# **2022 Exempt Org. Return** prepared for:

# BOYS & GIRLS CLUB OF THE COASTSIDE P.O. BOX 545 HALF MOON BAY, CA 94019

Maze & Associates 3478 Buskirk Ave Ste 217 Pleasant Hill, CA 94523

# MAZE & ASSOCIATES 3478 BUSKIRK AVE STE 217 PLEASANT HILL, CA 94523 (925) 228-2800

November 2, 2023

CHUCK OTT BOYS & GIRLS CLUB OF THE COASTSIDE P.O. BOX 545 HALF MOON BAY, CA 94019

Dear Jill:

Enclosed for your review:

Form 990 2022 Return of Organization Exempt from Income Tax

Form 199 2022 California Exempt Organization Return Form RRF-1 2023 Registration/Renewal Fee Report

Each tax return or form listed above should be filed in accordance with the enclosed filing instructions.

Please be sure to call us if you have any questions.

Sincerely,

VIKKI C RODRIGUEZ

# Form **8879-TE**

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

or calendar year 2022, or fiscal year beginning	, 2022, and ending

EIN or SSN

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

94-3193725 BOYS & GIRLS CLUB OF THE COASTSIDE Name and title of officer or person subject to tax CHARLES W. OTT Treasurer Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . 2a Form 990-EZ check here . . 3a Form 1120-POL check here 4a Form 990-PF check here... 5a Form 8868 check here . . . . 6a Form 990-T check here.... **7a Form 4720** check here . . . . 8a Form 5227 check here . . . . 9a Form 5330 check here . . . . **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22).... 10b 10a Form 8038-CP check here. Part II Declaration and Signature Authorization of Officer or Person Subject to Tax X I am an officer of the above entity or I I am a person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) \_\_\_\_\_\_\_, (EIN) \_\_\_\_\_\_, (EIN) \_\_\_\_\_\_, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize Maze & Associates 25579 as my signature to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** Part III **ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 68580514343 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature VIKKI C RODRIGUEZ **ERO Must Retain This Form — See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

059			
Date Accepted		DO NOT MAIL THIS FOR	M TO THE FTE
TAXABLE YEAR	California e-file Return	Authorization for	FORM
2022	<b>Exempt Organizations</b>		8453-EO
Exempt Organization na	me	Identifying nun	nber
BOYS & GIRL	S CLUB OF THE COASTSIDE	94-3193	725
Part I Electr	onic Return Information (whole dollars on	ly)	
1 Total gross r	eceipts (Form 199, line 4)	1 <u> </u>	1,466,450
2 Total gross in	ncome (Form 199, line 8)	2 <u> </u>	1,466,450
3 Total expens	ses and disbursements (Form 199, line 9)	3 <u> </u>	1,448,307
Part II Settle	Your Account Electronically for Ta	xable Year 2022	
4 Electroni	ic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/yyyy)	
Part III Bank	ing Information (Have you verified the ex	empt organization's banking information?)	
5 Routing num	ber		
6 Account num	nber	<b>7</b> Type of account: Checking Saving	gs
Part IV Decla	ration of Officer		
	empt organization's account to be settled as a amount listed on line 4a.	designated in Part II. If I check Part II, box 4, I authorize an el	lectronic funds
return originator (corresponding line organization's return Tax Board (FTB) of for the fee liability statements be trans	ERO), transmitter, or intermediate service proses of the exempt organization's 2022 Californ is true, correct, and complete. If the exempt or does not receive full and timely payment of the and all applicable interest and penalties. I a smitted to the FTB by the ERO, transmitter, or in	e exempt organization and that the information I provided to my electric and the amounts in Part I above agree with the amount is electronic return. To the best of my knowledge and belief, the ganization is filing a balance due return, I understand that if the Free exempt organization's fee liability, the exempt organization uthorize the exempt organization return and accompanying so termediate service provider. If the processing of the exempt organization the ERO or intermediate service provider the reason(s) for the	s on the he exempt anchise will remain liable hedules and ization's
Sign		▶ TREASURER	

## Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

Signature of officer

Here

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ED</b> 0	ERO's signature VIKKI	C RODRIGUEZ	Date	Check if also paid preparer X	Check self- employ	"	P00685455
ERO Must	Firm's name (or yours	MAZE & ASSOCIATES				Firm's FEI	
Sign	if self-employed) and address	3478 BUSKIRK AVE STE 217 PLEASANT HILL			CA	ZIP code	94-2590179 94523
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
Paid	Paid preparer's signature		Date	Check self-e	cif mployed		Paid preparer's PTIN
Preparer Must Sign	Firm's name (or yours if self-			·		Firm's FEI	N
Sign	employed) and address					ZIP code	

FTB 8453-EO 2022

2022 Federal Exempt Organ	Page 1		
BOYS & GIRLS CLUB	OF THE COASTSIDE	<u> </u>	94-3193725
REVENUE	2022	2021	Diff
Contributions and grants Program service revenue Investment income Other revenue	774,143 446,166 50,188 131,986	776,877 181,145 56,051 110,060	-2,734 265,021 -5,863 21,926
Total revenue	1,402,483	1,124,133	278,350
EXPENSES Salaries, other compen., emp. benefits Other expenses	842,335 542,005	616,272 342,512	226,063 199,493
Total expenses	1,384,340	958,784	425,556
NET ASSETS OR FUND BALANCES  Revenue less expenses.  Total assets at end of year.  Total liabilities at end of year.  Net assets/fund balances at end of year.	18,143 1,874,576 58,162 1,816,414	165,349 2,092,085 52,408 2,039,677	-147,206 -217,509 5,754 -223,263

2022 California 199 T	California 199 Tax Summary					
BOYS & GIRLS CLUB O	F THE COASTSIDE	<u> </u>	94-3193725			
RECEIPTS AND REVENUES	2022	2021	Diff			
Gross sales or receipts. Gross contributions, gifts, & grants Total gross receipts. Total costs.	692,307 774,143 1,466,450	399,548 776,877 1,176,425 0	292,759 -2,734 290,025 0			
Total gross income  EXPENSES  Total expenses	1,466,450 1,448,307	1,176,425 1,011,076	290,025 437,231			
Excess receipts over expenses	18,143	165,349	-147,206			
Filing fee Balance due	0 0	0 0	0 0			

2022

# **General Information**

Page 1

## **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

## Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch L, Sch M, Sch O, 8868 California: 199, Sch B, 8453-EO, e-file Instructions, RRF-1

# Carryovers to 2023

None

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Z	u	Z	Z

# **Federal Worksheets**

Page 1

# **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

Form 990, Part III, L	ine 4e
<b>Program Services T</b>	otals

	Program Services Total	Form 990	Source
Total Expenses	875,840.	0.	Part IX, Line 25, Col. B
Grants	0.		Part IX, Lines 1-3, Col. B
Revenue	0.		Part VIII, Line 2, Col. A

# Form 990, Part IX, Line 11g Other Fees For Services

	(A)	(B) Program	(C) Management	(D) Fund-
	<u>Total</u>	Services	& General	<u>raising</u>
CONTRACT SERVICES	22,152.	22,152.		
PROFESSIONAL & OUTSIDE SERVICE	22,111.		22,111.	
Total	\$ 44,263.	\$ 22,152.	\$ 22,111.	\$ 0.

# Form 990, Part IX, Line 24e Other Expenses

	(A)	(B) Program	(C) Management	(D)
	Total	<u>Services</u>	& General	<u>Fundraising</u>
FUNDRAISING COSTS - NON SPECIF OPERATING EXPENSE OTHER EXPENSES Postage and Shipping UTILITIES	6,361. 32,033. 15,971. 1,034. 266.	32,033. 15,971. 1,034. 266.		6,361.
Total		\$ 49,304.	\$ 0.	\$ 6,361.

# Excess Contributions Schedule A, Part II, Line 5

2018		2019	2020	2021	2022	<u>Total</u>	<u> 2% Amt</u>	Excess
KEITH & CI	NDY	WADDELL						
	0	150,000	150,000	150,000	25,000	475,000	61,642	413,358
	0	150,000	150,000	150,000	25,000	475,000	61,642	413,358
	:							

2022	California Worksheets	Page 1
	BOYS & GIRLS CLUB OF THE COASTSIDE	94-3193725
Late Payment Penalty (Form	1 109)	
Tax due		
Monthly penalty 5% penalty Late payment penalty		0.

# **Federal Filing Instructions**

### **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

## **ELECTRONICALLY FILED:**

Form 990 - 2022 Return of Organization Exempt From Income Tax

The above tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-TE - IRS e-file Signature Authorization.

### **PAYMENT:**

No payment is required.

# Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

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

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic	c 6-Month Extension of Time. Only sul	bmit origin	al (no copies needed).						
	ions required to file an income tax return other			ps, RE	MICs, and	trusts must			
use Form /	2004 to request an extension of time to file incon Name of exempt organization or other filer, see instructions.	ne tax return	S.	Тахра	Taxpayer identification number (TIN)				
Type or									
print	BOYS & GIRLS CLUB OF THE COAS	STSTDE		94-3193725					
File by the	Number, street, and room or suite number. If a P.O. box, see	12 1	<u> </u>						
due date for filing your	P.O. BOX 545								
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instru	uctions.						
matructions.	HALF MOON BAY, CA 94019								
Enter the Re	eturn Code for the return that this application is	for (file a se	parate application for each return)			01			
Application		Return	Application			Return			
Is For Code Is For						Code			
Form 990 or Form 990-EZ 01 Form 1041-A						08			
Form 4720 (	`	03	Form 4720 (other than individual)			09			
Form 990-P		04	Form 5227			10			
	(section 401(a) or 408(a) trust)	05	Form 6069						
	(trust other than above) (corporation)	06 07	Form 8870			12			
1 01111 330-1	(corporation)	07							
<ul><li>If the org</li><li>If this is check the</li></ul>	ne No. • 650-712-9710  ganization does not have an office or place of b  for a Group Return, enter the organization's for  is box •	ur digit Group	e United States, check this box	f this is	for the w	hole group,			
for the	est an automatic 6-month extension of time until e organization named above. The extension is fo calendar year 20 22 or tax year beginning, 20	or the organiz		zation	return				
	tax year entered in line 1 is for less than 12 mo lange in accounting period			nal retu	ırn				
3 a If this nonref	application is for Forms 990-PF, 990-T, 4720, o fundable credits. See instructions	or 6069, enter	the tentative tax, less any	3 a	\$	0.			
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720, o yments made. Include any prior year overpaym	or 6069, enter ent allowed a	any refundable credits and estimated as a credit	3 b	\$	0.			
c Baland EFTPS	ce due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System). Se	our payment ee instructions	with this form, if required, by using	3 c	\$	0.			
Caution: If y	you are going to make an electronic funds witho	drawal (direct	debit) with this Form 8868, see Form 8	453-TE	and Form	8879-TE for			

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

Form 8868 (Rev. 1-2022)

# Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Α	For t	he 2022 calen	dar year, or tax year beginning , 2022, and ending		, 20	)
В	Check	if applicable:	С	D Employ	er identifica	ntion number
	А	ddress change	BOYS & GIRLS CLUB OF THE COASTSIDE	94-3	319372	5
	N	ame change	P.O. BOX 545	<b>E</b> Telepho		-
	_	nitial return	HALF MOON BAY, CA 94019	650-	-712-9	710
	-	nal return/terminated		- 000	712 3	710
	-	mended return		<b>G</b> Gross re	ceints \$	1,466,450.
	-	pplication pending	F Name and address of principal officer: TTTT ADDTSON-TACORSON H(a)	Is this a group return		
	^	pplication pending	THE ADDISON-TALORSON IN			
_	Tov	-exempt status:	Same As C Above     X  501(c)(3)   501(c) ( ) (insert no.)   4947(a)(1) or   527	Are all subordinates If "No," attach a list.	See instruc	ctions.
÷				0 "		
J		bsite: N/		Group exemption nu		
K		n of organization:	X Corporation Trust Association Other L Year of formation:	1996   WIS	tate of lega	I domicile: CA
Pa	art I	Summar		T WOUNG D	10DI II	DODDOTATIO
	1		be the organization's mission or most significant activities:TO ENABLE AI			
Se			O NEED IT THE MOST TO REACH THEIR FULL POTENTIAL			
ш			BLE CITIZENS. THE ORGANIZATION ACHIEVES ITS MISS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.	TON THROUG	ים בטטי	CALIONAL
Je I	2	Check this bo	,	han 25% of its	ant accet	
Governance	3		ting members of the governing body (Part VI, line 1a)		3	16
•প	4		dependent voting members of the governing body (Part VI, line 1b)		4	16
<u>ie</u>	5		of individuals employed in calendar year 2022 (Part V, line 2a)		5	77
Activities &	6	Total number	of volunteers (estimate if necessary)		6	141
Act	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year		Current Year
Revenue	8		and grants (Part VIII, line 1h).	776,8		774,143.
	9		ice revenue (Part VIII, line 2g)	181,1		446,166.
	10		come (Part VIII, column (A), lines 3, 4, and 7d)	56,0		50,188.
<b>—</b>	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,0		131,986.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,124,1	33.	1,402,483.
	13		milar amounts paid (Part IX, column (A), lines 1-3)			
	14	•	to or for members (Part IX, column (A), line 4)			
S	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	616,2	72.	842,335.
nse	16a	Professional	fundraising fees (Part IX, column (A), line 11e)			
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 210,750.			
û	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	342,5	12.	542,005.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	958,7		1,384,340.
	19	•	expenses. Subtract line 18 from line 12	165,3		18,143.
				eginning of Curren		End of Year
ets c	20	Total assets	Part X, line 16)	2,092,0		1,874,576.
Net Assets	21		s (Part X, line 26)	52,4		58,162.
e te	22	Net assets or	fund balances. Subtract line 21 from line 20.	2,039,6		1,816,414.
	art II	Signatur		2,039,0	11.	1,010,414.
com	plete. D	Declaration of preparation	clare that I have examined this return, including accompanying schedules and statements, and to the bearer (other than officer) is based on all information of which preparer has any knowledge.	est of fifty knowledge	and belief, i	it is true, correct, and
Sig	nr	Signature of	officer	Date		
He	re	CHARLE	S W. OTT Trea	asurer		
	-		name and title	abarci		
		Print/Type p	reparer's name Preparer's signature Date	Check	if PTI	N
Pa	: <b>4</b>	VIKKI	C RODRIGUEZ VIKKI C RODRIGUEZ 11/3/2	self-employe	<b>-</b>	00685455
	ıa epar			Jon employe	- 110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Us	e Or	ily Firm's addre		Firm's EIN	94-2	590179
		I iiiii s aduli	Pleasant Hill, CA 94523	Phone no.	(925)	228-2800
		1	ricasant niii, on Jajas	i none no.	(ノムリ)	<u> </u>

May the IRS discuss this return with the preparer shown above? See instructions .

No

1 Briefly describe the organization's mission: TO FANALE ALL YOUNG PEOPLE, ESPECIALLY THOSE WIO NEED IT THE MOST TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS. THE ORGANIZATION ACHIEVES ITS MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZATION ACHIEVES. TO but the capacitation undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  20 but the capacitation revolucting, or make significant changes in how it conducts, any program services?	ı uı	Check if Schedule O contains a response or note to any line in this Part III	_
TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WIO NEED IT THE MOST TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS. THE ORGANIZATION ACHIEVES ITS MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZE PROSPECTION OF THE WARD ORGANIZED SPORTS.  3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?	1		-
POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS. THE ORGANIZATION ACHIEVES ITS MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.  2 Did the organization undetable any significant program services during the year which were not listed on the prior Form 990 or 990-E22.  If Yes, describe these new services on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services?	•	•	
### MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.    Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27.   Yes   No   If Yes, "describe these new services on Schedule O.   Yes   South through the program services on Schedule O.   Yes   Yes   No   If Yes, "describe the organizations program services decomplishments for each of its three largest program services, as measured by expenses, and reverue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses and reverue, if any, for each program services reported.  #### ACCIDENT OF THE ORGANIZATION PROVIDED PROGRAMS TO YOUNG CHILDREN TYPICALLY IN NEED FROM 5 THROUGH IT YEARS OF AGE, THE ORGANIZATION OFFERS A SAFE ENVIRONMENT TO LEARN, DEVELOP RELITIONSHIPS WITH CARRING ADULT PROFESSIONALS, LIFE ENHANCING PROGRAMS AND CHARACTER DEVELOPMENT EXPERIENCES WERE SOME OF THE GOALS AND CHARACTER DEVELOPMENT EXPERIENCES WERE SOME OF THE GOALS AND CHARACTER DEVELOPMENT EXPERIENCES WERE SOME OF THE THROUGH IT YES AND EXPOSE CHILDREN TO ARTS, SPORTS AND CHARACTER DEVELOPMENT OPPORTUNITIES.  #### ORGANIZATION STRIVES TO PROVIDE SUCH CHILDREN, MAIN OBJECTIVES OF THE PROCRAMS WERE TO IMPROVE SELF-ESTEEM, ACADEMIC PERFORMANCES, POSITIVE LIFE STUTES AND EXPOSE CHILDREN TO ARTS, SPORTS AND CHARACTER DEVELOPMENT OPPORTUNITIES.  #### ORGANIZATION STRIVES TO PROVIDE SUCH CHILDREN, MAIN OBJECTIVES OF THE PROCRAMS WERE TO IMPROVE SELF-ESTEEM, ACADEMIC PERFORMANCES, POSITIVE LIFE STUTES AND EXPOSE CHILDREN TO ARTS, SPORTS AND CHARACTER DEVELOPMENT OPPORTUNITIES.  #### ORGANIZATION STRIVES TO PROVIDE SUCH CHILDREN AND OBJECTIVES OF STRIVES AND CHARACTER DEVELOPMENT OF STRIPES AND CHARACTER			-
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7.			_
Form 990 or 990-E27.		MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.	_
Form 990 or 990-E27.			
If "Yes," describe these new services on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services?	2	_ <u> </u>	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Form 990 or 990-EZ?	
Hi "res," describe these changes on Schedule O.  A Describe the organizations program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(5) 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 \$ 875,840; including grants of \$ ) (Revenue \$ )  THE ORGANIZATION PROVIDED PROGRAMS TO YOUNG CHILDREN TYPICALLY IN NEED FROM 5 THROUGH 17 YEARS OF AGE, THE ORGANIZATION OFFERS A SAFE ENVIRONMENT TO LEARN, DEVELOP RELATIONSHIPS WITH CARRING ADULT PROFESSIONALS. LIFE ENHANCING PROGRAMS AND CHARACTER DEVELOPMENT EXPERIENCES WERE SOME OF THE GOALS THE ORGANIZATION STRIVES TO PROVIDE SUCH CHILDREN, MAIN OBJECTIVES OF THE PROGRAMS WERE TO IMPROVE SELF-ESTEEM, ACADEMIC PERFORMANCES, POSITIVE LIFE STYLES AND EXPOSE CHILDREN TO ARTS, SPORTS AND CHARACTER DEVELOPMENT OPPORTUNITIES.  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )		If "Yes," describe these new services on Schedule O.	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 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? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		Х
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		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
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Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE

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

			res	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 77			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	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		Х
	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			• • • • • • • • • • • • • • • • • • • •
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7</b> h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Sponsoring organizations maintaining donor advised funds.	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	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?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	10		
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17		
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,		
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Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 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..... 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 **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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. . . . . . . 15a **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 X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

CHUCK OTT P.O. BOX 545 HALF MOON BAY CA 94019 650-712-9710

# 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 employees."
- 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.

CO-PRESIDENT

CO-PRESIDENT

ROGER A. ESTRELLA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more (A) (B) (F) than one box, unless person is both an officer and a Reportable compensation from related organizations (W-2/1099-Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated MISC/1099-NEC) (list any employee hours for organizations related organiza tions l trustee helow dotted (1) JILL ADDISON-JACOBSON 40 Executive Dir. 0 Χ 0 0. 98,649 (2) VIRGINIA PERRY 1 0 BOARD MEMBER Χ 0 0 0. (3) KRIS HAMMERSTROM 1 0 BOARD MEMBER Χ 0 0 0. (4) CLODAGH LARKIN 1 BOARD MEMBER 0 Χ 0 0 0. (5) CATHY ELCHINOFF 1 BOARD MEMBER 0 Χ 0 0. 0. (6) JOSH WARSHAUER 1 0 Χ 0. Secretary Χ 0 0 (7) ED WATKINS 1 BOARD MEMBER 0 Χ 0. 0. 0. (8) KATIE HOWELL 1 0 BOARD MEMBER Χ 0 0 0. (9) ALAN O'DRISCOLL 1 BOARD MEMBER 0 Χ 0 0 0. (10) GERONIMO JIMENEZ 1 0 BOARD MEMBER Χ 0 0. 0 STEVE BACICH 1 0 Χ BOARD MEMBER 0 0 0. (12) LAURIE WEIGELT 1 BOARD MEMBER 0 Χ 0 0. 0 (13) BETSY DEL FIERRO 1

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Par	t VII   Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Empl	oyees	<b>(</b> conti	nued)
	(B) (C)												
	(A) Name and title	Average hours per week	box	, unle	check ess pe	more erson	than is both or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	Estim	(F) ated amo	ount
		(list any hours	or di	itsul	Officer	Кеу	High empl	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compe the c	nsation r	ion
		for related organiza	ndividual trustee or director	institutional trustee	cer	Key employee	Highest co employee	ner	,	,		d related anization	
		- tions below	arus	ial tri		loyee	ompe						
		dotted line)	itee	stee			Highest compensated employee						
(15)	CHUCK OTT	1	v		v				0	0			
(16)	Treasurer SANDRA TURNER	0 1	Х		Х				0.	0.			0.
	BOARD MEMBER	0	X						0.	0.			0.
(17)	SUSIE MONTGELAS BOARD MEMBER	1	X						0.	0.			0.
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
(23)			•										
	Subtotal								98,649.	0.			0.
	Total from continuation sheets to Part VII, Section								0.	0.			0.
	<b>Total (add lines 1b and 1c)</b>								98,649. more than \$100.00	0. O of reportable comp	ensatio	n	0.
_	from the organization 0				-,				*******				
												Yes	No
3	Did the organization list any <b>former</b> officer, direction line 1a? <i>If "Yes,"complete Schedule J for suci</i>	tor, truste h <i>individu</i>	e, ke ial	ey e	mplo	oyee	e, or	high	nest compensated	employee	3		X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpe	ensa	ation	and	oth	er compensation	from			
	such individual										4		Х
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e comper s," comple	satio ete S	on fr Sche	om <i>dule</i>	any J fo	unre or su	late ch p	ed organization or person	individual	5		X
	tion B. Independent Contractors  Complete this table for your five highest compense.	sated ind	enen	den	t coi	ntra	ctors	tha	it received more th	nan \$100.000 of			
	compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	vith or within the or	ganization's tax year			
(A) Name and business address  (B) Description of services							of services	Compe	<b>C)</b> ensatio	'n			
	Tatal number of independent control of the Co. 1. C. 1	القمسيان	المطا	a 41-		liat-	ا جاما		udea magaine due	the en			
	Total number of independent contractors (including b \$100,000 of compensation from the organization	out not IIm  0	nea t	o (no	use I	nste(	ı ado	ve)	who received more	uiafi			

### Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue E, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с 161,496 Gifts, **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . . . 24,000 Contributions, Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 588,647 Noncash contributions included in 1g 186,544 lines 1a-1f........ h Total. Add lines 1a-1f..... 774,143 Business Code Program Service Revenue 2a PROGRAM INCOME 446,166 446,166 All other program service revenue. . . g Total. Add lines 2a-2f ..... 446,166 Investment income (including dividends, interest, and 50,188 50,188 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss) ..... 8a Gross income from fundraising events Other Revenue (not including \$\_ 161,496. of contributions reported on line 1c). 8a See Part IV, line 18 . . . . . . . . . . . . . . . . 195,953 **b** Less: direct expenses..... 8b 63,967 c Net income or (loss) from fundraising events ...... 131,986 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . . 0a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a O<u>THER INCOME</u> Revenue All other revenue .....

402

483

496,354

0

e Total. Add lines 11a-11d . . .

Total revenue. See instructions.....

Section 501(c)(3) and 501(c)(4	) organizations mu	ıst complete al	l columns.	All other	organizations	must complete	e column (A).
Check if S	Schedule O conta	ing a regnong	e or note :	to any lir	ne in this Part	ł IX	

Do r	Check it Schedule O contains a r	(A)	(B)	(C)	(D)
6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total èxpenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments.  See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	98,649.	9,865.	49,324.	39,460.
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	0. 634,999.	0. 430,325.	0. 170,770.	33,904.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	034, 999.	430,323.	170,770.	33,304.
9	Other employee benefits	45,285.	27,170.	13,586.	4,529.
10	Payroll taxes	63,402.	38,041.	19,021.	6,340.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	(A), amount, list line 11g expenses on Schedule O.)	44,263.	22,152.	22,111.	
12	Advertising and promotion	12,787.	12,787.		
13	Office expenses	16,627.	16,627.		
14	Information technology				
15	Royalties				
16	Occupancy	4 620	4 620		
17 18	Travel  Payments of travel or entertainment	4,638.	4,638.		
10	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2.524	0.074	212	
22	Depreciation, depletion, and amortization	2,584.	2,274.	310.	
23 24	Other expenses. Itemize expenses not	22,628.		22,628.	
	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.)				
а	PROGRAM EXPENSE	153,513.	153,513.		
b	IN-KIND GOODS	147,544.	27,388.		120,156.
С	REPAIRS & MAINTENANCE	42,756.	42,756.		
d		39,000.	39,000.		
	All other expenses	55,665.	49,304.		6,361.
25	Total functional expenses. Add lines 1 through 24e	1,384,340.	875,840.	297,750.	210,750.
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)				

		Check if Schedule O contains a response or note to	o any lin	e in this Part X				
					(A) Beginning of year		<b>(B)</b> End of year	
	1	Cash — non-interest-bearing			707,128.	1	642,683.	
	2	Savings and temporary cash investments				2		
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			22,142.	4	51,523.	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5				
	6	Loans and other receivables from other disqualified p		-				
	0	section 4958(f)(1)), and persons described in section				6		
	7	Notes and loans receivable, net	` '	` / ` /		7		
Ø	8	Inventories for sale or use		<u> </u>		8		
set		Prepaid expenses and deferred charges		<b>-</b>	1 751	9	Г 000	
Assets	9		1 1		1,751.	9	5,909.	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		86,168.				
	b	Less: accumulated depreciation		77,491.	5,008.	10c	8,677.	
	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	<u> </u>		14			
	15	Other assets. See Part IV, line 11		F	1,356,056.	15	1,165,784.	
	16	Total assets. Add lines 1 through 15 (must equal line	33)		2,092,085.	16	1,874,576.	
	17	Accounts payable and accrued expenses			44,765.	17	50,519.	
	18	Grants payable	<u></u>		18			
	19	Deferred revenue	<u> </u>		19			
	20	Tax-exempt bond liabilities				20		
ies	21	Escrow or custodial account liability. Complete Part		L		21		
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	utor, or 3	35%		22		
	23	Secured mortgages and notes payable to unrelated the		<u></u>		23		
	24	Unsecured notes and loans payable to unrelated third	l parties			24		
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to rela plete Pa	ated third parties, art X of Schedule D.	7,643.	25	7,643.	
	26	Total liabilities. Add lines 17 through 25			52,408.	26	58,162.	
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	•	X				
ılaı	27	Net assets without donor restrictions			1,928,593.	27	1,722,835.	
ä	28	Net assets with donor restrictions			111,084.	28	93,579.	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here					
ō	29	Capital stock or trust principal, or current funds	Capital stock or trust principal, or current funds					
sts	30	Paid-in or capital surplus, or land, building, or equipm		<u> </u>		30		
SS	31	Retained earnings, endowment, accumulated income		<u> </u>		31		
t A	32	Total net assets or fund balances		<u> </u>	2,039,677.	32	1,816,414.	
₽	33	Total liabilities and net assets/fund balances			2,092,085.	33	1,874,576.	
RΔ	^			L 09/01/22	, ,		Form <b>990</b> (2022)	

D	W. Dannella Land Malakana	01307			- 3 -
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,	402,	483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	384,	340.
3	Revenue less expenses. Subtract line 2 from line 1	3		18,	143.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	039,	677.
5	Net unrealized gains (losses) on investments.	5	_	241,	406.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,	816,	414.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2h	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ate			
	basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	t,	1	v	
			20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform	1		
	Guidance, 2 C.F.R Part 200, Subpart F?		3a	1	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3l	)	
BAA	TEEA0112L 09/01/22		For	m <b>990</b>	(2022)

Form **990** (2022)

### **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

2022

Open to Public Inspection

iaille Ui	une	organization					Employer ider	iuncauon	number	ř		
BOYS	; 6	GIRLS CLUB OF THE	E COASTSIDE				94-3193	94-3193725				
Part	I	Reason for Public Cha	rity Status. (All o	rganizations must	comple	ete this	s part.) See inst	ructio	ns.			
		nization is not a private found	dation because it is: (F	For lines 1 through 12,	check o	nly one	box.)					
1		A church, convention of church	es, or association of ch	nurches described in sect	tion 1 <b>70</b> (	b)(1)(A)(	i).					
2		A school described in section	n 170(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)							
3		A hospital or a cooperative h	ospital service organi	ization described in sec	tion 170	)(b)(1)(A	A)(iii).					
4		A medical research organiza	tion operated in conju	unction with a hospital of	describe	d in <b>sec</b>	tion 170(b)(1)(A)(iii	). Ente	r the h	iospital's		
		name, city, and state:	,	•				•		•		
5		An organization operated for section 170(b)(1)(A)(iv). (Co		ge or university owned	or opera	ated by	a governmental un	t descr	ibed ir	า		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)										
8		A community trust described		A)(vi). (Complete Part I	l.)							
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant	college				
	ш	or university or a non-land-gran										
		university:										
10		An organization that normally from activities related to its investment income and unre June 30, 1975. See section 5	exempt functions, sub lated business taxable	ject to certain exception in the community in the communi	ns; and	(2) no r	nore than 33-1/3%	of its s	upport	t from gross		
11		An organization organized ar	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).					
12		An organization organized ar or more publicly supported o	nd operated exclusive	ely for the benefit of, to d in section 509(a)(1) o	perform	the fun <b>n 509(a</b> )	ctions of, or to carr	y out th	he pur	poses of one k the box on		
		lines 12a through 12d that de	escribes the type of su	upporting organization	and com	ıplete lir	nes 12e, 12f, and 1	2g.				
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	gularly appoint or elect	d, or controlled by its sup a majority of the director	ported or rs or trus	rganizati tees of t	ion(s), typically by gi he supporting organi	ving the zation.	suppo You mi	orted <b>ust</b>		
b		Type II. A supporting organiz management of the supporting must complete Part IV. Secti	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ed organization(s), the supported organ	by hav ization(	ing co (s). <b>Yo</b> u	ntrol or J		
С		Type III functionally integrated organization(s) (see instruction		ion operated in connection	n with, ar	nd functio	onally integrated with	its sup	ported			
d		Type III non-functionally integrated. The distribution of the control of the cont	rated. A supporting orga	anization operated in cor	nection	with its s	supported organization	n(s) tha	at is no	ot ent (see		
е		instructions). <b>You must com</b> Check this box if the organiz	plete Part IV, Section	s A and D, and Part V.						•		
	En	integrated, or Type III non-futer the number of supported	nctionally integrated s	supporting organizatior	١.		3, 3, 3,					
g	Pr	ovide the following information	n about the supported	d organization(s).								
(i)	Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	overning	(v) Amount of moneta support (see instruction		• • • • •	mount of other (see instructions)		
					Yes	No						
A)												
B)												
C)												
D)												
E)												
F_4-1												

# 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								
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.	
6	Public support. Subtract line 5 from line 4						2,473,677.	
Sec	tion B. Total Support		•				, -, -	
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total	
7	Amounts from line 4	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-29,966.	81,177.	35,709.	56,051.	51,074.	194,045.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on		32,2	55, 155	00,000	52,000	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	234.	300.		487.		1,021.	
	Total support. Add lines 7 through 10						3,082,101.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
13	<b>First 5 years.</b> If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pul	olic Support P	ercentage					
	Public support percentage for 20						80.26%	
	Public support percentage from 2021 Schedule A, Part II, line 14							
b	and stop here. The organization qualifies as a publicly supported organization.  X  b 33-1/3% support test—2021. 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	7a 10%-facts-and-circumstances test—2022. 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							
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and Private foundation. If the organization	meets the facts-a l-circumstances te	nd-circumstances est. The organizati	test, check this bon qualifies as a	oox and <b>stop here</b> publicly supporte	Explain in Part dorganization	VI how the	

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	,	<u> </u>				
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").		, ,				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(	3)
	tion C. Computation of Pul			10	· · ·	Ī	
	Public support percentage for 20	•	.,,		• •		
	Public support percentage from 2					16	8
	tion D. Computation of Inv				I (D)	T	,   0
	Investment income percentage f	•	• • •	-			
	Incompliance to the second second second	2021 C ' '		1 /			– – – – – – – – – – – – – – – – – –
18	Investment income percentage f						
18 19a	Investment income percentage f 33-1/3% support tests—2022. If is not more than 33-1/3%, check 33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	the organization of this box and <b>sto</b> the organization of	lid not check the because of the bec	oox on line 14, a ization qualifies x on line 14 or li	nd line 15 is more as a publicly supp ne 19a, and line 1	e than 33-1/3%, ported organizat 6 is more than	and line 17 ion

94-3193725

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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTSIDE 94-319372	5	F	age <b>5</b>
Pai	rt IV   Supporting Organizations (continued)		Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?		res	No
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	ction B. Type I Supporting Organizations			
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 <b>Part VI</b> 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	Yes	No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction 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		
	organization's governing documents in effect on the date of notification, to the extent not previously provided:	•		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction 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).			
í	The organization satisfied the Activities Test. Complete line 2 below.			
ı	<b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
I	<b>b</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.			
á	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
ı	<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Sch	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTS	SIDE	94-31	.93725	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio	st on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). <b>See</b> through E.	)
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Currer (option	
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		1	
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			
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
;	Average monthly value of securities	1a			
	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			
	Discount claimed for blockage or other factors     (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	ction C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). BAA Schedule A (Form 990) 2022

Sch	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTSIDE	94-3193	3725	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)		
Sec	ction D - Distributions		Current	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2022 from Section C. line 6	9		

10 Line 8 amount divided by line 9 amount		10	
Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	·		

BAA Schedule A (Form 990) 2022

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Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, 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.)

# Part II, Line 10 - Other Income

Nature and Source		2022			2021	 2020		2019		2018
OTHER REVENUE	Total	\$	0.	\$ \$	487. 487.	\$ 0.	\$ \$	300. 300.	\$ \$	234. 234.

# Schedule B (Form 990)

**Schedule of Contributors** 

0000

Employer identification number

**2022** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

BOYS & GIRLS CLUB OF THE COASTSIDE

94-3193725

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEITH & CINDY WADDELL		Person X
	300 TUNITAS CREEK LANE	\$25,000.	Payroll
	HALF MOON BAY, CA 94019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ATKINSON FOUNDATION		Person X Payroll
	1660 BUSH STREET, SUITE 300	\$ 20,000.	Noncash
	SAN FRANCISCO, CA 94019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF HALF MOON BAY		Person X
	501 MAIN STREET	\$ 24,000.	Payroll
	HALF MOON BAY, CA 94019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAVID & LUCILE PACKARD FOUNDATION		Person X
	343 SECOND STREET	\$7 <u>0,500</u> .	Payroll
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	GEORGE H SANDY FOUNDATION		Person X
	350 CALIFORNIA STREET STE 1800	\$20,000.	Payroll
	SAN FRANCISCO, CA 94019		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LEMEIN FAMILY FUND		Person X
	2201 BAY HILL COURT	\$ 20,000.	Payroll
	HALF MOON BAY, CA 94109		(Complete Part II for noncash contributions.)
		i .	1

Employer identification number

94-3193725

BO12 G	X GIRLS CLUB OF THE COASISIDE	94-3.	193725
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS & DONNA JONES FAMILY FDN  500 E. OLIVE AVE STE 670  BURBANK, CA 91501	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SMCU COMMUNITY FUND  350 CONVENTION WAY  REDWOOD CITY, CA 94063	\$37,112.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CABRILLO UNIFIED SCHOOL DISTRICT  498 KELLY AVENUE  HALF MOON BAY, CA 94019	\$110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	CUNHA ATHLETIC BOOSTERS  600 CHURCH STREET  HALF MOON BAY , CA 94019	\$ <u>37,600</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)	\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
	 	\$	Person Payroll Noncash  (Complete Part II for poncash contributions)

BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number

94-3193725

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	oace	e is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A			
		\$		
(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
	L			

Name of organization
BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number 94-3193725

Part III	<b>Exclusively</b> religious, charitable, et or (10) that total more than \$1,000 the following line entry. For organizations or contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	for the year from any one co ompleting Part III, enter the total of (Enter this information once. See in	ntribute exclusive	<b>Or.</b> Complete columns (a) through (e) and ely religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(a) Transfer of with				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	ft Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		

## SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

BO	S & GIRLS CLUB OF THE COASTS	IDE		94-319372	25
Pai			er Similar F	unds or Accounts.	
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised fund	ds	(b) Funds and other	r 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 do are the organization's property, subject to the	onor advisors in writing that the ass e organization's exclusive legal cor	sets held in d	onor advised funds	s No
6	Did the organization inform all grantees, don for charitable purposes and not for the bene impermissible private benefit?	nors, and donor advisors in writing t fit of the donor or donor advisor, or	hat grant fun for any othe	ds can be used only r purpose conferring Ye	s No
Pai					
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held	by the organization (check all that a	apply).		
	Preservation of land for public use (for exar	mple, recreation or education)	Preservat	ion of a historically importar	nt land area
	Protection of natural habitat		Preservat	tion of a certified historic str	ucture
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribu	ution in the for	m of a conservation easemen	t on the
	last day of the tax year.				
	Total number of concentration accommode				of the Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation eas				
	Number of conservation easements on a cer				
(	Number of conservation easements included historic structure listed in the National Regis	in (c) acquired after July 25, 2006	and not on a	2 d	
3	Number of conservation easements modified, tra				
J	tax year	ansiorroa, roioassa, examgaismoa, er e	ommutou by	and organization during the	
4	Number of states where property subject to o	conservation easement is located			
5	Does the organization have a written policy r		nspection, ha	ndling of violations,	
	and enforcement of the conservation easeme				s No
6	Staff and volunteer hours devoted to monitoring	, inspecting, handling of violations, an	d enforcing co	onservation easements during	the year
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and en	forcing conser	vation easements during the y	/ear
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requi	rements of se	ection 170(h)(4)(B)(i) <b>Ye</b>	s No
9	In Part XIII, describe how the organization reinclude, if applicable, the text of the footnote conservation easements.	eports conservation easements in it e to the organization's financial stat	s revenue an ements that	nd expense statement and badescribes the organization's	alance sheet, and accounting for
Pai	Complete if the organization answered	ollections of Art, Historical 7 d "Yes" on Form 990, Part IV, line 8.	Treasures,	or Other Similar Asse	ts.
1 8	If the organization elected, as permitted und historical treasures, or other similar assets he Part XIII the text of the footnote to its finance	neld for public exhibition, education,	or research	tatement and balance sheet in furtherance of public serv	works of art, vice, provide in
I	If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	search in furth	erance of public service, provi	rks of art, de the
	(i) Revenue included on Form 990, Part VII	I, line 1		\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, amounts required to be reported under FASE	historical treasures, or other similar and ASC 958 relating to these items:	assets for final	ncial gain, provide the followin	<u> </u>
	Revenue included on Form 990, Part VIII, lin	ne 1		\$	
	Accordingly dod in Form 990 Part Y			q	

Part III Organizations Maintaining Co	mections of Art, his	torical freasures, c	or Other Similar A	SSELS (COITE	iriueu)		
<b>3</b> Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that ma	ake significant use of its	collection			
a Public exhibition	<b>d</b> Loan c	r exchange program					
b Scholarly research e Other							
c Preservation for future generations					-		
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization's	exempt purpose in				
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part IV Escrow and Custodial Arrang reported an amount on Form 990, Part	<b>ements.</b> Complete if the X, line 21.	e organization answered	"Yes" on Form 990, Pa	rt IV, line 9, or			
1 a Is the organization an agent, trustee, custodia on Form 990, Part X?	an or other intermediary	for contributions or othe	r assets not included	Yes	□No		
<b>b</b> If "Yes," explain the arrangement in Part XIII and							
bit res, explain the arrangement in rare xiii and	t complete the following tak	no.		Amount			
<b>c</b> Beginning balance			1c	Amount			
<b>d</b> Additions during the year.							
e Distributions during the year			<b>—</b>				
3 ,							
f Ending balance							
2a Did the organization include an amount on Fo b If "Yes," explain the arrangement in Part XIII			-		No		
3	'	'		Į.			
Part V Endowment Funds. Complete if	the organization answered	"Yes" on Form 990. Par	t IV. line 10.				
(a) Curren	<u> </u>	(c) Two years back	(d) Three years back	(e) Four yea	rs back		
<b>1 a</b> Beginning of year balance	(2) (1101 ) (21	(c) the joine such	(u) mee yeare such	(6) . 5 ) 5			
<b>b</b> Contributions							
<b>5</b> 00.11.10.11.11.11.11.11.11.11.11.11.11.1							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
<b>q</b> End of year balance							
2 Provide the estimated percentage of the curre	ant year and halance (line	a 1g column (a)) hold s	001				
	ent year end balance (iiii	e ry, column (a)) nelu a	15.				
<b>a</b> Board designated or quasi-endowment							
c Term endowment %							
The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3 a Are there endowment funds not in the possession	n of the organization that a	re held and administered	for the				
organization by:				Yes	No		
(i) Unrelated organizations				. 3a(i)			
(ii) Related organizations				3a(ii)			
<b>b</b> If "Yes" on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?		. 3b	T		
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.					
Part VI Land, Buildings, and Equipme							
Complete if the organization answered		V. line 11a. See Form 99	0. Part X. line 10.				
Description of property		<b>(b)</b> Cost or other		(d) Book v	مبراد،		
Description of property	(a) Cost or other basis (investment)	basis (other)	(c) Accumulated depreciation	(u) DOOK V	aluc		
<b>1 a</b> Land	, , , ,	(3.2.2.)					
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment		54 012	EO 604	л	220		
• •		54,912.	50,684.		1,228.		
e Other	I I	31,256.	26,807.		1,449.		
iotai. Add intes la tillough le. (Column (d) must e	iquai i Uiiii 330, Mail A, C	oiuitiit (0), iiile 100.)		8	3,677.		

BAA Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o			
(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)	_		
(R)	_		
(C)	_		
(D) (E)	_		
(F)	_		
<u>· · · · · · · · · · · · · · · · · · · </u>	_		
<del>(H)</del>	-		
<u>· · · · · · · · · · · · · · · · · · · </u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered "Yes" or		N/A	
Complete if the organization answered "Yes" o  (a) Description of investment	n Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 13.	.d .f
* * * * * * * * * * * * * * * * * * * *	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	E 000 B 1 W 1	11   0   5   000   5	
Complete if the organization answered "Yes" o	<u>on Form 990, Part IV, IIn</u> escription	ne TTd. See Form 990, Part X, Tine 15.	<b>(b)</b> Book value
(1) EQUITIES	CSCTIPTION		47,843.
(2) MUTUAL FUNDS			1,117,941.
(3)			
(4)			
(5)			
(6)			
(7) (8)	_		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		1,165,784.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o		ne 11e or 11f. See Form 990, Part X, line	
• •	cription of liability		(b) Book value
(1) Federal income taxes			7 642
(2) SCHOLARSHIPS (3)			7,643.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	_		
(11)			7 (40
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			. 7,643.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the tax positions under EASE ASC 740. Check here if the text of the footnote h			rs liability for uncertain See Part XTTT [X]

Reconciliation of Revenue per Audited Financial Statements With Revenue per R	Clairi	•
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	1 161 077
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1,161,077.
a Net unrealized gains (losses) on investments. 2a -241,406. b Donated services and use of facilities 2b	-	
d Other (Describe in Part XIII.)		0.41 40.6
e Add lines 2a through 2d.	2 e	-241,406.
3 Subtract line 2e from line 1.	3	1,402,483.
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	_	
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,402,483.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	D - 1	
	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Retu 1	rn. 1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  2 c	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	1 2 e 3	1,384,340.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

IN ACCORDANCE WITH GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, THEY DO NOT RECOGNIZE INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public Inspection

Name of the organization
BOYS & GIRLS CLUB OF THE COASTSIDE

Part I
Form 990-EZ filers are not required to complete this part.

Employer identification 94-3193725

Part I
Form 990-EZ filers are not required to complete this part.

Employer identification number

	1 01111 330 LZ IIICIS die 110010								
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
ā	X Mail solicitations			е	X Solicitation of non-	government grants			
ŀ	X Internet and email solicitations	S		f	X Solicitation of gove	rnment grants			
(	c   X   Phone solicitations   g   X   Special fundraising events								
	I X In-person solicitations			9	<u></u> - p				
			1						
28	Did the organization have a written of employees listed in Form 990, Par	r orai agreemen rt VII) or entity	t with any i in connect	naiviauai (i ion with ni	nciuαing oπicers, directoi rofessional fundraising	rs, trustees, or key services?	X Yes No		
ŀ	If "Yes," list the 10 highest paid indiv	,			•				
•	compensated at least \$5,000 by the	ne organization		,, o, pa. caa.	it to agreemente anaer i		~ 0		
						(v) Amount paid to	( i) Amount maid to		
(i)	Name and address of individual	(ii) Activity	(III) Did	fundraiser dy or control	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)		
	or entity (fundraiser)		of contr	ibutions?	from activity	fundraiser listed in column (i)	organization		
	ELLEN WRIGHT		Yes	No		ooranni (i)			
1	PO BOX 3096		103	110					
•		GRANT		Х	107 200	27 500	150 700		
	HALF MOON BAY CA 94019	WRITING		Λ	197,200.	37,500.	159,700.		
2									
2									
			1						
_									
3									
4									
5									
6									
7									
8									
_									
9									
10									
		1							
Tota	I				197,200.	37,500.	159,700.		
3	List all states in which the organizati				ontributions or has been	notified it is exempt from	registration		
	or licensing.								

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GALA	(b) Event #2 COAST SIDE GIV	(c) Other events	(d) Total events (add column (a)
ne			(event type)	(event type)	(total number)	through column (c)
Revenue	1	Gross receipts	313,828.	35,900.	7,721.	357,449.
<u> </u>	2	Less: Contributions	117,875.	35,900.	7,721.	161,496.
	3	Gross income (line 1 minus line 2)	195,953.			195,953.
	4	Cash prizes				
	5	Noncash prizes	452.			452.
nses	6	Rent/facility costs				
Expe	7	Food and beverages	53,680.			53,680.
Direct Expenses	8	Entertainment	6,500.			6,500.
Ö	9	Other direct expenses	3,335.			3,335.
	10 11	Direct expense summary. Add lines 4 throws Net income summary. Subtract line 10 from the summary.				
Par		Gaming. Complete if the organiza	tion answered "Ye			131,986. eported more
		than \$15,000 on Form 990-EZ, lin	e 6a.	· 		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
2	1	Gross revenue				
ses	2	Cash prizes				
zxper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
Δ	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)		
а	Is th	er the state(s) in which the organization content or organization licensed to conduct gaming lo," explain:	g activities in each of th	nese states?		
		e any of the organization's gaming license				

Schedule G (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTSIDE	94-3193	3725	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:	اما		0
a The organization's facility.	H		ુ
<ul><li>b An outside facility.</li><li>14 Enter the name and address of the person who prepares the organization's gaming/special events bo</li></ul>			%
Name			. – – – .
Address			
15a Does the organization have a contract with a third party from whom the organization receives b If "Yes," enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party:  Name	and the amou	nt	No
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceed state gaming license?		Tyes	No
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organization organization organization.</li> </ul>		las	Пио
Part IV Supplemental Information. Provide the explanations required by Part I and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also information. See instructions.	, line 2b, columns or provide any addit	(iii) and (vional	/);

 BAA
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 0705/22
 Schedule G (Form 990) 2022

#### SCHEDULE L (Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(6) (7) (8) (9) (10) Total

Employer identification number

BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725														
Part I	Excess Be organization	enefit Transa answered "Yes"	actions (section 990, F	ion 501( Part IV,	(c)(3), se line 25a	ection 501(c)(4), ar or 25b, or Form 99	nd sec 90-EZ,	ction 501(c)(29) , Part V, line 40b	organiz	zations	only)	. Com	plete i	f the
		(b) Relation	(b) Relationship between disqualified person and								(d) Corrected?			
1	(a) Name of disqua	alified person		org	ganization		(c) Description of transaction				Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
	Loans to a	of tax, if any, or and/or From	Interested I answered "Yes	Perso on For 90, Pari	ursed by <b>ns.</b> rm 990-E t X, line	the organization . Z, Part V, line 38a 5, 6, or 22.				. \$	the			
(a) Nam	ne of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	<b>(e)</b> Original principal amount		(f) Balance due	<b>(g)</b> In (	default?	by bo	proved pard or nittee?	(i) Wi agreei	ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)														
(5)											-			

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990) 2022

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	t of (d) Description of transaction		aring of zation's nues?
				Yes	No
(1) GERONIMO JIMENEZ	BOARD MEMBER	9,201.	SOCCER COACH		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

#### **Supplemental Information**

JOHN KOLBINSON, BOARD MEMBER, WAS THE OWNER OF LA PETITE BALEEN, WHICH OFFERED

DISCOUNT SWIM LESSONS TO THE BOYS & GIRLS CLUB OF THE COASTSIDES' MEMBERS. BOYS & GIRLS

CLUB OF THE COASTSIDE PAID LA PETITE BALEEN AND COLLECTED THE FEES FROM THEIR MEMBERS.

GERONIMO JIMENEZ, BOARD MEMBER, PARTICIPATES AS A COACH FOR THE SOCCER PROGRAM AND RECEIVES A PRE-APPROVED COACHING STIPEND FROM THE MEMBERS OF THE SOCCER CLUB COMMITTEE. FOR THE YEAR ENDED DECEMBER 31, 2021, THIS BOARD MEMBER RECEIVED \$7,700 IN COACHING STIPENDS.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 94-3193725 BOYS & GIRLS CLUB OF THE COASTSIDE

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of c contril	determir	ning mounts
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests .							
12	Securities - Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other							
15	Real estate – Residential							
16	Real estate – Commercial							
17	Real estate – Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (IN-KIND RENT )			39,000.				
26	Other (PROGRAMS )			27,388.				
27	Other (GOODS)			120,156.	FMV			
_28	Other ( )							
29								
	organization completed Form 8283, Part V, Dones	e Acknowled	gement		29		V	NI -
							Yes	No
30a	a During the year, did the organization receive by contri							
	it must hold for at least 3 years from the date of the for exempt purposes for the entire holding period?					30 a		v
L	b If "Yes," describe the arrangement in Part II.					30 a		X
31		cy that requi	res the review of any	nonstandard contributio	ns?	31		X
						31		Λ
	a Does the organization hire or use third parties or a contributions?					32 a		Х
	b If "Yes," describe in Part II.							
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for w	nich column (a) is chec	ked,			

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

#### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number

94-3193725

#### Form 990. Part VI. Line 11b - Form 990 Review Process

DRAFT 990, PREPARED BY OUTSIDE ACCOUNTING FIRM, IS PROVIDED TO ALL INDIVIDUALS WITHIN THE ORGANIZATION CHARGED WITH GOVERNANCE FOR REVIEW AND APPROVAL. AFTER REVIEW AND APPROVAL OF DRAFT, AUTHORIZATION IS GIVEN TO OUTSIDE ACCOUNTING FIRM TO ISSUE.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

EACH YEAR ALL BOARD MEMBERS ARE RQUIRED TO SIGN A CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD PRESIDENT PERFORMS ANNUAL REVIEW WITH THE CEO AND COO.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS. POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

## **California Filing Instructions**

#### **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

#### **ELECTRONICALLY FILED:**

Form 199 - 2022 California Exempt Organization Annual Information Return will be electronically filed upon receipt of a signed Form 8453-E0.

#### **PAYMENT:**

No payment is required.

# 2022 California Exempt Organization Annual Information Return

FORM

199

Calendar Ye	ear 2022 or fiscal year beginning (mm/dd/yyyy) , and er	nding (mm/dd/yyyy)	
Corporation/Or	ganization name		California corporation number
	GIRLS CLUB OF THE COASTSIDE		1885410
Additional info	mation. See instructions.		FEIN 94-3193725
Street address	(suite or room)		PMB no.
P.O. BO	OX 545		
City HALF MO	OON RAY	State CA	Zip code 94019
Foreign country		Foreign province/state/county	Foreign postal code
B Amended C IRC Secti D Final info	return	organization have any changes to its guested to the FTB? See instructions	
		d with IRS	resINU
Part I	Complete Part I unless not required to file this form. See General Inform		1 692,307.
	<ol> <li>Gross sales or receipts from other sources. From Side 2, Part II, lii</li> <li>Gross dues and assessments from members and affiliates</li> </ol>		1 692,307.
Receipts	<b>3</b> Gross contributions, gifts, grants, and similar amounts received	3 774,143.	
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through I	•	
	This line must be completed. If the result is less than \$50,000, see	4 1,466,450.	
	5 Cost of goods sold		
	6 Cost or other basis, and sales expenses of assets sold ●		
	7 Total costs. Add line 5 and line 6	7	
	8 Total gross income. Subtract line 7 from line 4		8 1,466,450. 9 1,448,307.
Expenses	<ul><li>9 Total expenses and disbursements. From Side 2, Part II, line 18</li><li>10 Excess of receipts over expenses and disbursements. Subtract line</li></ul>		9 1,448,307. 10 18,143.
	<ul><li>10 Excess of receipts over expenses and disbursements. Subtract line</li><li>11 Total payments</li></ul>		11 10,143.
	12 Use tax. See General Information K.	<b>▼</b> ⊦	12
	13 Payments balance. If line 11 is more than line 12, subtract line 12		13
Tilina.	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from	om line 12 •	14
Filing Fee	15 Penalties and interest. See General Information J		15
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	(e)	16 0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying so correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of Signature of officer  Title  TREASURER	• Telephone 650-712-9710	
	Date	1/2/22 Check if self-	● PTIN
Paid	Preparer's signature VIKKI C RODRIGUEZ	1/3/23   self- employed ► _	P00685455
Preparer's Use Only	Firm's name MAZE & ASSOCIATES		Firm's FEIN
· · · · · · · · · · · · · · · · · · ·	(or yours, if self-employed) 3478 BUSKIRK AVE STE 217		94-2590179  • Telephone
	and address PLEASANT HILL, CA 94523	(925) 228-2800	
	May the FTB discuss this return with the preparer shown above? See in	estructions	
	1 The discuss the retain that the property shown above: Occ II		103   110

2   1.132,			1	Gross sales or receipts from a	ill business	activities. See i	nstruction	S		. •	ı	
A   Gross rends   5 Gross organizes   5 Gross amount received from sale of assets (See instructions)   5 Gross amount received from sale of assets (See instructions)   6   6   7 Other income. Attach schedule   SEE STATEMENT   7   641,676.   8 Total gross sales or receipt from other sources. Add line 1 through line 7. Eather here and or Side 1, Part I, line   9   9   10   10   10   10   10   10			2	Interest						. •	2	132.
Variety   Vari	<b>D</b>		3	Dividends						. •	3	50,499.
Sources   5   Gross royalties   6   5   6			4	Gross rents						. •	4	
6 Gross amount received from sale of assets (See instructions) 7 10 for income. Attach schedule 8 Total gross sales or receipts from other sources. Add lire I through lire J. Enter here and on Side I, Part I, line I. 9 cantrollations, gifts, gross, and similar mounts paid. Attach schedule. 10 Disbursements for of for members. 11 Compensation of officers, directors, and trustees. Attach schedule. 12 Offer salaries and wages 13 Interest. 13 Interest. 14 Cases. 15 Rents. 16 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 17 Other expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 1. 18 Total expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Total expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Other expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Total expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Total expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Total expenses and disbursements. Add lire 9 through lire 17. Enter here and on Side I, Part I, line 9. 19 Total assets	Othe	er	5	Gross royalties							5	_
8 Total gross sales or receipts from other sources. And line I through line 7. Futhr here and on Side I, Part I, line 1.   9   9   10   10   10   10   10   10	Sour	ces	6								6	_
8 Total gross sales or receipts from other sources. And line I through line 7. Futhr here and on Side I, Part I, line 1.   9   9   10   10   10   10   10   10			7	Other income. Attach schedule	e			SEE ST	ATEMENT 1		7	641,676.
9   Contributions, grits, grants, and similar amounts paid. Attach schedule.   0   0   11   0   0   11   0   0   11   0   0			8								8	
11   September   12   Other salaries and wages   13   Interest   13   Interest   13   Interest   14   Taxes   15   Interest   15   Interest   15   Interest   16   Depreciation and depletion (See instructions)   16   Depreciation and depletion (See instructions)   16   Depreciation and depletion (See instructions)   17   Other expenses and disbursements. Attach schedule   SEE STATEMENT 3   16   Captage and disbursements. Attach schedule   SEE STATEMENT 3   16   Captage and disbursements. Attach schedule   SEE STATEMENT 3   17   G648, 673.   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 3   18   Total expenses and disbursements. Attach schedule   SEE STATEMENT 2   SEE STA			9	Contributions, gifts, grants, and simila	r amounts paid	. Attach schedule				. •	9	•
12   Cither salaries and wages   13   Interest   13   13   13   13   14   15   15   15   15   15   15   15			10	Disbursements to or for members	oers					. •	10	
12   Cither salaries and wages   13   Interest   13   13   13   13   14   15   15   15   15   15   15   15			11	Compensation of officers, dire	ctors, and t	rustees. Attach	schedule		EE STMT 2	•	11	98,649.
Language   13   Interest   14   Taxes   15   14   63,402.			12								12	
Disburse  14   Taxes		enses	13	Interest							13	
15   Rents   16   Depreciation and depletion (See instructions)   16   2,584.   17   Other expenses and disbursements. Attach schedule   SEE, STATEMENT 3   16   2,584.   17   648,673.   18   Total sepenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9   18   1,448,307.   Schedule L Balance Sheet   Beginning of taxable year   End of taxable year   End of taxable year   Sees		urse-	14	Taxes							14	63,402.
16   Depreciation and depletion (See instructions).   16   2,584.   17   648,673.   17   648,673.   18   Total expenses and disbursements. Attach schedule.   SEE, STATEMENT 3   18   1,448,307.   Schedule L Balance Sheet   Beginning of taxable year   End of taxable year   Assets   (a) (b) (c) (d) (d)   (d) (d) (d) (d) (d) (d) (d) (d) (d) (d)	men	ts	15	Rents						. •	15	0071021
17 Other expenses and disbursements. Attach schedule.   SEE. STATEMENT 3   17   648, 673.   18   1448, 307.   18   1,448, 307.   1,448, 307.   18   1,448, 307.   18   1,448, 307.   18   1,448, 307.   18   1,448, 307.   18   1,448, 307.   18   1,448, 307.   1			16	Depreciation and depletion (S	ee instructio	ns)				. •		2 - 584
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9   1, 448, 307.												
Schedule L Balance Sheet   Beginning of taxable year   End of taxable year										-		-
Cash	Sch	odule			ad iiilo o diiloag							
Cash			<u> </u>	Balance Sheet						Liiu	JI LANA	
2 Net accounts receivable						(u)	`	•	(6)		•	
3 Net notes receivable	_										•	
A   Inventories	_										•	01/0201
6 Investments in other bonds 7 Investments in stock 8 Mortgage loans. 9 Other investments. Attach schedule. ST 4 10 a Depreciable assets. b Less accumulated depreciation. 11 Land. 12 Other assets. Attach schedule. STM 5 13 Total assets. 13 Total assets. 14 Accounts payable. 15 Contributions, gifts, or grants payable. 16 Bonds and notes payable. 17 Mortgages payable. 18 Other laibilities, Attach schedule. STM 6 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach schedule. 21 Retained earnings or income fund. 22 Total liaibilities and net worth 23 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Total Add line 7 and line 8. 7 Total Add line 7 and line 8.	_										•	
Threstments in stock	5	Federal	and s	tate government obligations							•	
## Nortgage loans	6	Investm	nents i	n other bonds							•	
9 Other investments. Attach schedule ST 4  10 a Depreciable assets.  b Less accumulated depreciation.  11 Land.  12 Other assets. Attach schedule.  STM 5  1,751.  3 Total assets.  Liabilities and net worth  14 Accounts payable.  15 Contributions, girts, or grants payable.  16 Bonds and notes payable.  17 Mortgages payable.  18 Other liabilities. Attach schedule.  STM 6  7,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  17,643.  18 Capital stock or principal fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth  2,092,085.  1,874,576.  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.  2 Federal income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.	7	Investm	nents i	n stock							•	
10 a Depreciable assets	8	Mortga	ge loar	ns							•	
10 a Depreciable assets	9	Other in	- ıvestm	nents. Attach schedule	4		1,3	56,056.			•	1,165,784.
b Less accumulated depreciation.  84,342.  5,008.  77,491.  8,677.  11 Land.  12 Other assets. Attach schedule.  STM 5  1,751.  5,909.  13 Total assets.  2,092,085.  1,874,576.  Liabilities and net worth  14 Accounts payable.  16 Bonds and notes payable.  17 Mortgages payable.  18 Other liabilities. Attach schedule.  19 Capital stock or principal fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth  22 Total liabilities and net worth  Net income per books.  1 Net income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not included in this return. Attach schedule.  5 Expenses recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not dedu	10 a					89,350.	•	•	86	,16	8.	
11 Land	b	Less ac	cumul	ated depreciation				5,008.				8,677.
12 Other assets. Attach schedule. STM 5  1,751. • 5,909.  13 Total assets 2,092,085. 1,874,576.  Liabilities and net worth  14 Accounts payable. • 44,765. • 50,519.  15 Contributions, gifts, or grants payable. • 18 Other liabilities and notes payable. • 18 Other liabilities, Attach schedule. STM 6  19 Capital stock or principal fund 2,039,677. • 1,816,414.  20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 2,092,085. 1,874,576.  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 • 17,700. 7 Income recorded on books this year not included in this return. Attach schedule. SEE, ST, 7 • -443.  3 Excess of capital losses over capital gains. • 10 Net income this year. Attach schedule. • 10 Net income per return.				·		•				•		•
13 Total assets 2,092,085. 1,874,576.  Liabilities and net worth 4 Accounts payable 44,765. 50,519.  15 Contributions, gifts, or grants payable 6 18 Bonds and notes payable 7 Mortgages payable 18 Other liabilities. Attach schedule STM 6 7,643. 7,643. 7,643.  19 Capital stock or principal fund 2,039,677. 1,816,414.  20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 2,092,085. 1,874,576.  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 17,700. 7 Income recorded on books this year not included in this return. Attach schedule SEE ST 7 9 -443.  2 Excess of capital losses over capital gains 4 Income not recorded on books this year.  Attach schedule 9 Total Add line 7 and line 8 -443.	12							1,751.			•	5,909.
Liabilities and net worth  14 Accounts payable	13						2,0					
14 Accounts payable. 950,519. 15 Contributions, gifts, or grants payable. 9 16 Bonds and notes payable. 9 17 Mortgages payable. 9 18 Other liabilities. Attach schedule. STM 6 7,643. 7,643. 7,643. 19 Capital stock or principal fund. 2,039,677. 9 1,816,414. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 2,092,085. 1,874,576.  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 9 17,700. 1 Income recorded on books this year not included in this return. Attach schedule. 9 SEE ST 7 9 -443.  3 Excess of capital losses over capital gains 9 Sexpenses recorded on books this year. Attach schedule. 9 Total. Add line 7 and line 8 -443.  4 Income not recorded on books this year not deducted in this return. Attach schedule. 9 Total. Add line 7 and line 8 -443.  5 Expenses recorded on books this year not deducted in this return. Attach schedule. 9 Total. Add line 7 and line 8 -443.  10 Net income per return.	Liab						<u> </u>					
15 Contributions, gifts, or grants payable.  16 Bonds and notes payable.  17 Mortgages payable.  18 Other liabilities. Attach schedule.  19 Capital stock or principal fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth.  23 Schedule M-1  24 Net income per books with 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.  2 Federal income tax  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  10 Net income per return.	14	Accoun	ts pay	able				44,765.			•	50,519.
16 Bonds and notes payable. 17 Mortgages payable. 18 Other liabilities. Attach schedule. STM 6 19 Capital stock or principal fund. 20 Paid-in or capital surplus. Attach reconciliation. 21 Retained earnings or income fund. 22 Total liabilities and net worth. 23 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 2 Federal income tax 3 Excess of capital losses over capital gains. 4 Income not recorded on books this year. Attach schedule. 5 Expenses recorded on books this year not deducted in this return. Attach schedule. 6 Total liabilities and net worth. 7 Income recorded on books this year not included in this return not charged against book income this year. Attach schedule. 9 Total. Add line 7 and line 8 -443. 10 Net income per return.											•	
17 Mortgages payable.  18 Other liabilities. Attach schedule.  19 Capital stock or principal fund.  20 Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth.  23 Schedule M-1  24 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.  2 Federal income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  9 Total. Add line 7 and line 8.  -443.  10 Net income per return.	16										•	
18 Other liabilities. Attach schedule. STM 6  19 Capital stock or principal fund. 2,039,677. 1,816,414.  20 Paid-in or capital surplus. Attach reconciliation. 2  21 Retained earnings or income fund. 2,092,085. 1,874,576.  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 17,700. 7 Income recorded on books this year not included in this return. Attach schedule SEE ST 7 -443.  2 Excess of capital losses over capital gains 4 Income not recorded on books this year.  Attach schedule 5 Expenses recorded on books this year not deducted in this return. Attach schedule 9 Total. Add line 7 and line 8 -443.  10 Net income per return.											•	
19 Capital stock or principal fund								7,643.				7,643.
Paid-in or capital surplus. Attach reconciliation.  21 Retained earnings or income fund.  22 Total liabilities and net worth.  23 Total liabilities and net worth.  24 Schedule M-1  25 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 Net income per books.  2 Federal income tax.  3 Excess of capital losses over capital gains.  4 Income not recorded on books this year.  Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  9 Total. Add line 7 and line 8.  -443.  10 Net income per return.							2,0				•	
Retained earnings or income fund.  2 Total liabilities and net worth.  2											•	
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 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year. Attach schedule 5 Expenses recorded on books this year not deducted in this return. Attach schedule 9 Total. Add line 7 and line 8 -443.  Net income per books 5 Expenses recorded on books this year not deducted in this return. Attach schedule 9 Total. Add line 7 and line 8 -443.	21										•	
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	22	Total li	abilit	ies and net worth			2,0	92,085.				1,874,576.
1 Net income per books	Sch	edule	: M-					e 13, column	(d), is less th	an \$5	0,000.	
2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year. Attach schedule 5 Expenses recorded on books this year not deducted in this return. Attach schedule 9 Total. Add line 7 and line 8 -443.  10 Net income per return.	1	Net inc	ome n	· · · · · · · · · · · · · · · · · · ·								
3 Excess of capital losses over capital gains					•							-443.
Attach schedule.  5 Expenses recorded on books this year not deducted in this return. Attach schedule.  9 Total. Add line 7 and line 8.  10 Net income per return.					•					• •		
5 Expenses recorded on books this year not deducted in this return. Attach schedule	4			· -			aga	inst book incom	e this year.			
in this return. Attach schedule		Attach	schedu	ıle	•							
· · · · · · · · · · · · · · · · · · ·	5	-										-443.
6 Total. Add line 1 through line 5												
	6	Total. A	dd lin	e 1 through line 5		17,700.	Su	otract line 9	trom line 6			18,143.

3652224 CACA1112L 01/10/23 **Side 2** Form 199 2022 059

## Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

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

2022

		F THE COASTSIDE	94-3193725			
Organiza	ation type (check one)					
Filers of	:	Section:				
Form 990	or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on			
		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				
		red by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Specia	pecial 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 I	Rules					
X	regulations under secti 16b, and that receive	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lind from any one contributor, during the year, total contributions of the greater on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Part	ne 13, 16a, or of (1) \$5,000; or			
	contributor, during th literary, or education	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro e year, total contributions of more than \$1,000 exclusively for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,			
	contributor, during th contributions totaled during the year for an <b>General Rule</b> applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but r more than \$1,000. If this box is checked, enter here the total contributions the <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the part to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions			
must ans	wer "No" on Part IV, line	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 the filing requirements of Schedule B (Form 990).				

BOYS & GIRLS CLUB OF THE COASTSIDE

94-3193725

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	KEITH & CINDY WADDELL		Person X			
	300 TUNITAS CREEK LANE	\$25,000.	Payroll			
	HALF MOON BAY, CA 94019		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ATKINSON FOUNDATION		Person X Payroll			
	1660 BUSH STREET, SUITE 300	\$ 20,000.	Noncash			
	SAN FRANCISCO, CA 94019		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	CITY OF HALF MOON BAY		Person X			
	501 MAIN STREET	\$ 24,000.	Payroll			
	HALF MOON BAY, CA 94019		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	DAVID & LUCILE PACKARD FOUNDATION		Person X			
	343 SECOND STREET	\$7 <u>0,500</u> .	Payroll			
	LOS ALTOS, CA 94022		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	GEORGE H SANDY FOUNDATION		Person X			
	350 CALIFORNIA STREET STE 1800	\$20,000.	Payroll			
	SAN FRANCISCO, CA 94019		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	LEMEIN FAMILY FUND		Person X			
	2201 BAY HILL COURT	\$ 20,000.	Payroll			
	HALF MOON BAY, CA 94109		(Complete Part II for noncash contributions.)			
		i .	1			

Employer identification number

94-3193725

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS & DONNA JONES FAMILY FDN  500 E. OLIVE AVE STE 670  BURBANK, CA 91501	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SMCU COMMUNITY FUND  350 CONVENTION WAY  REDWOOD CITY, CA 94063	\$ <u>37,112.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CABRILLO UNIFIED SCHOOL DISTRICT  498 KELLY AVENUE  HALF MOON BAY, CA 94019	\$110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	CUNHA_ATHLETIC_BOOSTERS  600 CHURCH_STREET  HALF_MOON_BAY_, CA_94019	\$37,600.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number

94-3193725

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	oace	e is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A			
		\$		 
(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
	L			

Name of organization
BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number
94-3193725

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 information once. See instructions.)\$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
		(a) Transfer of with				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4			t  Relationship of transferor to transferee		
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	t  Relationship of transferor to transferee			

#### **California Statements**

Page 1

#### **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

Statement 1 Form 199, Part II, Line 7 Other Income

Income from Special Events	\$ 195,953.
Other Investment Income	-443.
Program Service Revenue	446,166.
Total	\$ 641,676.

#### Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Directors, Trustees and Key Employees

#### **Current Officers:**

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
VIRGINIA PERRY P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00		\$ 0.	
KRIS HAMMERSTROM P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
CLODAGH LARKIN P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
CATHY ELCHINOFF P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
JOSH WARSHAUER P.O. BOX 545 HALF MOON BAY, CA 94019	Secretary 1.00	0.	0.	0.
ED WATKINS P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
KATIE HOWELL P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
ALAN O'DRISCOLL P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
GERONIMO JIMENEZ P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.

#### **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

#### **Current Officers:**

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
STEVE BACICH P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00		\$ 0.	
LAURIE WEIGELT P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
BETSY DEL FIERRO P.O. BOX 545 HALF MOON BAY, CA 94019	CO-PRESIDENT 1.00	0.	0.	0.
ROGER A. ESTRELLA P.O. BOX 545 HALF MOON BAY, CA 94019	CO-PRESIDENT 1.00	0.	0.	0.
CHUCK OTT P.O. BOX 545 HALF MOON BAY, CA 94019	Treasurer 1.00	0.	0.	0.
SANDRA TURNER P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
SUSIE MONTGELAS P.O. BOX 545 HALF MOON BAY, CA 94019	BOARD MEMBER 1.00	0.	0.	0.
JILL ADDISON-JACOBSON P.O. BOX 545 HALF MOON BAY, CA 94019	Executive Dir. 40.00	98,649.	0.	0.
	Total	\$ 98,649.	\$ 0.	\$ 0.

#### Statement 3 Form 199, Part II, Line 17 Other Expenses

Advertising and Promotion	\$ 12,787.
FUNDRAISINĞ COSTS - NON SPECIF	6,361.
IN-KIND GOODS	147,544.
IN-KIND RENT	39,000.
Insurance	22,628.
Office Expenses	16,627.
OPERATING EXPENSE	32,033.
Other Employee Benefit	45,285.
OTHER EXPENSES.	15,971.
Other fees	44,263.
Postage and Shipping	1,034.

2022	California Statements	Page 3
	BOYS & GIRLS CLUB OF THE COASTSIDE	94-3193725
REPAIRS & MAINTENAN Special Event Expen Travel	7 CE ses. Total <u>§</u>	42,756. 63,967. 4,638. 266.
Statement 4 Form 199, Schedule L, L Other Investments	ine 9	
FIXED INCOME	\$ Total <u>\$</u>	47,843. 0. 1,117,941. 1,165,784.
Statement 5 Form 199, Schedule L, L Other Assets	ine 12	
Prepaid Expenses and	d Deferred ChargesTotal \$	5,909. 5,909.
Statement 6 Form 199, Schedule L, L Other Liabilities	ine 18	
SCHOLARSHIPS	Total <u>\$</u>	7,643. 7,643.
Statement 7 Form 199, Schedule M-1 Income Recorded on Bo UNREALIZED GAIN	, Line 7 oks Not on Return \$ Total \$	-443. -443.

#### **FORM TO FILE:**

Form RRF-1 - Registration/Renewal Fee Report to Attorney General of California

#### SIGNATURE:

Sign and date Form RRF-1.

#### **PAYMENT:**

There is a fee due of \$200 which is payable by November 15, 2023. Attach a check or money order for the full amount payable to "Department of Justice" and write the California charity registration number on the payment.

#### WHEN TO FILE:

On or before November 15, 2023.

#### WHERE TO FILE:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

#### STATE OF CALIFORNIA

RRF-1 (Rev. 02/2021) IN

(916) 210-6400

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814

WEBSITE ADDRESS: www.oag.ca.gov/charities

# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA DEPARTMENT OF JUSTICE PAGE 1 of 5 (For Registry Use Only)

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.

			Check if:							
BOYS & GIRLS CLUB OF THE O	COAST									
Name of Organization	201101		Change of address							
List all DBAs and names the organization uses or has u	head	Amended report								
P.O. BOX 545	useu		State Charity Registration Number 1885410							
Address (Number and Street)										
HALF MOON BAY, CA 94019 City or Town, State, and ZIP Code				Corporation or Organization No. 1885410						
650-712-9710										
	-mail Add	dress		Federal Emplo	oyer ID No. <u>94-3193725</u>					
ANNUAL REGISTRA	TION R		EE SCHEDULE (11 Cal eck Payable to Depart		ections 301-307, 311, and 312) e					
Total Revenue	Fee	Total Reve	enue	Fee	Total Revenue	F	<u>ee</u>			
Less than \$50,000 Between \$50,000 and \$100,000 Between \$100,001 and \$250,000	\$50	Between \$	\$250,001 and \$1 millio \$1,000,001 and \$5 mill \$5,000,001 and \$20 mi	ion \$200	Between \$20,000,001 and \$100 millio Between \$100,000,001 and \$500 millio Greater than \$500 million	on \$1				
PART A – ACTIVITIES										
For your most recent full accounting	ıg perio	od (beginn	ing <u>1/01/22</u>	ending	12/31/22 ) list:					
Total Revenue \$ (including noncash contributions) 1 . 40	2 40	O None	ach Contributions C	100	544. Total Assets \$ 1,874		1.0			
			•			1,5/	6.			
Program Expenses	\$	875,	840.	Total Expense	s \$ <u>1,448,307.</u>					
PART B – STATEMENTS REGAR	RDING	G ORGAN	NIZATION DURING	G THE PERI	OD OF THIS REPORT					
Note: All questions must be answered.	If you a	answer "ye	s" to any of the quest	ions below, yo	u must attach a separate page	Yes	No			
During this reporting period, were there officer, director or trustee thereof, either directors.	e any c	ontracts, loan with an er	s, leases or other financial ntity in which any sucl	transactions betwo	veen the organization and any or trustee had agy finage and interest 1	Χ				
2 During this reporting period, was there	any th	neft, embez	zlement, diversion or	misuse of the	organization's charitable property or funds?		Х			
3 During this reporting period, were any	organiz	zation fund	s used to pay any per	nalty, fine or ju	dgment?		Χ			
During this reporting period, were the scoventurer used?	service	s of a comm	nercial fundraiser, fundrai	sing counsel fo	or charitable purposes, or commercial SEE STATEMENT 2	Χ				
5 During this reporting period, did the or	ganizat	tion receive	e any governmental fu	inding?	SEE STATEMENT 3	Χ				
6 During this reporting period, did the or	ganizat	tion hold a	raffle for charitable p	urposes?	SEE STATEMENT 4	Χ				
7 Does the organization conduct a vehicle donation program?							Χ			
8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?										
9 At the end of this reporting period, did	the or	ganization	hold restricted net assets,	while reporting	g negative unrestricted net assets?		Χ			
I declare under penalty of perjury that I I and belief, the content is true, correct ar					documents, and to the best of my kno	wled	ge			
	CHAF	RLES W.	OTT	TREASURER						
Signature of Authorized Agent	Printed			Title	Date					

#### **BOYS & GIRLS CLUB OF THE COASTSIDE**

94-3193725

Statement 1 Form RRF-1, Part B, Line 1 Financial Transactions

GERONIMO JIMENEZ, BOARD MEMBER, PARTICIPATES AS A COACH FOR THE SOCCER PROGRAM AND RECEIVES A PRE-APPROVED COACHING STIPEND FROM THE MEMBERS OF THE SOCCER CLUB COMMITTEE. FOR THE YEAR ENDED DECEMBER 31, 2022, THIS BOARD MEMBER RECEIVED \$9,201 IN COACHING STIPENDS.

Statement 2 Form RRF-1, Part B, Line 4 Fundraisers Used

ELLEN WRIGHT PO BOX 3096 HALF MOON BAY, CA 94019

Statement 3
Form RRF-1, Part B, Line 5
Government Agency That Provided Funding

CITY OF HALF MOON BAY 501 MAIN STREET HALF MOON BAY, CA 94019 650-726-8273

CABRILLO UNIFIED SCHOOL DISTRICT CURRICULUM AND INSTRUCTION DEPARTMENT 498 KELLY STREET HALF MOON BAY, CA 94019 650-712-7100

Statement 4
Form RRF-1, Part B, Line 6
Number and Dates of Raffles

ONE RAFFLE ON 11/18/2022

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only su	bmit origin	al (no copies needed).					
All corporations required to file an income tax return other			ps, REI	MICs, and	trusts must		
use Form 7004 to request an extension of time to file incor		S	Taxpa	yer identificati	on number (TIN)		
Type or							
print BOYS & GIRLS CLUB OF THE COA	STSIDE		94-3193725				
File by the Number, street, and room or suite number. If a P.O. box, se			J4 31J3723				
due date for P O BOX 545							
return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
HALF MOON BAY, CA 94019							
Enter the Return Code for the return that this application is	s for (file a se	parate application for each return)			01		
Application	Return	Application			Return		
ls For	Code	ls For		Code			
Form 990 or Form 990-EZ	01	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870					
Form 990-T (corporation)	07						
<ul> <li>Telephone No. ► 650-712-9710</li> <li>If the organization does not have an office or place of I</li> <li>If this is for a Group Return, enter the organization's for check this box ►</li></ul>	our digit Group	e United States, check this box	f this is				
I request an automatic 6-month extension of time until for the organization named above. The extension is f	or the organiz		ization	return			
2 If the tax year entered in line 1 is for less than 12 mc Change in accounting period	onths, check r	eason: Initial return Fi	nal retu	ırn			
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions							
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or tax payments made. Include any prior year overpaym	or 6069, enter nent allowed a	any refundable credits and estimated as a credit	3 b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include ye EFTPS (Electronic Federal Tax Payment System). Se	our payment vee instructions	with this form, if required, by using	3 c	\$	0.		
<b>Caution:</b> If you are going to make an electronic funds with payment instructions.	drawal (direct	debit) with this Form 8868, see Form 8	453-TE	and Form	8879-TE for		

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

Form 8868 (Rev. 1-2022)

#### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

For the 2022 calendar year, or tax year beginning 2022, and ending . 20 Check if applicable: D Employer identification number Address change BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 P.O. BOX 545 Telephone number Name change HALF MOON BAY, CA 94019 650-712-9710 Initial return Final return/terminated **G** Gross receipts \$ Amended return 1,466,450. F Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending JILL ADDISON-JACOBSON **H(b)** Are all subordinates included? If "No," attach a list. See instructions. Same As C Above Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 501(c) ( (insert no.) Website: N/A H(c) Group exemption number Κ Form of organization: X Corporation Association L Year of formation: Other 1996 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED IT THE MOST TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS. THE ORGANIZATION ACHIEVES ITS MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS. if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box Number of independent voting members of the governing body (Part VI, line 1b)..... 16 5 Total number of volunteers (estimate if necessary)..... 6 141 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 776,877 774,143. Program service revenue (Part VIII, line 2g)..... 181,145 446,166. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 56,051. 50,188. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 110,060 131,986. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 12 124,133 402,483 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4)..... 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 616,272 842,335 **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 17 342,512. 542,005. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 958,784. 1,384,340. Revenue less expenses. Subtract line 18 from line 12..... 165,349. 18,143. End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16)..... 2,092,085. 1,874,576. 21 Total liabilities (Part X, line 26)..... 52,408. 58,162. Net assets or fund balances. Subtract line 21 from line 20..... 22 2,039,677. 1,816,414. 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. Signature of officer Date Sign Here CHARLES W. OTT Treasurer Type or print name and title Print/Type preparer's name Preparer's signature VIKKI C RODRIGUEZ VIKKI C RODRIGUEZ P00685455 **Paid** self-employed Preparer Firm's name Maze & Associates Use Only Firm's address 3478 Buskirk Ave Ste 217 Firm's EIN 94-2590179 (925) 228-2800 Pleasant Hill, CA 94523 

Nο

Yes

. uı	Check if Schedule O contains a response or note to any line in this Part III								
1	Briefly describe the organization's mission:								
•	TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED IT THE MOST TO REACH THEIR FULL								
	POTENTIAL AS PRODUCTIVE AND RESPONSIBLE CITIZENS. THE ORGANIZATION ACHIEVES ITS								
	MISSION THROUGH EDUCATIONAL PROGRAMS, ENRICHMENT ACTIVITIES AND ORGANIZED SPORTS.								
2	Did the organization undertake any significant program services during the year which were not listed on the prior								
2	_ <u> </u>								
	Form 990 or 990-EZ?								
_	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No								
	If "Yes," describe these changes on Schedule O.								
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.								
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.								
12	(Code: ) (Expenses \$ 875,840. including grants of \$ ) (Revenue \$ )								
<del>-t</del> d	THE ORGANIZATION PROVIDED PROGRAMS TO YOUNG CHILDREN TYPICALLY IN NEED FROM								
	5 THROUGH 17 YEARS OF AGE. THE ORGANIZATION OFFERS A SAFE ENVIRONMENT TO								
	LEARN, DEVELOP RELATIONSHIPS WITH CARING ADULT PROFESSIONALS. LIFE ENHANCING								
	PROGRAMS AND CHARACTER DEVELOPMENT EXPERIENCES WERE SOME OF THE								
	GOALS THE ORGANIZATION STRIVES TO PROVIDE SUCH CHILDREN. MAIN OBJECTIVES OF								
	THE PROGRAMS WERE TO IMPROVE SELF-ESTEEM, ACADEMIC PERFORMANCES, POSITIVE								
	LIFE STYLES AND EXPOSE CHILDREN TO ARTS, SPORTS AND CHARACTER DEVELOPMENT								
	OPPORTUNITIES.								
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )								
	· · · · · · · · · · · · · · · · · · ·								
<b>4</b> c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
, .	Other magraph particles (Describe on Cabadula O.)								
4d	Other program services (Describe on Schedule O.)								
	(Expenses \$ including grants of \$ ) (Revenue \$ )								
4e	Total program service expenses 875,840.								

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Χ	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
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</i> "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

## Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 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? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part l</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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		Х
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? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	Х	_
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u>. [ ]</u>
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Χ	
	(gambing) withings to prize withers.	- 10	23	

Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE

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

			res	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 77						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ			
	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		Х			
	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		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х			
	If "Yes," indicate the number of Forms 8282 filed during the year			• • • • • • • • • • • • • • • • • • • •			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
·	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g					
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
a	Sponsoring organizations maintaining donor advised funds.	0					
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand			37			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	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?	15		Х			
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.	10		21			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would	17					
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	.,					
	100 to Brazilia seria seria						

Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . 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..... 16 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 **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 Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 ...... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? X a The organization's CEO, Executive Director, or top management official. See . Schedule. . O. . . . . . . 15a **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 X taxable entity during the year?..... 16a **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 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 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 X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

CHUCK OTT P.O. BOX 545 HALF MOON BAY CA 94019 650-712-9710

## 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 employees."
- 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.

CO-PRESIDENT

CO-PRESIDENT

ROGER A. ESTRELLA

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more (A) (B) (F) than one box, unless person is both an officer and a Reportable compensation from related organizations (W-2/1099-Name and title Reportable compensation from Average Estimated amount hours director/trustee) of other compensation from the organization the organization (W-2/1099-MISC/1099-NEC) Officer ndividual nstitutional lighest compensated MISC/1099-NEC) (list any employee hours for organizations related organiza tions l trustee helow dotted (1) JILL ADDISON-JACOBSON 40 Executive Dir. 0 Χ 0 0. 98,649 (2) VIRGINIA PERRY 1 0 BOARD MEMBER Χ 0 0 0. (3) KRIS HAMMERSTROM 1 0 BOARD MEMBER Χ 0 0 0. (4) CLODAGH LARKIN 1 BOARD MEMBER 0 Χ 0 0 0. (5) CATHY ELCHINOFF 1 BOARD MEMBER 0 Χ 0 0. 0. (6) JOSH WARSHAUER 1 0 Χ 0. Secretary Χ 0 0 (7) ED WATKINS 1 BOARD MEMBER 0 Χ 0. 0. 0. (8) KATIE HOWELL 1 0 BOARD MEMBER Χ 0 0 0. (9) ALAN O'DRISCOLL 1 BOARD MEMBER 0 Χ 0 0 0. (10) GERONIMO JIMENEZ 1 0 BOARD MEMBER Χ 0 0. 0 STEVE BACICH 1 0 Χ BOARD MEMBER 0 0 0. (12) LAURIE WEIGELT 1 BOARD MEMBER 0 Χ 0 0. 0 (13) BETSY DEL FIERRO 1

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Par	t VII   Section A. Officers, Directors, Tru		Key	En			es,	and	d Highest Com	pensated Empl	oyees	<b>(</b> conti	nued)
		(B)			((	•							
	(A)	Average hours							<b>(D)</b> Reportable	<b>(E)</b> Reportable		(F)	
Name and title					nd a d		or/trus	tee)	compensation from	compensation from related organizations	(	ated amo	
		(list any hours	or d	Insti	Officer	Key	Highest co employee	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation rganizati	ion
		for related	dividual	utio	cer	emp	loyer	ner er				d related anization	
		organiza - tions	ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee						
		below dotted line)	istee	TIS.		ð	ens						
		ilile)	"	ਨਿੱ			ated						
(15)	CHUCK OTT	1											
3.2/_	Treasurer	0	X		Х				0.	0.			0.
(16)	SANDRA TURNER	1											
	BOARD MEMBER	0	X						0.	0.			0.
(17)	SUSIE MONTGELAS	1											
	BOARD MEMBER	0	X						0.	0.			0.
(18)													
<u>(19)</u>													
(20)													
(20)													
(21)													
			•										
(22)													
(23)													
(24)													
(25)			-										
(23)													
1b	Subtotal								98,649.	0.			0.
С	Total from continuation sheets to Part VII, Section	on A							0.	0.			0.
	Total (add lines 1b and 1c)								98,649.	0.			0.
2	Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
	from the organization 0											1	
												Yes	No
3	Did the organization list any <b>former</b> officer, direction line 1a? <i>If "Yes,"complete Schedule J for suci</i>	tor, truste	e, ke	еу е	mple	oyee	e, or	high	nest compensated	employee	3		X
	,												$\overline{}$
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	ie co 50,0	mpe 00?	ensa If "	ition Yes.	and " con	oth <i>nple</i>	ier compensation f e <i>te Schedule J for</i>	rrom			
	such individual										4		X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	e comper	satio	n fr	om	any	unre	late	ed organization or	individual	5		Х
Sec	tion B. Independent Contractors	s, compre	- ie 3	CITE	uuie	: 5 10	JI SU	CIT	Jerson				Λ
	Complete this table for your five highest compens	sated ind	epen	den	t cor	ntra	ctors	tha	t received more th	nan \$100,000 of			
	compensation from the organization. Report compensation		the c	alen	dar <u>i</u>	year	endi	ng v				•	
	<b>(A)</b> Name and business addr	ess							(B) Description of	of services	Compe	<b>C)</b> :nsatio	n
-													
2	Total number of independent contractors (including b	out not lim	ited t	o the	se I	isted	abo	ve)	who received more	than			
	\$100,000 of compensation from the organization	0											

#### Form 990 (2022) BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue exempt excluded from tax business under sections 512-514 function revenue revenue E, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с 161,496 Gifts, **d** Related organizations . . . . . . . 1d e Government grants (contributions) . . . . 24,000 Contributions, Other Sin f All other contributions, gifts, grants, and similar amounts not included above . . . 1f 588,647 Noncash contributions included in 1g 186,544 lines 1a-1f........ h Total. Add lines 1a-1f..... 774,143 Business Code Program Service Revenue 2a PROGRAM INCOME 446,166 446,166 All other program service revenue. . . g Total. Add lines 2a-2f ..... 446,166 Investment income (including dividends, interest, and 50,188 50,188 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory **b** Less: cost or other basis 7a 7b and sales expenses c Gain or (loss)..... 7с **d** Net gain or (loss) ..... 8a Gross income from fundraising events Revenue (not including \$\_ 161,496. of contributions reported on line 1c). 8a See Part IV, line 18 . . . . . . . . . . . . . . . . 195,953 Other **b** Less: direct expenses..... 8b 63,967 c Net income or (loss) from fundraising events ...... 131,986 9a Gross income from gaming activities. 9a **b** Less: direct expenses..... 9b c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less..... returns and allowances. . . . . . . . . . 0a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a O<u>THER INCOME</u> Revenue

402

483

0

All other revenue ..... e Total. Add lines 11a-11d . . .

12

Total revenue. See instructions.....

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

	Check if Schedule O contains a re				
Do r 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	98,649.	9,865.	49,324.	39,460.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	634,999.	430,325.	170,770.	33,904.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	034, 333.	430,323.	170,770.	33, 301.
9	Other employee benefits	45,285.	27,170.	13,586.	4,529.
10	Payroll taxes	63,402.	38,041.	19,021.	6,340.
11	Fees for services (nonemployees):	,	55,55	,	-,
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	44,263.	22,152.	22,111.	
12	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	12,787.	12,787.	22,111.	
13	Office expenses	16,627.	16,627.		
14	Information technology	10,027.	10,027.		
15	Royalties.				
16	Occupancy				
17	Travel	4,638.	4,638.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,000.	1,000.		
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,584.	2,274.	310.	
23	Other expenses. Itemize expenses not	22,628.		22,628.	
24	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.)				
а	PROGRAM EXPENSE	153,513.	153,513.		
b	IN-KIND GOODS	147,544.	27,388.		120,156.
С	REPAIRS & MAINTENANCE	42,756.	42,756.		
d		39,000.	39,000.		
	All other expenses	55,665.	49,304.		6,361.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,384,340.	875,840.	297,750.	210,750.
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)				

		Check if Schedule O contains a response or note to	o any li	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			707,128.	1	642,683.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	22,142.	4	51,523.		
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	ner offic I contri rsons	cer, director, butor, or 35%		5	
	6	Loans and other receivables from other disqualified p		H		,	
	٥	section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net	•	/ ` <i>/</i> ` <i>/</i>		7	
Ø	8	Inventories for sale or use		_		8	
ě	9	Prepaid expenses and deferred charges		_	1 751	9	Г 000
Assets			1 1		1,751.	9	5,909.
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		86,168.			
	b	Less: accumulated depreciation		77,491.	5,008.	10c	8,677.
	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		<del> -</del>		14	
	15	Other assets. See Part IV, line 11	1,356,056.	15	1,165,784.		
	16	Total assets. Add lines 1 through 15 (must equal line	2,092,085.	16	1,874,576.		
	17	Accounts payable and accrued expenses			44,765.	17	50,519.
	18	Grants payable		_		18	
	19	Deferred revenue		<u> </u>		19	
	20	Tax-exempt bond liabilities		<u> </u>		20	
<u>e</u> s	21	Escrow or custodial account liability. Complete Part I		_		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, d utor, or rsons	irector, trustee, 35%		22	
$\Box$	23	Secured mortgages and notes payable to unrelated the		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	•	<u> </u>		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com			7,643.	25	7,643.
	26	Total liabilities. Add lines 17 through 25			52,408.	26	58,162.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	е	X	·		·
<u>ā</u>	27	Net assets without donor restrictions			1,928,593.	27	1,722,835.
Ba	28	Net assets with donor restrictions			111,084.	28	93,579.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck her	e 🗌			
9	29	Capital stock or trust principal, or current funds				29	
ş	30	Paid-in or capital surplus, or land, building, or equipm				30	
SSE	31	Retained earnings, endowment, accumulated income,				31	
۲	32	Total net assets or fund balances			2,039,677.	32	1,816,414.
Š	33	Total liabilities and net assets/fund balances		<b></b>	2,092,085.	33	1,874,576.
<u>Б</u> Л				111 09/01/22	2,002,000.		Earm <b>990</b> (2022)

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	02,4	183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	84,3	340.
3	Revenue less expenses. Subtract line 2 from line 1	3		18,1	L43.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,0	39,6	577.
5	Net unrealized gains (losses) on investments.	5		41,4	
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
<b>D</b>	column (B))	10	1,8	16,4	114.
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:  X Separate basis  Both consolidated and separate basis	ate			
С	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?	, 	2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Form	990	(2022)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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.) 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

Sec	tion A. Public Support								
begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.		
6	Public support. Subtract line 5 from line 4						2,473,677.		
Sec	tion B. Total Support	•	•				,		
	ndar year (or fiscal year nning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	<b>(f)</b> Total		
7	Amounts from line 4	468,390.	380,473.	605,027.	776,877.	656,268.	2,887,035.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-29,966.	81,177.	35,709.	56,051.	51,074.	194,045.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	=2,233	52,2111	55, 155	00,000	52,000	0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	234.	300.		487.		1,021.		
	Total support. Add lines 7 through 10						3,082,101.		
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.		
	<b>First 5 years.</b> If the Form 990 is organization, check this box and			third, fourth, or fi	fth tax year as a	section 501(c)(3)			
Sec	tion C. Computation of Pul Public support percentage for 20	olic Support P	ercentage			1 1			
							80.26%		
	Public support percentage from 2021 Schedule A, Part II, line 14								
b	and stop here. The organization qualifies as a publicly supported organization.     X								
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the facts-	meets the facts-ar	nd-circumstances	test, check this b	ox and stop here	. Explain in Part '	VI how		
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar -circumstances te	nd-circumstances est. The organizati	test, check this bon qualifies as a	oox and <b>stop here</b> publicly supporte	LExplain in Part of organization.	VI how the		
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions		

Schedule A (Form 990) 2022

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

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

Sec	tion A. Public Support	otto notou polon,	picase complete i	<u> </u>			
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2010	(5) 2513	(0) 2020	(a) 2321	(c) LGLL	(i) rotal
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		T		1	,	
	dar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b.  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here					
	tion C. Computation of Pul					1 1	
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv				(0)	1 1	
17		· ·		-	***		<u> </u>
	Investment income percentage f						% 
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The organ	ization qualifies a	as a publicly supp	orted organization	
	<b>33-1/3% support tests—2021.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> Th	e organization qu	ialifies as a public	cly supported organ	nization

# 94-3193725

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?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	<u>-</u> За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	: Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
h	accomplished (such as by amendment to the organizing document).  Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	5a		
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons,			
	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	: Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a		
	whether the organization had excess business holdings.)	IUD		l

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTSIDE 94-319	3725	F	age <b>5</b>				
Par	rt IV Supporting Organizations (continued)		i	1				
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No				
	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						
	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 <b>Part VI.</b>	11c						
Sec	ction B. Type I Supporting Organizations		Т					
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	000	Yes	No				
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had n							
	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	ers						
	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the							
	supporting organization.	2						
Sec	ction 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 <b>Part VI</b> how control or management of	the						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Sec	ction D. All Type III Supporting Organizations							
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No				
•	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?							
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 <b>Part VI</b> how							
	the organizatión maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant							
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations playe	d						
	in this regard.	3						
Sec	ction 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 instruction	ıs).						
a	The organization satisfied the Activities Test. Complete line 2 below.							
Ł	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	v (see instr	uction	s).				
		•						
2	Activities Test. Answer lines 2a and 2b below.		Yes	No				
a	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 <b>Part VI identify those supported</b>							
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was							
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a						
L								
	b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	)I						
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b						
_	·							
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>							
ā	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a						
t	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 <b>Part VI</b> the role played by the organization in this regard.	3b						

Sch	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTS		94-31	93725 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain in st complete Sections A	Part VI). <b>See</b> through E.
Sec	tion 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		
Sec	tion 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):			
á	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). Schedule A (Form 990) 2022 BAA

Sch	edule A (Form 990) 2022 BOYS & GIRLS CLUB OF THE COASTSIDE	94-3193	3725	Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	nued)		
Sec	ction D - Distributions		Current	Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8		
9	Distributable amount for 2022 from Section C. line 6	9		

10 Line 8 amount divided by line 9 amount		10	
Line 8 amount divided by line 9 amount			
Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	·		

BAA Schedule A (Form 990) 2022

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Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section 4, 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.)

## Part II, Line 10 - Other Income

Nature and Source		2022			2021	 2020		2019		2018
OTHER REVENUE	Total	\$	0.	\$ \$	487. 487.	\$ 0.	\$ \$	300. 300.	\$ \$	234. 234.

# Schedule B (Form 990)

**Schedule of Contributors** 

ile of Contributors 202

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization BOYS & GIRLS CLUB OF THE COASTSIDE 94-3193725 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (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).

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

BOYS & GIRLS CLUB OF THE COASTSIDE

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KEITH & CINDY WADDELL  300 TUNITAS CREEK LANE  HALF MOON BAY, CA 94019	\$25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ATKINSON FOUNDATION  1660 BUSH STREET, SUITE 300  SAN FRANCISCO, CA 94019	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF HALF MOON BAY  501 MAIN STREET  HALF MOON BAY, CA 94019	\$24,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	DAVID & LUCILE PACKARD FOUNDATION  343 SECOND STREET  LOS ALTOS, CA 94022	\$70,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
	Name, address, and Zir + 4	Total contributions	Type of contribution
<u>5</u>	GEORGE H SANDY FOUNDATION  350 CALIFORNIA STREET STE 1800  SAN FRANCISCO, CA 94019	\$20,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	GEORGE H SANDY FOUNDATION  350 CALIFORNIA STREET STE 1800		Person X Payroll Noncash  (Complete Part II for

Employer identification number

BO12 G	X GIRLS CLUB OF THE COASISIDE	94-3.	193725
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LOUIS & DONNA JONES FAMILY FDN  500 E. OLIVE AVE STE 670  BURBANK, CA 91501	\$20,000.	Person X  Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SMCU COMMUNITY FUND  350 CONVENTION WAY  REDWOOD CITY, CA 94063	\$37,112.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	CABRILLO UNIFIED SCHOOL DISTRICT  498 KELLY AVENUE  HALF MOON BAY, CA 94019	\$110,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	CUNHA ATHLETIC BOOSTERS  600 CHURCH STREET  HALF MOON BAY , CA 94019	\$ <u>37,600</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)	\$ 	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
	 	\$	Person Payroll Noncash  (Complete Part II for poncash contributions)

BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	oace	e is needed.	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A			
		\$		 
(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
	L			

Name of organization
BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number 94-3193725

Part III	or (10) that total more than \$1,000 the following line entry. For organizations or contributions of \$1,000 or less for the year.	for the year from any one completing Part III, enter the total of (Enter this information once. See	ontribute of <i>exclusive</i>	<b>Or.</b> Complete columns (a) through (e) and ely religious, charitable, etc.,							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
	N/A	(e) Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (c) Use of gift  (d) Description of how gift  Relationship of transferor to transferor to transferor of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (f) Description of how gift  (h) Purpose of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (f) Description of how gift  (h) Purpose of gift  (h)									
	Transferee's name, addres		Rela	tionship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	·	(d) Description of how gift is held							
	Transferee's name, addres	-	f gift  Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift (c) Use of gift			(d) Description of how gift is held							
	Transferee's name, addres		ift  Relationship of transferor to transferee								
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held							
Part I											
	Transferee's name, addres		Rela	tionship of transferor to transferee							
	<u></u>		· — — — — — — — — — — — — — — — — — — —								

# SCHEDULE D (Form 990)

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.

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ВОУ	S & GIRLS CLUB OF THE COASTS:	IDE		94-31937	25
Par			er Similar F	unds or Accounts.	
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised fund	ds	(b) Funds and other	er 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 do are the organization's property, subject to the	onor advisors in writing that the ass e organization's exclusive legal cor	sets held in d	onor advised funds	es No
6	Did the organization inform all grantees, don for charitable purposes and not for the benef impermissible private benefit?	ors, and donor advisors in writing t it of the donor or donor advisor, or	hat grant fun for any other	ds can be used only r purpose conferring	es No
Par		IIIV II E 000 D I IV I: 7			
	Complete if the organization answered		I- A		
ı	Purpose(s) of conservation easements held to	•	<u></u>	ion of a biokovically income	ant land area
	Preservation of land for public use (for exan Protection of natural habitat	iple, recreation or education)		ion of a historically importation of a certified historic st	
	Preservation of open space		Freservat	ion of a certified historic st	iructure
2	Complete lines 2a through 2d if the organization	hold a qualified conservation contribu	ition in the for	m of a conservation easeme	nt on the
_	last day of the tax year.	field a qualified conservation contribu	ation in the for	iii oi a conservation easeme	iii oii tiie
				Held at the En	d of the Tax Year
ā	Total number of conservation easements			2a	
	Total acreage restricted by conservation ease				
(	Number of conservation easements on a cert	tified historic structure included in	(a)	2c	
C	Number of conservation easements included historic structure listed in the National Regist	in (c) acquired after July 25, 2006 ter	and not on a	2d	
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or t	erminated by t	the organization during the	
	tax year				
4	Number of states where property subject to o				
5	Does the organization have a written policy r and enforcement of the conservation easeme				es 🗆 No
6	Staff and volunteer hours devoted to monitoring,				
Ĭ	3,	3, 1, 3, 1, 1, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	<b>.</b>		, <b>,</b>
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and en	forcing conser	vation easements during the	year
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requi	rements of se	ection 170(h)(4)(B)(i)	<b>—</b>
					es No
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	eports conservation easements in it to the organization's financial stat	s revenue an ements that o	d expense statement and l describes the organization!	balance sheet, and s accounting for
Par	Organizations Maintaining Co Complete if the organization answered	<b>Dilections of Art, Historical</b> 7 I "Yes" on Form 990, Part IV, line 8.	Γreasures,	or Other Similar Ass	ets.
1 a	If the organization elected, as permitted undo historical treasures, or other similar assets h Part XIII the text of the footnote to its financi	eld for public exhibition, education,	or research	tatement and balance sheen in furtherance of public sen	et works of art, rvice, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	search in furth	erance of public service, prov	vide the
	following amounts relating to these items: (i) Revenue included on Form 990, Part VIII (ii) Assets included in Form 990, Part X	, line 1		\$	
	(ii) Assets included in Form 990, Part X			\$	
2	If the organization received or held works of art, amounts required to be reported under FASE	historical treasures, or other similar a			
	Revenue included on Form 990, Part VIII, lin				
ŀ	Assets included in Form 990, Part X			\$	

Part III	Organizations Main	taining Coll	ections of A	Art, HISTO	ricai Treasure	s, or Ut	ner Similar A	ssets	(CONTIF	iuea)	
3 Using items	the organization's acquisition (check all that apply):	, accession, and	d other records	, check any	of the following that	t make sig	nificant use of its	collection	n		
a P	ublic exhibition		d	Loan or	exchange program	า					
b Scholarly research e Other											
c $\square$ P	reservation for future gener	ations	_								
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
	to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Part IV	<b>Part IV Escrow and Custodial Arrangements.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.										
<b>1 a</b> Is the	e organization an agent, trus	stee, custodian	or other inter	mediary for	r contributions or o	other asse	ets not included		_		
on Fo	orm 990, Part X?s," explain the arrangement ir							Yes	L	No	
								Amoun	t		
<b>c</b> Begir	nning balance					1	С				
<b>d</b> Addit	ions during the year					1	d				
<b>e</b> Distri	butions during the year					1	е				
<b>f</b> Endir	ng balance					1	f				
2 a Did th	ne organization include an a	mount on Forn	n 990, Part X,	line 21, fo	r escrow or custod	ial accou	nt liability?	Yes		No	
<b>b</b> If "Ye	es," explain the arrangemen	t in Part XIII. C	Check here if t	the explana	tion has been prov	vided on F	Part XIII			_	
Part V	Endowment Funds.	Complete if the	e organization	answered "	Ves" on Form 990	Part IV li	ne 10				
raitv	Endownient i unus.	(a) Current y		) Prior year	(c) Two years b		d) Three years back	(0)	Four years	- hack	
<b>1 a</b> Begir	nning of year balance	(a) ourrent y	cai (b	7 i iioi yoai	(c) Two years b	Jack (	a) Tillee years back	(0)	our years	) Dack	
J	ributions										
<b>D</b> Conti	ibutions										
and le	nvestment earnings, gains, osses										
	ts or scholarships										
and p	expenditures for facilities programs										
<b>f</b> Admi	nistrative expenses										
-	of year balance										
2 Provi	de the estimated percentage	e of the curren	t year end bal	lance (line	1g, column (a)) he	eld as:					
<b>a</b> Board	d designated or quasi-endov		%	i							
<b>b</b> Perm	anent endowment	%									
<b>c</b> Term	endowment	%									
The p	ercentages on lines 2a, 2b, ar	nd 2c should eq	ual 100%.								
<b>3 a</b> A			£ 11	H							
orgar	nere endowment funds not in the intrinction by:	ne possession o	of the organizat	tion that are	neid and administer	rea for the			Yes	No	
9	Inrelated organizations							. 3a(i)			
• • •	Related organizations							3a(ii)			
٠,	es" on line 3a(ii), are the rel							3b			
	ribe in Part XIII the intended	-		•				36			
Part VI	Land, Buildings, an		_	endownien	iuius.						
rait VI				100 Dart IV	line 11e Coe Form	n 000 Dar	+ V line 10				
	Complete if the organizati										
	Description of property	(6	a) Cost or other	er basis	(b) Cost or other	(c)	Accumulated	(d)	Book va	ılue	
1.000			(investme	111)	basis (other)	a a	epreciation				
		<u> </u>									
	ings	<u> </u>									
	ehold improvements					$\perp$					
	oment	<u> </u>			54,912		50,684.			,228.	
	·				31,256		26,807.			449.	
Total. Add	lines 1a through 1e. (Colum	ın (d) must equ	ual Form 990,	Part X, col	umn (B), line 10c.)	)			8,	677.	

BAA Schedule D (Form 990) 2022

Complete if the organization answered "Yes" o			
(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)	_		
(R)	_		
(C)	_		
(D) (E)	_		
(F)	_		
<u>· · · · · · · · · · · · · · · · · · · </u>	_		
<del>(H)</del>	-		
<u>· · · · · · · · · · · · · · · · · · · </u>			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered "Yes" or		N/A	
Complete if the organization answered "Yes" o  (a) Description of investment	n Form 990, Part IV, lin	ne 11c. See Form 990, Part X, line 13.	.d .f
* * * * * * * * * * * * * * * * * * * *	(b) Book value	(c) Method of valuation: Cost or en	id-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	E 000 B 1 W 1	11   0   5   000   5	
Complete if the organization answered "Yes" o	<u>on Form 990, Part IV, IIn</u> escription	ne TTd. See Form 990, Part X, Tine 15.	<b>(b)</b> Book value
(1) EQUITIES	CSCTIPTION		47,843.
(2) MUTUAL FUNDS			1,117,941.
(3)			
(4)			
(5)			
(6)			
(7) (8)	_		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column	(B) line 15.)		1,165,784.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o		ne 11e or 11f. See Form 990, Part X, line	
• •	cription of liability		(b) Book value
(1) Federal income taxes			7 642
(2) SCHOLARSHIPS (3)			7,643.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	_		
(11)			7 (40
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			. 7,643.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the tax positions under EASE ASC 740. Check here if the text of the footnote h			rs liability for uncertain See Part XTTT [X]

Reconciliation of Revenue per Audited Financial Statements With Revenue per Reconciliation of Re	Cluiii	•
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	1 161 077
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	1,161,077.
a Net unrealized gains (losses) on investments.  2a -241, 406.		
b Donated services and use of facilities		
c Recoveries of prior year grants	_	
d Other (Describe in Part XIII.)		0.11 100
e Add lines 2a through 2d.	2 e	-241,406.
3 Subtract line 2e from line 1.	3	1,402,483.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,402,483.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	D - 1	
	кеtu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Retu 1	rn. 1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  2 c	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	1 2e	1,384,340.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities. 2a  b Prior year adjustments. 2b  c Other losses. 2c  d Other (Describe in Part XIII.) 2d  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  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	2 e 3	1,384,340.

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 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### Part X - FASB ASC 740 Footnote

Part XIII Supplemental Information.

IN ACCORDANCE WITH GAAP, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, THEY DO NOT RECOGNIZE INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

BAA Schedule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF THE					94-319372	5
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza	ation answe	ered "Yes" art.	on Form 990, Part IV, line	e 17.	_
1 Indicate whether the organization	·			owing activities. Check	all that apply.	
a X Mail solicitations			е	X Solicitation of non-	government grants	
<b>b</b> X Internet and email solicitations	5		f	X Solicitation of gove	rnment grants	
c X Phone solicitations				X Special fundraising		
d X In-person solicitations			3			
2a Did the organization have a written o	r oral agreement	t with any i	ndividual (i	ncluding officers, director	rs trustees or kev	
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services?	X Yes No
<b>b</b> If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the	riduals or entities ne organization.	(fundraise	ers) pursuai	nt to agreements under w	which the fundraiser is to	be
		(III) Did	f		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	` (or retained by)
or oriting (randraison)		of contr	ributions?	nom activity	column (i)	organization
ELLEN WRIGHT		Yes	No			
<b>1</b> PO BOX 3096	GRANT					
HALF MOON BAY CA 94019	WRITING		X	197,200.	37,500.	159,700.
2						
3						
4						
5						
6						
7						
,						
8						
9						
10						
-						
Total				197,200.	37,500.	159,700.
<b>3</b> List all states in which the organization or licensing.	on is registered o	or licensed	to solicit co	ontributions or has been i	notified it is exempt from	registration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 GALA	(b) Event #2 COAST SIDE GIV	(c) Other events	(d) Total events (add column (a)			
ne			(event type)	(event type)	(total number)	through column (c)			
Revenue	1	Gross receipts	313,828.	35,900.	7,721.	357,449.			
<u> </u>	2	Less: Contributions	117,875.	35,900.	7,721.	161,496.			
	3	Gross income (line 1 minus line 2)	195,953.			195,953.			
	4	Cash prizes							
	5	Noncash prizes	452.			452.			
nses	6	Rent/facility costs							
Expe	7	Food and beverages	53,680.			53,680.			
Direct Expenses	8	Entertainment	6,500.			6,500.			
Ö	9	Other direct expenses	3,335.			3,335.			
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro							
Par		Gaming. Complete if the organiza	tion answered "Ye			131,986. eported more			
		than \$15,000 on Form 990-EZ, line	e 6a.	· T					
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))			
~	1	Gross revenue							
ses	2	Cash prizes							
zxper	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
Δ	5	Other direct expenses							
	6	Volunteer labor	Yes%	Yes%	Yes% No				
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)						
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)					
а	Is th	er the state(s) in which the organization content organization licensed to conduct gaming lo," explain:	g activities in each of the	nese states?					
	10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								

Schedule G (Form 990) 2022	BOYS & GIRLS	CLUB OF THE COASTSIDE	94-3193	725 Page
11 Does the organization cond		nonmembers?		Yes No
		st, or a member of a partnership or other entit		Yes No
13 Indicate the percentage of ga			12 -	٥
-				%
-		ne organization's gaming/special events books		%
Name				
Address				
<b>b</b> If "Yes," enter the amount of gaming revenue retained <b>c</b> If "Yes," enter name and add	of gaming revenue received d by the third party \$dress of the third party:	ty from whom the organization receives gar	and the amoun	t
Address				
16 Gaming manager informati	ion:			
Name				
Gaming manager compens	sation \$			
Description of services pro	vided			
Director/officer	Employee	Independent contractor		
17 Mandatory distributions:				
		able distributions from the gaming proceeds to		
		to be distributed to other exempt organizations		. Yes No
	t activities during the tax year		or spent in the	
	s 9, 9b, 10b, 15b, 15c,	e explanations required by Part I, li 16, and 17b, as applicable. Also p		

BAA TEEA3703L 0705/22 Schedule G (Form 990) 2022

## SCHEDULE L (Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BOYS 8	& GIRLS CL	UB OF THE	COASTSID	E					94	-319	9372	5			
Part I	Excess Be	enefit Trans answered "Yes"	actions (sect	ion 501	(c)(3), se	ection 5	501(c)(4), and	section 501	(c)(29) o	rganiz	ations	only)	. Com	olete i	f the
1	(a) Name of disqua		(b) Relation	nship betw	veen disqua				Description					(d) Cori	
	(a) Name of disque	annea person		ori	ganization			(9) -						Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2 Ent	er the amount of tion 4958	of tax incurred	by the organiza	ation ma	anagers	or disc	jualified perso	ons during th	ne year u	ınder	. \$				
	er the amount of														
	.o. tilo allioant c		=, azoro	,,	u. 00 u. 2,		garnzadorri				. 4				
Part II	Loans to a	and/or From	Interested	Perso	ns										
	Complete if t	he organization	answered "Yes	s" on Fo	rm 990-E	Z, Part	V, line 38a o	r Form 990,	Part IV, I	ine 26	; or if	the			
	organization	reported an am	ount on Form 9	990, Par	t X, line	5, 6, or	22.								
(a) Name	of interested person	(b) Relationship with organization	(c) Purpose of loan	froi	an to or m the ization?	prin	e) Original cipal amount	(f) Balanc	e due	<b>(g)</b> In (	default?	by bo	proved pard or nittee?	(i) Wi agreer	ritten ment?
				To	From					Yes	No	Yes	No	Yes	No
(1)				1.0											
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total															
Part III	Grants or Complete if t	Assistance the organization	Benefiting I answered "Yes	Interes	sted Pe rm 990. I	erson Part IV	<b>S.</b> . line 27.								
	(a) Name of intere		(b) Relations				(c) Amount o	of accietance	(d) Typ	a of acc	sistance	(e)	Purpose	of acci	stance
	(a) Name of interes	sted person	person a	and the or	ganization	cu	(c) Amount c	n assistance	( <b>d)</b> 1 y p	C 01 433	oistai icc	(c)	i uiposc	. 01 4331	Starice
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)									<u> </u>						
(9)									1						
(10)			İ						1						

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

Schedule L (Form 990) 2022

# Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	(e) Sharing of organization's revenues?	
				Yes	No	
(1) GERONIMO JIMENEZ	BOARD MEMBER	9,201.	SOCCER COACH		Х	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

### **Supplemental Information**

JOHN KOLBINSON, BOARD MEMBER, WAS THE OWNER OF LA PETITE BALEEN, WHICH OFFERED

DISCOUNT SWIM LESSONS TO THE BOYS & GIRLS CLUB OF THE COASTSIDES' MEMBERS. BOYS & GIRLS

CLUB OF THE COASTSIDE PAID LA PETITE BALEEN AND COLLECTED THE FEES FROM THEIR MEMBERS.

GERONIMO JIMENEZ, BOARD MEMBER, PARTICIPATES AS A COACH FOR THE SOCCER PROGRAM AND RECEIVES A PRE-APPROVED COACHING STIPEND FROM THE MEMBERS OF THE SOCCER CLUB COMMITTEE. FOR THE YEAR ENDED DECEMBER 31, 2021, THIS BOARD MEMBER RECEIVED \$7,700 IN COACHING STIPENDS.

# SCHEDULE M (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

BO	BOYS & GIRLS CLUB OF THE COASTSIDE 94						-3193725						
Part I Types of Property													
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	od of o contril	d) determin oution a	iing mounts					
1	Art — Works of art												
2	Art — Historical treasures												
3	Art — Fractional interests												
4	Books and publications												
5	Clothing and household goods												
6	Cars and other vehicles												
7	Boats and planes												
8	Intellectual property												
9	Securities - Publicly traded												
10	Securities - Closely held stock												
11	Securities – Partnership, LLC, or trust interests .												
12	Securities - Miscellaneous												
13	Qualified conservation contribution — Historic structures												
14	Qualified conservation contribution — Other												
15	Real estate – Residential												
16	Real estate – Commercial												
17	Real estate – Other												
18	Collectibles												
19	Food inventory												
20	Drugs and medical supplies												
21	Taxidermy												
22	Historical artifacts												
23	Scientific specimens												
24	Archeological artifacts.												
25	Other (IN-KIND RENT)			39,000.	FM7/								
26	Other (PROGRAMS )			27,388.									
27	Other (GOODS )			120,156.									
28	Other ( )			120,130.	I MV								
29	Number of Forms 8283 received by the organization d	uring the tay	voor for contributions fo	r which the									
29	organization completed Form 8283, Part V, Dones				29								
	o. gaa, 20p.o.toa	, , , , , , , , , , , , , , , , , , , ,	900				Yes	No					
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for example purposes for the entire holding period?						30 a		Х					
L	for exempt purposes for the entire holding period?												
31	Does the organization have a gift acceptance police	cv that requi	res the review of any r	nonstandard contribution	ns?	31		X					
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							21					
	contributions?	•	· •			32 a		Х					
	<ul><li>b If "Yes," describe in Part II.</li><li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li></ul>												

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF THE COASTSIDE

Employer identification number

94-3193725

### Form 990. Part VI. Line 11b - Form 990 Review Process

DRAFT 990, PREPARED BY OUTSIDE ACCOUNTING FIRM, IS PROVIDED TO ALL INDIVIDUALS WITHIN THE ORGANIZATION CHARGED WITH GOVERNANCE FOR REVIEW AND APPROVAL. AFTER REVIEW AND APPROVAL OF DRAFT, AUTHORIZATION IS GIVEN TO OUTSIDE ACCOUNTING FIRM TO ISSUE.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

EACH YEAR ALL BOARD MEMBERS ARE RQUIRED TO SIGN A CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE BOARD PRESIDENT PERFORMS ANNUAL REVIEW WITH THE CEO AND COO.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE PRINCIPAL PLACE OF BUSINESS. POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.