2022 Federal Exempt Organization Tax Summary (EZ)								
	Camarillo Youth Basketball Association							
FORM 990-EZ REVI	ENUE	2022	2021	Diff				
Program servic	e revenueome.	88,300 28	0 38	88,300 -10				
Total revenue		88,328	38	88,290				
Printing, publ	ees/pymt to contractors ications, and postage	600 151 81,390	0 150 2,921	600 1 78,469				
Total expenses		82,141	3,071	79,070				
Net assets/fun	UND BALANCES icit) for the year d bal. at beg. of year d bal. at end of year	6,187 65,754 71,941	-3,033 68,787 65,754	9,220 -3,033 6,187				

2022 Cali	fornia 199 Tax Summary	1	Page 1
Cama	rillo Youth Basketball Association	1	95-3675813
DECEIDES AND DEVENUES	2022	2021	Diff
RECEIPTS AND REVENUES  Gross sales or receipts  Total gross receipts  Total costs		38 38 0 38	88,290 88,290 0 88,290
Total gross income  EXPENSES	00,320	30	80,290
Total expenses Excess receipts over expenses	82,141 6,187	3,071 -3,033	79,070 9,220
FILING FEE Filing fee Balance due	0 0	0	0

#### Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calendar year, or tax year beginning $6/01$ , 2022, and ending $5/31$	,	2023
В	Check	if applicable: C D E	mployer i	dentification number
	Addres	s change	05 26	75010
		330 N Jantana St Sto 28 DMR 602	95-36 Telephone	75813
	Initial r	Camarillo CA 02010		
	Final retu		83-3977	
			Group Ex Number	kemption
G		, 3		organization is <b>not</b>
ı	Webs			Schedule B
J		tempt status (check only one) $  \overline{X} $ 501(c)(3) $ \overline{501} $ 501(c) ( ) (insert no.) $ \overline{4947} $ 4947(a)(1) or $ \overline{527} $ (Form 990)		50.1544.5 2
_		of organization: Corporation Trust X Association Other:		
			-1	
L	asset	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot is (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ai \$	88,328.
	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		
	41 ( 1	Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		<u> </u>
	2	Program service revenue including government fees and contracts		88,300.
	3	Membership dues and assessments.	3	00,000.
	4	Investment income.	4	28.
	5a	Gross amount from sale of assets other than inventory		201
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a).	5с	
		Gaming and fundraising events:		
Р	а	Gross income from gaming (attach Schedule G if greater than \$15,000)   6a		
ē	b	Gross income from fundraising events (not including \$ of contributions		
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum		
Œ		of such gross income and contributions exceeds \$15,000)	_	
		Less: direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	64	
	70	Gross sales of inventory, less returns and allowances	6d	
		Less: cost of goods sold		
		Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
		Other revenue (describe in Schedule O).		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		88,328.
	10	Grants and similar amounts paid (list in Schedule O).		00,320.
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	600.
ĝ	14	Occupancy, rent, utilities, and maintenance	14	
Ш	15	Printing, publications, postage, and shipping.  Other expenses (describe in Schedule O).  See Schedule O	15	151.
	16	Other expenses (describe in Schedule O). See Schedule O	16	81,390.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	82,141.
Ś	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	6,187.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	r	
As		figure reported on prior year's return)	19	65,754.
Net		Other changes in net assets or fund balances (explain in Schedule O).	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.	21	71,941.
BA	A Foi	r Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990-EZ</b> (2022)

Par	Balance Sheets (see the ins Check if the organization used Sch	structions for Part II)	estion in this Part II			
	oneen if the organization used cer	icadic o to respond to any qu		A) Beginning of year		(B) End of year
22	Cash, savings, and investments			65,754.		71,941.
23	Land and buildings.				23	
24	Other assets (describe in Schedule O)				24	
25	Total liabilities (describe in Schedule C			65,754.	25	71,941.
26 27	<b>Total liabilities</b> (describe in Schedule C <b>Net assets or fund balances</b> (line 27 of			<u> </u>	26 27	0.
	t III Statement of Program Service A		-	65,754.	21	71,941. Expenses
Fai	Check if the organization used S			X	'Doα	uired for section 501
What	s the organization's primary exempt purpose? See	e Schedule O			c)(3	) and 501(c)(4)
Desc	ribe the organization's program service sured by expenses. In a clear and concistited, and other relevant information for	accomplishments for each of seemanner, describe the services.	its three largest prograces provided, the num	m services, as ber of persons		nizations; optional thers.)
28	CYBA PROVIDES AN ATMOSPH		IP, TEAMWORK, A	AND		
	FELLOWSHIP THROUGH AMATE					
	(Grants \$ ) If t	his amount includes foreign g	rants, check here		28a	82,141.
29						
	(Grants \$ ) If t	his amount includes foreign g	rants check here	╶──────	29a	
30	(Grante Ç	The arrivant metades for eight g	ranto, onocienticia :			
		his amount includes foreign g			30a	
31	Other program services (describe in Sc	•				
		his amount includes foreign g			31 a	
	Total program service expenses (add				32	82,141.
Par	t IV List of Officers, Directors,					
	Check if the organization used S  (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)		/ee	(e) Estimated amount of other compensation
Tor	y Sheppard		(ii iiot paia, oiitoi o )			
	irman	1	. 0		0.	0.
Maı	k Schienbein					
	easurer	2	0	•	0.	0.
	ri Barton	-	0		^	0
	retary se Willard	1	. 0	•	0.	0.
	cector	-	0		0.	0.
	an Roberts		0	•	0.	<u> </u>
	rector	1 2	0		0.	0.
	nnon Porter					
Diı	rector	1	. 0		0.	0.
		-				
		-				
		1				
		_				
		4				
		-				

Pa	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	see S		О П
	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
	<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions.  37 a  0.	30		X
	b Did the organization file Form 1120-POL for this year?	37b		Х
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
	b If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
ı	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0 ; section 4912: 0 ; section 4955: 0 .			
ı	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
•	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
	managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	-		
(	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40.0		Х
11	List the states with which a copy of this return is filed: CA	40e		Λ
ı	Telephone no. 818 3  Located at: 330 N Lantana St Ste 28 PMB 602 Camarillo CA  Total Account of 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)?  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country:		9 <u>7</u> 7_	No X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		Yes	N/A N/A No
ı	of Form 990-EZ	44a		X
	instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
	d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?  If "No," provide an explanation in Schedule O	44d		21
<b>1</b> 5-	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		Х
	b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a 45b		X
	To the ood and contents it may need to be completed include of Form ood LL. Ood motifications	700		

<b>46</b> Did t	the organization	engage, directly or indire coffice? If "Yes," complet	ctly, in political campa	ign activities on behalf o	of or in opposition to		Yes No	
Part VI	Section 50 All section for lines 50	11(c)(3) Organization 501(c)(3) organization and 51.	s Only ons must answer q	uestions 47-49b an	d 52, and complete	e the tables	_	
<b>47</b> Did tl		e organization used a compage in lobbying activities					res No	
comp 48 Is the 49a Did t b If "Ye 50 Comp	plete Schedule of the organization and the organization es," was the religible this table for the plete this table for the organization and the organization are organization are organization and the organization are organization are organization are organization and the organization are organizat	C, Part II	ection 170(b)(1)(A)(ii)? exempt non-charitablen 527 organization? hest compensated emple	If "Yes," complete Scheer related organization?	edule Edirectors, trustees, and	48 49a 49b	X X X	
	(a) Name and title	of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated a other compe		
None_								
<b>51</b> Comp	plete this table fo	er employees paid over \$` or the organization's five hig the organization. If there i	hest compensated indep	pendent contractors who ea	ach received more than S	\$100,000 of		
	(a) Name and busine	ess address of each independent c	ontractor	<b>(b)</b> Type	of service	(c) Comper	sation	
None_				-				
				-				
				-				
				-				
				-				
		er independent contractors	ŭ					
com	pleted Schedule	complete Schedule A? <b>N</b>				X Yes	No	
Under penaltie true, correct,	es of perjury, I declar and complete. Declar	re that I have examined this return, ration of preparer (other than office	, including accompanying scheer) is based on all information	edules and statements, and to the of which preparer has any knowl	e best of my knowledge and be ledge.	elief, it is		
Sign	Signature of office	r			Date			
Here	Mark Schi				Treasurer			
	Print/Type prepare		Preparer's signature	Date	1 1 1	PTIN		
Paid	Adam Moor	re	Adam Moore			P02050389		
Preparer	Firm's name	Adam Moore CPA				48 4446-	0.6	
Use Only	Firm's address 3 Calle De Arena   Rancho Santa Margarita, CA 92688					Firm's EIN 47-1443736  Phone no. 949-690-5145		
May the IF	RS discuss this	return with the preparer sl			'.	X Yes	 □No	
BAA		. 1 1				Form <b>990-</b>		

#### **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

Name	Name of the organization Employer identification number								
	arillo Youth Basketba					95-367581			
	Reason for Public Cha	<u>`</u>	<u> </u>			1 /	ctions.		
The c	organization is not a private found				•	•			
1	A church, convention of church	,		,	b)(1)(A)(	i).			
2	A school described in <b>sectio</b>		•						
3	A hospital or a cooperative h					• • •			
4	A medical research organiza	tion operated in con	junction with a hospital	describe	d in <b>sec</b>	ction 1 <b>70(b)(1)(A)(iii)</b> . E	Inter the hospital's		
	name, city, and state:								
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a coll mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	escribed in		
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .								
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	l.)					
9	An agricultural research organi				oniunctio	on with a land-grant colle	eae		
	or university or a non-land-graduniversity:								
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)								
11	An organization organized a	nd operated exclusiv	ely to test for public safe	ety. See	section	n 509(a)(4).			
12	An organization organized at or more publicly supported of lines 12a through 12d that do	rganizations describ	ed in <b>section 509(a)(1)</b> d	r <b>sectio</b>	on 509(a	)(2). See section 509(a	ut the purposes of one a)(3). Check the box on		
а	Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sur	ported o	organizat	ion(s), typically by giving	g the supported ion. <b>You must</b>		
b	Type II. A supporting organiz management of the supporting must complete Part IV, Sect	organization vested in	controlled in connection n the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organization	having control or tion(s). <b>You</b>		
С	Type III functionally integrated organization(s) (see instruction	. A supporting organiza ons). <b>You must com</b>	ation operated in connection	n with, a	nd functio	onally integrated with, its	supported		
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	rated. A supporting or organization generall	ganization operated in cor www.ganization operated in cor www.ganization.com	nnection	with its s	supported organization(s t and an attentiveness	) that is not requirement (see		
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writ	tten determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally		
f	Enter the number of supported								
g	Provide the following informatio		ed organization(s).						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)									
(B)									
(C)	(C)								
(D)									
<u>(E)</u>									
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						
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
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	80,380.	84,202.				164,582.
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)	80,380.	84,202.	0.	0.	0.	164,582.
6	<b>Public support.</b> Subtract line 5 from line 4						164,582.
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	(f) Total
7	Amounts from line 4	80,380.	84,202.	0.	0.	0.	164,582.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		60.	41.	38.	28.	167.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. Add lines 7 through 10						164,749.
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				
	Public support percentage for 20 Public support percentage from 2						99.90 %
	33-1/3% support test-2022. If the	ne organization di	d not check the bo	ox on line 13, and	d line 14 is 33-1/3	% or more, check	99.94 % this box
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	<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	oox and stop here	. Explain in Part \	√I how
	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-ar I-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	tructions

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		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) ZOZZ	(i) Total
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	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support				1	T	
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 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					
	tion C. Computation of Pul						
	Public support percentage for 20	•	.,,		•		<u> </u>
	Public support percentage from 2					16	%
	tion D. Computation of Inv						
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 the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						

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		
	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.	3с		
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 accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>	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		

Sch	edule	A (Form 990) 2022	Camarillo		asketball	Associat	ion 9	95-367581	3	Р	age 5
Pa	rt IV	Supporting Organiz	ations (continue	ed)						- I	
11	Has	the organization accepted	a gift or contribution	from any o	f the following	nersons?				Yes	No
	<b>a</b> A pe	rson who directly or indirectly	y controls, either alone	,	ū	•	s 11b and 11c be	elow,			
	the o	governing body of a suppor	ted organization?	ŭ				·	11a		
I	<b>b</b> A fai	mily member of a person of	lescribed on line 11a	above?					11b		
		6 controlled entity of a person des		above? If "Yes"	' to line 11a, 11b, c	or 11c, provide deta	il in <b>Part VI.</b>		11c		
Se	ction	B. Type I Supporting	Organizations								
1	Did t	the governing body, memb	ers of the governing	body, office	rs acting in th	eir official capa	acity, or membe	ership of one		Yes	No
•	or m office orga than were	ore supported organization ers, directors, or trustees a nization(s) effectively oper one supported organization a allocated among the supp	ns have the power to at all times during the ated, supervised, or an, describe how the	regularly ape tax year?  controlled to powers to a	opoint or elect If "No," descri he organizatio appoint and/or	at least a maj be in <b>Part VI</b> h n's activities. I remove officer	ast a majority of the organization's <b>Part VI</b> how the supported ctivities. If the organization had more ove officers, directors, or trustees				
2		•	w the a beneatit of any		venezione ett			-atiam(a)	-		
2	that <i>bene</i>	operated, supervised, or c	ontrolled the support	ting organiza	ation? <i>If "Yes,</i>	" explain in Pa	rt VI how provid	ling such	2		
Sec	ction	C. Type II Supporting	Organizations								
	<u> </u>	or type ii capporant	, ga <u>-</u> a							Yes	No
1	Were	a majority of the organization	on's directors or truste	es during the	e tax year also	a majority of the	e directors or trus	tees			
									1		
c a	- '				ontroned or m	anagea the su	pported organiza	<i>anom(3)</i> .	J		
36	Cuon	D. All Type III Suppor	rung Organizand	7115						Yes	No
1	Did t	the organization provide to	each of its supporte	ed organizati	ons, by the la	st day of the fi	fth month of the	e erior tax			
	year	, (ii) a copy of the Form 99	directors, or trustees at all times during the tax year? If "No," describe in Pation(s) effectively operated, supervised, or controlled the organization's active supported organization, describe how the powers to appoint and/or remove the tax year.  Type II supporting Organizations and what conditions or restriction on the tax year of the organization operate for the benefit of any supported organization of the the reated, supervised, or controlled the supporting organization? If "Yes," explainaried out the purposes of the supported organization(s) that operated, supering organization.  Type II supporting Organizations  Type II supporting Organizations  Type III supporting Organization(s)? If "No," describe in Part VI in the organization's supported organization(s)? If "No," describe in Part VI in the organization was vested in the same persons that controlled or managed of the organization was vested in the same persons that controlled or managed organization provide to each of its supported organizations, by the last day of the organization provide to each of its supported organizations, by the last day of the organization of the organization provide to each of its supported organization, by the last day of the organization of the organization of the date of notification's governing documents in effect on the date of notification, to the externation of the organization of the organization of the organization of the governing body of a supported organization? If nization maintained a close and continuous working relationship with the sum of the relationship described on line 2, above, did the organization's supported the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's grad.  Type III Functionally Integrated Supporting Organizations we box next to the method that the organization used to satisfy the Integral Part Temorganization is the parent of each of its supported organizations. Complete organization supporte	of notification, a	and (iii) copies	of the					
	orga	nization's governing docun	nents in effect on the	e date of no	tification, to th	ie extent not pi	reviously provid	ed?	1		
2	Were	e any of the organization's	officers, directors, o	r trustees ei	ither (i) appoir	nted or elected	by the supporte	ed			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2									
3	Rv re	eason of the relationship des	cribed on line 2, above	e did the ord	ıanization's sun	norted organiza	itions have a sign	nificant			
Ū	voice	e in the organization's inve	stment policies and	in directing	the use of the	organization's	income or asse	ets at			
		mes during the tax year <i>? I</i> <i>is regard.</i>	f "Yes," describe in <b>l</b>	<b>Part VI</b> the r	ole the organi.	zation's suppoi	rtea organizatioi	ns piayea	3		
Se	ction	E. Type III Functiona	lly Integrated Su	pporting	Organizatio	ons				l I	
1	Chec	sk the hov next to the method	that the organization	used to satis	sfy the Integral	Part Test during	n the vear <b>(see in</b>	etructions)			
			· ·		,	T art Test daring	g the year (See III	suucuons <sub>j</sub> .			
	ᆷ	-		•		malata <b>lina 3</b> h	no love				
	ᆷ	,				,		-1-1		4:	- >
	с 📙	rne organization supported	i a governmentai eni	illy. Describe	e in <b>Part VI</b> no	w you support	ea a governmer	itai eritity (see	ırıstrı	ictions	S).
2	Activ	vities Test. Answer lines 2	a and 2b below.							Yes	No
	supp <b>orga</b>	substantially all of the orga orted organization(s) to whice onizations and explain how	h the organization was these activities dire	s responsive ectly furthere	? If "Yes," then ed their exemp	in <b>Part VI ident</b> ot purposes, ho	<b>ify those support</b> w the organizat	t <b>ed</b> ion was			
		onsive to those supported stantially all of its activities		now the orga	ınızation deter	mined that the	se activities cor	nstituted	2a		
	<b>h</b> Did t	the activities described on	line 2a ahove cons	titute activiti	ies that hut fo	or the organizat	tion's involveme	ent one or			
	more	e of the organization's supp	oorted organization(s	s) would hav	e been engag	ed in? <i>If "Yes</i> ."	" explain in <b>Part</b>	<b>VI</b> the			
		ons for the organization's p for the organization's invol		ortea organ	ızatıon(s) wou	na nave engage	eu in these activ	vities	2b		
9	Dara	ent of Supported Organizat	ione Anguar lines	a and th ha	low						
		the organization have the p				of the officers	directors or true	stees of			
	each	of the supported organiza	itions? If "Yes" or "N	lo," provide	details in <b>Part</b>	: <b>VI.</b>	an colors, or irus	J. J	3a		
	<b>b</b> Did t	he organization exercise a so ported organizations? <i>If "Ye</i>	ubstantial degree of di es," describe in <b>Part</b>	rection over t	the policies, pro	ograms, and act organization in	tivities of each of this regard.	its	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir t complete Sections A	n 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):			
	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		
	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	П		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		
7	Check here if the current year is the organization's first as a non-functionally inte	egrated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D – Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required — provide details in <b>Part VI</b> )	5				
6	Other distributions (describe in Part VI). See instructions.	6				
7	<b>Total annual distributions.</b> 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				

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)			
i 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.			
6 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

95-3675813

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.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Camarillo Youth Basketball Association

Employer identification number
95-3675813

## Form 990-EZ, Part I, Line 16 Other Expenses

Admin expenses	\$ 576.
Advertising and Promotion	2,301.
Bank fees	15.
Digital web services	1,040.
Facility rental	18,851.
Insurance	4,693.
Player awards	2,523.
Player photos	2,411.
Player supplies & equipment	1,160.
Referee expenses	17,044.
Registration fees	4,488.
Storage rental	1,440.
Uniform expenses	22,181.
Volunteer background checks	2,667.
Total	\$ 81,390.

#### Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PROVIDE AN ATMOSPHERE OF SPORTSMANSHIP, TEAMWORK, AND FELLOWSHIP THROUGH AMATEUR YOUTH ATHLETICS.

#### Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or				
indirectly, to pay premiums on a personal benefit contract?	No			
(b) Did the organization, during the year, pay premiums, directly or				
indirectly, on a personal benefit contract?				