.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,948,010.
5	Net unrealized gains (losses) on investments	5	81,240.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,087,680.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
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.	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
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 _____	3b	

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION** Employer identification number
77-020335

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Schedule A (Form 990) 2023

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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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (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 2023 (line 6, column (f), divided by line 11, column (f))	14		%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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		☐	

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	818,939.	1248597.	1196207.	1742697.	1089932.	6096372.
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	3670025.	1344838.	1880315.	2713835.	2835528.	12444541.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3367865.	2651643.	3700880.	3690284.	5369244.	18779916.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	7856829.	5245078.	6777402.	8146816.	9294704.	37320829.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				19,333.	12,841.	32,174.
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	96,062.	337,979.	150,913.	880,367.	130,455.	1595776.
c Add lines 7a and 7b	96,062.	337,979.	150,913.	899,700.	143,296.	1627950.
8 Public support. (Subtract line 7c from line 6.)						35692879.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	7856829.	5245078.	6777402.	8146816.	9294704.	37320829.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,111.	15,636.	15,867.	71,687.	106,792.	235,093.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	11,569.		9,670.			21,239.
c Add lines 10a and 10b	36,680.	15,636.	25,537.	71,687.	106,792.	256,332.
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.)	258.					258.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7893767.	5260714.	6802939.	8218503.	9401496.	37577419.

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 2023 (line 8, column (f), divided by line 13, column (f))	15	94.98 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	95.18 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.68 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	.52 %

19a 33 1/3% support tests - 2023. 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 - 2022.** 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 ☐

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Schedule A (Form 990) 2023

77-0202335 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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>		

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ 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		

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

Schedule A (Form 990) 2023

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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 - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

2023

***** Not Open to Public Inspection *****

Total to Schedule A,
Part III, Line 7a

**** Do Not File ****

Total to Schedule A,
Part III, Line 7b

2023

*** Not Open to Public Inspection ***

332251 04-01-23

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

Employer identification number

77-0202335

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).

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

Schedule B (Form 990) (2023)

Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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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
1	MONTEREY PENINSULA FOUNDATION 1 LOWER RAGSDALE DRIVE MONTEREY, CA 93940	\$ 150,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN ROAD MONTEREY, CA 93940	\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	CALIFORNIA STATE ALLIANCE OF YMCAS 1107 9TH STREET, SUITE 1007 SACRAMENTO, CA 95814	\$ 6,049.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	KAISER PERMANENTE 19000 HOMESTEAD AVE BUILDING 1, FLOOR 2 CUPERTINO, CA 95014	\$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	COMMUNITY FOUNDATION SANTA CRUZ COUNTY 7807 SOQUEL DRIVE APTOS, CA 95003	\$ 80,400.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	J. MILES AND ROSANNE REITER FAMILY FOUNDATION 411 WALKER ST. WATSONVILLE, CA 95076	\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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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	SCHWAB CHARITABLE 211 MAIN STREET SAN FRANCISCO, CA 94105	\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	PEBBLE BEACH COMPANY FOUNDATION P.O. BOX 1767 PEBBLE BEACH, CA 93953	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	TAYLOR FRESH FOODS, INC. 150 MAIN STREET SALINAS, CA 93901	\$ 50,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
10	NANCY ECCLES AND HOMER M. HAYWARD FAMILY FOUNDATION 79 S. MAIN ST., 13TH FLOOR SALT LAKE CITY, UT 84111	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
11	SHARON GISH 14180 VEREDA DEL PORTAL SALINAS, CA 93908	\$ 7,170.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
12	KAY FILICE 11 MARK'S DRIVE HOLLISTER, CA 95023	\$ 5,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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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
13	GABILAN CHAPTER SENECA FAMILY OF AGENCIES P.O. BOX 324 TRES PINOS, CA 95075	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
14	COUNTY OF MONTEREY 168 WEST ALISAL STREET, 3RD FLOOR SALINAS, CA 93901	\$ 28,209.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
15	THE DAVID AND LUCILE PACKARD FOUNDATION 300 SECOND STREET LOS ALTOS, CA 94022	\$ 150,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
16	MONTAGE HEALTH 23625 HOLMAN HIGHWAY MONTEREY, CA 93940	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
17	PAJARO VALLEY COMMUNITY HEALTH TRUST 85 NIELSON STREET WATSONVILLE, CA 95076	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
18	SAN ANDREAS REGIONAL CENTER 6203 SAN IGNACIO AVE SAN JOSE, CA 95119	\$ 112,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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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
19	THE CHARLES D. AND FRANCES K. FIELD FUND 235 MONTGOMERY STREET SAN FRANCISCO, CA 94104	\$ 15,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
20	THE HEALTH TRUST 3180 NEWBERRY DR. SAN JOSE, CA 95118	\$ 55,318.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
21	U.S. BANK FOUNDATION 800 NICOLLET MALL MINNEAPOLIS, MN 55402	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
22	WELLS FARGO FOUNDATION 550 S. 4TH ST, MAC N9310-074 MINNEAPOLIS, MN 55415	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
23	AMY GRAMES 919 CEDAR ST. PACIFIC GROVE, CA 93950	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
24	PRECOR 20031 142ND AVENUE NE WOODINVILLE, WA 98072	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

77-0202335

Part II

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

Name of organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

2023

Open to Public
Inspection

Name of the organization **CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Employer identification number
77-020335

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?	☐ Yes	☐ 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?	☐ Yes	☐ 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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 in 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	426,464.	529,176.	443,316.	419,438.	360,878.
b Contributions					
c Net investment earnings, gains, and losses	103,464.	-81,531.	101,727.	39,193.	74,044.
d Grants or scholarships					
e Other expenditures for facilities and programs	22,224.	21,181.	15,867.	15,315.	15,484.
f Administrative expenses					
g End of year balance	507,704.	426,464.	529,176.	443,316.	419,438.

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 30.3640 %

c Term endowment 69.6360 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? _____

(ii) Related organizations? _____

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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		326,966.		326,966.
b Buildings		17,166,118.	7,747,934.	9,418,184.
c Leasehold improvements				
d Equipment		2,044,759.	1,884,912.	159,847.
e Other		512,002.	474,381.	37,621.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,942,618.

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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, line 12, col. (B))		

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, line 13, col. (B))		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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... ☒

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

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	9,374,853.
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	152,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-122,674.
e	Add lines 2a through 2d	2e	29,326.
3	Subtract line 2e from line 1	3	9,345,527.
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	55,969.
c	Add lines 4a and 4b	4c	55,969.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,401,496.

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	8,372,396.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	152,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	152,000.
3	Subtract line 2e from line 1	3	8,220,396.
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	122,674.
c	Add lines 4a and 4b	4c	122,674.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,343,070.

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:**THE INTENDED USE OF THE ENDOWMENT FUNDS ARE:**

1. TO AID UNDERPRIVILEGED CHILDREN IN MAINTAINING THEIR MEMBERSHIP
2. FOR SCHOLARSHIPS

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE ACCOUNTING STANDARD RELATED TO

UNCERTAINTIES IN INCOME TAXES. THE ORGANIZATION EVALUATES UNCERTAIN TAX

POSITIONS THROUGH ITS REVIEW OF THE SOURCE OF REVENUE TO IDENTIFY

UNRELATED BUSINESS INCOME AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH

MAY AFFECT ITS TAX EXEMPT STATUS. MANAGEMENT BELIEVES THEIR ESTIMATES

RELATED TO INCOME TAX UNCERTAINTIES ARE APPROPRIATE BASED ON THE CURRENT

Part XIII Supplemental Information (continued)

FACTS AND CIRCUMSTANCES.

THE ORGANIZATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) FOR YEARS ENDED DECEMBER 31, 2021 THROUGH 2023 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

THE ORGANIZATION'S CALIFORNIA STATE RETURNS (FORM 199) FOR THE YEARS ENDED DECEMBER 31, 2021 THROUGH 2023 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PAYMENTS TO NATIONAL AFFILIATES	-122,674.
---------------------------------	-----------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME	55,969.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

PAYMENT TO NATIONAL AFFILIATES	122,674.
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Employer identification number
77-0202335

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

77-0202335

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS FOR PROGRAMS AND MEMBERSHIPS	16436	233,763.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED:

A BUDGET IS SET AT THE BEGINNING OF THE YEAR FOR THE AMOUNT OF
SCHOLARSHIPS THAT ARE ESTIMATED TO BE GIVEN OUT BASED ON BUDGET AND
ELIGIBILITY, SCHOLARSHIPS ARE DISTRIBUTED ACCORDINGLY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0" style="width:100%"><tr><td>☐ First-class or charter travel</td><td>☐ Housing allowance or residence for personal use</td></tr><tr><td>☐ Travel for companions</td><td>☐ Payments for business use of personal residence</td></tr><tr><td>☐ Tax indemnification and gross-up payments</td><td>☐ Health or social club dues or initiation fees</td></tr><tr><td>☐ Discretionary spending account</td><td>☐ Personal services (such as maid, chauffeur, chef)</td></tr></table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0" style="width:100%"><tr><td>☐ Compensation committee</td><td>☐ Written employment contract</td></tr><tr><td>☐ Independent compensation consultant</td><td>☒ Compensation survey or study</td></tr><tr><td>☐ Form 990 of other organizations</td><td>☒ Approval by the board or compensation committee</td></tr></table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☒ Compensation survey or study									
☐ Form 990 of other organizations	☒ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Page 2

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III	Supplemental Information
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization CENTRAL COAST YOUNG MENS CHRISTIAN ASSOCIATION	Employer identification number 77-0202335
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Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A CA MUNICIPAL FINANCE	20-1563466	13048TDW0	11/13/08	5,500,000.	TO CONSTRUCT NEW FACILITY		X		X		X
B											
C											
D											

Part II Proceeds									
	A		B		C		D		
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue	5,500,000.								
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds	110,000.								
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds	56,704.								
10 Capital expenditures from proceeds	5,333,296.								
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion	2008								
	Yes	No	Yes	No	Yes	No	Yes	No	
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X							
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X							
16 Has the final allocation of proceeds been made?		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2023

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Schedule K (Form 990) 2023

77-0202335

Page **2**

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?								
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?								
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

**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

2023

Open to Public
Inspection

Name of the organization

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

Employer identification number
77-0202335

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION TO STRENGTHEN COMMUNITY THROUGH PROGRAMS THAT DEVELOP YOUTH,
SUPPORT HEALTHY LIVING, AND FOSTER SOCIAL RESPONSIBILITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FACED ECONOMIC BARRIERS TO PARTICIPATION.

FORM 990, PART VI, SECTION B, LINE 11B:

BOARD MEMBERS REVIEW FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO FILL OUT THE FORM ANNUALLY TO DISCLOSE ANY
POTENTIAL CONFLICTS WHICH IS THEN REVIEWED BY THE ENTIRE BOARD TO ADDRESS
ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE IS FORMED THAT USES SALARY COMPARISON DATA FROM YMCA OF THE USA
AND THE COMMUNITY FOUNDATION OF MONTEREY COUNTY TO DETERMINE SALARIES WHICH
ARE THEN PRESENTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

AVAILABLE UPON WRITTEN REQUEST TO THE CORPORATE OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON WRITTEN REQUEST TO THE CORPORATE OFFICE.

Name of the organization **CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Employer identification number
77-0202335

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

4.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

2023

California Exempt Organization Annual Information Return

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy)

, and ending (mm/dd/yyyy)

Corporation/Organization name

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

California corporation number

1626546

Additional information. See instructions.

FEIN

77-0202335

Street address (suite or room)

600 CAMINO EL ESTERO

PMB no.

City

MONTEREY

State

CA

ZIP code

93940

Foreign country name

Foreign province/state/county

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	8,311,564	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,090,241	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	9,401,805	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	9,401,805	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	8,343,379	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,058,426	00
Payments	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 PRESIDENT & CE	Date	• Telephone	
Paid Preparer's Use Only	Preparer's signature	SHEBA B. DALANEY	Date 05/14/24	Check if self-employed ☐	• PTIN P00351252
	Firm's name (or yours, if self-employed) and address	ABBOTT, STRINGHAM & LYNCH 1901 S BASCOM AVE STE 105 CAMPBELL, CA 95008			• Firm's FEIN 77-0051130
					• Telephone (408) 377-8700
	May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION

77-0202335

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.

328951 12-26-23

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00
	2	Interest	•	2	55,969	00
	3	Dividends	•	3		00
	4	Gross rents	•	4	50,823	00
	5	Gross royalties	•	5		00
	6	Gross amount received from sale of assets (See instructions)	•	6		00
	7	Other income SEE STATEMENT 2	•	7	8,204,772	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	8,311,564	00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	•	9	233,763	00
	10	Disbursements to or for members	•	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	428,780	00
	12	Other salaries and wages	•	12	4,116,666	00
	13	Interest	•	13	135,368	00
	14	Taxes	•	14	336,455	00
	15	Rents	•	15	1,244,663	00
	16	Depreciation and depletion (See instructions)	•	16	0	00
	17	Other expenses and disbursements SEE STATEMENT 5	•	17	1,847,684	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	8,343,379	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		2,773,228		• 3,829,245
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
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	19,504,447		19,722,879	
b	Less accumulated depreciation	9,565,134	9,939,313	10,107,227	9,615,652
11	Land		326,966		• 326,966
12	Other assets STMT 6		1,013,226		• 1,225,387
13	Total assets		14,052,733		14,997,250
Liabilities and net worth					
14	Accounts payable		287,524		• 311,658
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable STMT 7		3,510,277		• 3,351,963
17	Mortgages payable				•
18	Other liabilities STMT 8		306,922		245,949
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation ...				•
21	Retained earnings or income fund		9,948,010		• 11,087,680
22	Total liabilities and net worth		14,052,733		14,997,250

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	• 1,058,426	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	1,058,426		1,058,426

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
MONTEREY PENINSULA FOUNDATION	1 LOWER RAGSDALE DRIVE MONTEREY, CA 93940		150,000.
COMMUNITY FOUNDATION FOR MONTEREY COUNTY	2354 GARDEN ROAD MONTEREY, CA 93940		60,000.
CALIFORNIA STATE ALLIANCE OF YMCAS	1107 9TH STREET, SUITE 1007 SACRAMENTO, CA 95814		6,049.
KAISER PERMANENTE	19000 HOMESTEAD AVE BUILDING 1, FLOOR 2 CUPERTINO, CA 95014		25,000.
COMMUNITY FOUNDATION SANTA CRUZ COUNTY	7807 SOQUEL DRIVE APTOS, CA 95003		80,400.
J. MILES AND ROSANNE REITER FAMILY FOUNDATION	411 WALKER ST. WATSONVILLE, CA 95076		30,000.
SCHWAB CHARITABLE	211 MAIN STREET SAN FRANCISCO, CA 94105		50,000.
PEBBLE BEACH COMPANY FOUNDATION	P.O. BOX 1767 PEBBLE BEACH, CA 93953		15,000.
TAYLOR FRESH FOODS, INC.	150 MAIN STREET SALINAS, CA 93901		50,000.
NANCY ECCLES AND HOMER M. HAYWARD FAMILY FOUNDATION	79 S. MAIN ST., 13TH FLOOR SALT LAKE CITY, UT 84111		10,000.
SHARON GISH	14180 VEREDA DEL PORTAL SALINAS, CA 93908		7,170.
KAY FILICE	11 MARK'S DRIVE HOLLISTER, CA 95023		5,500.
GABILAN CHAPTER SENECA FAMILY OF AGENCIES	P.O. BOX 324 TRES PINOS, CA 95075		5,000.
COUNTY OF MONTEREY	168 WEST ALISAL STREET, 3RD FLOOR SALINAS, CA 93901		28,209.
THE DAVID AND LUCILE PACKARD FOUNDATION	300 SECOND STREET LOS ALTOS, CA 94022		150,000.

MONTAGE HEALTH	23625 HOLMAN HIGHWAY MONTEREY, CA 93940	10,000.
PAJARO VALLEY COMMUNITY HEALTH TRUST	85 NIELSON STREET WATSONVILLE, CA 95076	15,000.
SAN ANDREAS REGIONAL CENTER	6203 SAN IGNACIO AVE SAN JOSE, CA 95119	112,500.
THE CHARLES D. AND FRANCES K. FIELD FUND	235 MONTGOMERY STREET SAN FRANCISCO, CA 94104	15,000.
THE HEALTH TRUST	3180 NEWBERRY DR. SAN JOSE, CA 95118	55,318.
U.S. BANK FOUNDATION	800 NICOLLET MALL MINNEAPOLIS, MN 55402	10,000.
WELLS FARGO FOUNDATION	550 S. 4TH ST, MAC N9310-074 MINNEAPOLIS, MN 55415	7,500.
AMY GRAMES	919 CEDAR ST. PACIFIC GROVE, CA 93950	5,000.
PRECOR	20031 142ND AVENUE NE WOODINVILLE, WA 98072	5,000.
TOTAL INCLUDED ON LINE 3		907,646.

CA 199	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
FEES & CONTRACT GOV AGENCIES	355,172.
HEALTHY LIVING	30,694.
MEMBERSHIP DUES & ASSESSMENTS	2,835,528.
YOUTH DEVELOPMENT	4,552,816.
YOUTH SPORTS & RECREATION	430,562.
TOTAL TO FORM 199, PART II, LINE 7	8,204,772.

CA 199	CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID	STATEMENT	3
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ACTIVITY CLASSIFICATION: HEALTHY LIVING PROGRAM - FINANCIAL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
201 DIFFERENT INDIVIUDALS	500 LINCOLN AVENUE - SALINAS, CA 93901	NONE	99,698.

TOTAL FOR THIS ACTIVITY	99,698.
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ACTIVITY CLASSIFICATION: YOUTH DEVELOPMENT PROGRAM - FINANCIAL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
16,106 DIFFERENT INDIVIDUALS	500 LINCOLN AVENUE - SALINAS, CA 93901	NONE	6,920.

TOTAL FOR THIS ACTIVITY	6,920.
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ACTIVITY CLASSIFICATION: SPORT AND RECREATION PROGRAM - FINANCIAL ASSISTANCE

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
129 DIFFERENT INDIVIDUALS	500 LINCOLN AVENUE - SALINAS, CA 93901	NONE	127,145.

TOTAL FOR THIS ACTIVITY	127,145.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	233,763.
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CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	4
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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SCOTT KURTEFF 600 CAMINO EL ESTERO MONTEREY, CA 93940	CFAO 40.00	215,019.
AMY GRAMES 600 CAMINO EL ESTERO MONTEREY, CA 93940	PRESIDENT & CEO 40.00	213,761.
TAMA BISTRIAN 600 CAMINO EL ESTERO MONTEREY, CA 93940	IMMEDIATE PAST CHAIR 1.00	0.
CLAUDIA PIZARRO-VILLALOBOS 600 CAMINO EL ESTERO MONTEREY, CA 93940	BOARD CHAIR 1.00	0.
ERIN SHORT 600 CAMINO EL ESTERO MONTEREY, CA 93940	TREASURER 1.00	0.
KEITH SEVERSON 600 CAMINO EL ESTERO MONTEREY, CA 93940	SECRETARY 1.00	0.
GEOFF ARNOLD 600 CAMINO EL ESTERO MONTEREY, CA 93940	DIRECTOR 1.00	0.
JACKIE CRUZ 600 CAMINO EL ESTERO MONTEREY, CA 93940	DIRECTOR 1.00	0.
TERRIE FUENTES 600 CAMINO EL ESTERO MONTEREY, CA 93940	DIRECTOR 1.00	0.
KIRBY GARRY 600 CAMINO EL ESTERO MONTEREY, CA 93940	DIRECTOR THRU 8/31/23 1.00	0.
DENEEN GUSS 600 CAMINO EL ESTERO MONTEREY, CA 93940	DIRECTOR THRU 6/30/23 1.00	0.

RAQUEL PULIDO	DIRECTOR THRU 6/30/23	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
MARK SCARONI	DIRECTOR	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
CLARK WATKINS	DIRECTOR THRU 6/30/23	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
DEBRA BRAU	DIRECTOR	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
ALLEN BRANDT	DIRECTOR	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
MANNY GARCIA	DIRECTOR	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
NICOLE SHELTON	DIRECTOR	0.
600 CAMINO EL ESTERO	1.00	
MONTEREY, CA 93940		
TOTAL TO FORM 199, PART II, LINE 11		428,780.

CA 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	542,095.
PROGRAM SUPPLIES	214,730.
EMPLOYEE RECRUITMENT	11,678.
EQUIPMENT REPAIR & MAIN	11,665.
EQUIPMENT RENTAL	9,033.
DIRECT EXPENSES OF FUNDRAISING EVENTS	309.
PAYMENTS TO AFFILIATES	122,674.
PENSION PLAN CONTRIBUTIONS	139,142.
OTHER EMPLOYEE BENEFITS	231,674.
ACCOUNTING FEES	43,000.
OTHER PROFESSIONAL FEES	312,055.
ADVERTISING AND PROMOTION	37,050.
OFFICE EXPENSES	106,861.
TRAVEL	9,344.
CONFERENCES AND CONVENTIONS	49,163.
ALL OTHER EXPENSES	7,211.
TOTAL TO FORM 199, PART II, LINE 17	1,847,684.

CA 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES AND GRANTS RECEIVABLE	381,304.	581,296.	
PREPAID EXPENSES AND DEFERRED CHARGES	35,751.	34,415.	
ENDOWMENTS	426,611.	507,852.	
RESTRICTED CASH	752.	0.	
RIGHT-OF-USE ASSET	168,808.	101,824.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,013,226.	1,225,387.	

CA 199	BONDS AND NOTES PAYABLE	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
TAX-EXEMPT BONDS LIABILITIES	3,510,277.	3,351,963.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	3,510,277.	3,351,963.	

CA 199	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED REVENUE	135,234.	140,885.	
UNSECURED NOTES AND LOANS PAYABLE	171,688.	105,064.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	306,922.	245,949.	

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

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.

(For Registry Use Only)

**CENTRAL COAST YOUNG MENS
CHRISTIAN ASSOCIATION**

Name of Organization

List all DBAs and names the organization uses or has used

600 CAMINO EL ESTERO

Address (Number and Street)

MONTEREY, CA 93940

City or Town, State, and ZIP Code

(831) 757-4633

Telephone Number

E-mail Address

Check if:

- ☐ Change of address
☐ Amended report

State Charity Registration Number **CT073361**

Corporation or Organization No. _____

Federal Employer ID No. **77-0202335**

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 01/01/2023 ending 12/31/2023) list:

Total Revenue (including noncash contributions) \$ 9,401,496 Noncash Contributions \$ 0 Total Assets \$ 14,997,250
Program Expenses \$ 7,488,371 Total Expenses \$ 8,343,070

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? SEE STATEMENT 9	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.

AMY GRAMES

PRESIDENT & CEO

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING	STATEMENT	9
	PART B, LINE 5		

CHISPA

ATTN: RUTH RODRIGUEZ
295 MAIN STREET, SUITE 100
SALINAS, CA 93901
PH. (831) 757-6251

CITY OF SALINAS

ATTN: KRISTAN LUNDQUIST
320 LINCOLN AVENUE
SALINAS, CA 93901
PH. (831) 758-7222

COUNTY OF MONTEREY

ATTN: DAWN YONEMITSU
1441 SCHILLING PLACE, 2ND FLOOR
SALINAS, CA 93901
PH. (831) 755-5387

COUNTY OF SANTA CRUZ

HUMAN SERVICES DEPARTMENT FISCAL
ATTN: DENISE QUICK, FB14
1040 EMELINE, BLDG E
SANTA CRUZ, CA 95060
PH. (831) 454-4280

EDEN HOUSING RESIDENT SERVICES, INC.

ATTN: ANNA GWYN SIMPSON
22645 GRAND STREET
HAYWARD, CA 94541
PH. (510) 582-1460

HOLLISTER SCHOOL DISTRICT

ATTN: STACIE BONURA
ELOP PROGRAMS
2690 CIENEGA ROAD
HOLLISTER, CA 95023
PH. (831) 630-6300

MEXICAN AMERICAN OPPORTUNITY FUND

ATTN: DINA LOZOYA
401 N. GARFIELD AVENUE
MONTEBELLO, CA 90640
PH. (831) 771-9291

MONTEREY PENINSULA UNIFIED SCHOOL DISTRICT

ATTN: PATRICIA BARNES
700 PACIFIC STREET
MONTEREY, CA 93940
PH. (831) 645-1200

FORM RRF-1

STATEMENT 9

NAVIGATOR SCHOOLS
ATTN: AMI ORTIZ
650 SAN BENITO STREET, SUITE 230
HOLLISTER, CA 95023
PH. (831) 217-4880

NORTH COUNTY JOINT UNIFIED SCHOOL DISTRICT
ATTN: BRIDGETTE CUTLER
500 SPRING GROVE ROAD
HOLLISTER, CA 95023
PH. (831) 637-3745

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
ATTN: JEN BRUNO
294 GREEN VALLEY ROAD
WATSONVILLE, CA 95076
PH. (831) 786-2100

SALINAS CITY ELEMENTARY SCHOOL DISTRICT
ATTN: BALTAZAR TREJO
SWIM LESSONS
840 S. MAIN STREET
SALINAS, CA 93901
PH. (831) 753-5600

SOUTHSIDE SCHOOL
ATTN: JOHN SCHILLING
4991 SOUTHSIDE ROAD
HOLLISTER, CA 95023
PH. (831) 637-4439