Form **990**

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 201	8 calen	dar year, or tax	year beg	inning 7/0	1	, 201	8, and endin	g 6/	30		2019	_
13. 77	Check if applica		С									ation number	
	Address ct	nange	ALISAL CE	NTER F	OR THE FI	NE ARTS				77-0	1945	60	
	Name char	nge	P.O. BOX	5440						E Telephon	4-14		
	Initial retur	'n	SALINAS,	CA 939	15					(831) 75	8-5715	
	Final return/t	terminated								,,,,,,	,		
	Amended i	return								G Gross re	ceipts \$	661,9	73
	Application	pending	F Name and add	ess of princ	ipal officer:				H(a) Is this	a group return	September 1997	ordinates? Yes	X No
			SAME AS C						H(b) Are a	Il subordinates	included:		No
1	Tax-exempt :	status:	X 501(c)(3)	501(c)		sert no.)	4947(a)(1)) or 527	If "No	," attach a list.	(see inst	tructions)	
J	Website:		W.ALISALA			1001110.9	1017(4)(1)	7 01 327	H(c) Groun	exemption nu	mher Þ		
<u>, </u>	Form of orga		X Corporation	Trust	Association	Other -		L Year of forma				gal domicile: CA	
Pai		mmar		Trust	Association	Other		L Year of forma	tion: 196	00 11113	tate of le	egal domicile: CA	
rai				tion's mi	ssion as most s	-iifit-	alicilian. B	DEC DEC	DAMO	TNOMD	TOTT (ON FOR	-
			be the organiza		ssion or most s	significant a	ctivities: A	RTS PROG	KAMS C	x TN2IK	OCIIC	ON FOR	
9	<u>המח</u> ה	FKZFL	KAED COWWA	<u>MTTT </u>									
Activities & Governance	2 Chool	thic b	~ ~ — — — — —							250/ of its			
9	2 Check 3 Numb	n lills b	ox ► ∐ if the oting members	of the go	verning body (ea its opera	ations or o	iisposea oi ii	iore triari	25% 01 115	1 3	5612.	10
∞	4 Numb	per of in	ndependent voti	na memb	ners of the gove	erning hody	(Part VI	line 1h)	• • • • • • • • • • • • • • • • • • • •		4		10 11
es			r of individuals								5		0
3			r of volunteers								6		80
to			ted business re								7a		0.
			d business tax								7b	11.4	0.
	2									Prior Year		Current Yea	
	8 Cont	ribution	s and grants (F	Part VIII. I	ine 1h)					213,5	04	268,	
Pe			rvice revenue (557					333,1		369,	
Revenue			income (Part V		79 v					333,1	.00.	307,	150.
Re			ue (Part VIII, c							13,9	43	15	163.
			ue – add lines							560,5		653,	
			similar amount							000,0	-	000/	<u> </u>
	Pr-194517		id to or for mer										
			her compensat						0	477,6	16	505,2	277
5	16 a Droit		al fundraising fe		-					21170	,10.	303,7	211.
Fynenses	Iba Fioi									y linearment			
Š	b Tota		aising expenses										- 1
ш	17 Oth		nses (Part IX, o							137,7		78,1	100.
			nses. Add lines							615,3	321.	583,3	377.
	19 Rev	enue le	ess expenses. S	ubtract li	ne 18 from line	12				-54,7	766.	70,2	272.
8	8								Begin	ning of Currer	t Year	End of Year	r
ŧ	20 Tot	al asset	ts (Part X, line	16)						63,7	740.	153,8	
¥	21 Tot	al liabil	ties (Part X, lin	e 26)		,				7,7	740.	27,6	<u>511.</u>
ž	22 Net	assets	or fund balance	es. Subtra	act line 21 from	line 20				56,0	000.	126,2	272.
F			ure Block										
				examined th	is return, including a	acompanying s	chedules and	statements, and	to the best of	f my knowledge	and belie	ef, it is true, correct, a	nd
CC	mplete. Declar	ation of p	eparer (other than of	ficer) is base	ed on all information	to which propos	rer has any k	nowledge.				ef, it is true, correct, a	
-						-	On						
c	ign	Sign	nature of officer				100	No.		Date			
Ĕ	lere	т.	AVIER TAMA	YO .	\sim			W	EXE	CUTIVE	DIR.	A	
			e or print name and		$\overline{}$		1	* 1.1					
-		15%	pe preparer's name	v .	Preparer's s	grature	X	Date /	- /	Check	X if	PTIN	
				Δ	1 7 0	DEAR OZE	ACC	5/1	5/20	2 delf-employ	_	P00518151	
	aid		M CAROZZI				78		-/-		L.	1 1 1 1 1 1	
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	ose Only	Firm's a		SALIN		111 ()			1000	100	1) 422-192	5
-		L			CA 93901			-\		Phone no.	(03	X Yes	No
N.	lay the IRS	discuss	this return with	the nrer	arer shown ab	OVE / (SEE I	nstruction	S)				. IVI LEZ	140

OOO (OOLO) ALICAL CONTROL DOD THE SINE ADTO	77-0194560 Page 2
orm 990 (2018) ALISAL CENTER FOR THE FINE ARTS Part III Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
Briefly describe the organization's mission:	,
ARTS PROGRAMS & INSTRUCTION FOR UNDERSERVED COMMUNITY	,
ARIS IROSIGNED & INDIROCIZOR FOR CHIEFLES	
Did the organization undertake any significant program services during the year which were	not listed on the prior
Form 990 or 990-EZ?	Yes X No
If "Yes," describe these new services on Schedule O.	
Did the organization cease conducting, or make significant changes in how it conducting	ts, any program services? Yes X No
If "Yes," describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three la Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	argest program services, as measured by expenses
and revenue, if any, for each program service reported.	
a (Code:) (Expenses \$ 414,168. including grants of \$) (Revenue \$
ALISAL COMMUNITY ARTS NETWORK BRINGS MUSIC AND DANCE	INTO SCHOOLS AND LOW INCOME
HOUSING COMMUNITIES - SERVING OVER 2000 YOUTH WEEKLY	AT 13 SCHOOLS AND 3 LOW INCOME
HOUSING COMMUNITIES SERVING OVER 2000 100111 WHITE HOUSING COMMUNITIES. CURRICULUM DOVETAILS COMMON CORE	E IN THE PERFORMING ARTS. TEAMS
PERFORM FOR THEIR SCHOOLS, COMMUNITIES AND AT PUBLIC	EVENTS SUCH AS PARADES, CONCERT
FESTIVALS, ETC.	
	ac 4 " ±
b (Code:) (Expenses \$ including grants of \$) (Revenue \$
ACFA OFFERS 11 PROGRAMS (VISUAL ARTS, 3D PRINTING, TI	HEATRE, INTERMEDIATE RONDALLA,
ADVANCED RONDALLA, SON JAROCHO, WORLD BEAT, EVENTS, 1	FOLKLORICO, ACAN, AI) THAT ARE
CULTURALLY RELEVANT CLASSES TO CHILDREN, YOUTH AND FA	AMILY MEMBERS IN EAST SALINAS,
CA, A COMMUNITY POPULATED LARGELY BY HARVESTERS AND	THEIR FAMILIES. THESE CLASSES
SERVE OVER 2,220 YOUTH EVERY MONTH - MOST IN SEMI-WE	EKLY CLASSES AND AN ADDITIONAL
200 MORE PERIODICALLY.	
1	
and the second of the second o	
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$
4c (Code:) (Expenses \$ including grants of \$ APTISTS INC - ACEA PROVIDES A VENUE AND ORGANIZATI	
ARTISTS, INC ACFA PROVIDES A VENUE AND ORGANIZATI	ONAL SUPPORT AND PERFORMANCE
ARTISTS, INC ACFA PROVIDES A VENUE AND ORGANIZATI OPPORTUNITIES FOR COMMUNITY ARTISTS, INDOOR PERFORMA	ONAL SUPPORT AND PERFORMANCE NCES ARE VIEWED BY 3,000 PEOPLE
ARTISTS, INC ACFA PROVIDES A VENUE AND ORGANIZATI OPPORTUNITIES FOR COMMUNITY ARTISTS, INDOOR PERFORMA PER YEAR AND SEVERAL PARADES EACH YEAR ARE VIEWED AN	ONAL_SUPPORT_AND_PERFORMANCE NCES_ARE_VIEWED_BY_3,000_PEOPLE_ ND_ENJOYED_BY_OVER_20,000
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P	art IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the graphization required to complete Schedule B. Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		
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		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	,	
	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.	11	l a	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.	11	1 b	
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	1	1 c	
•	## 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? If 'Yes,' complete Schedule D, Part IX	1	1 d	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	1	1 e	X
,	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	1	1 f	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	1:	2a	
	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.	12	2 b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	1:	3	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14	4a	
	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.	14	4b	
15			5	
16	bid 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		6	
17			7	
18			8	
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		9	
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	-	9 20a	
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	- 1	20b	
	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	
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Page 4

	1 manufacture (commission)		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		X
	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		x
24	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		x
Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	1	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25t	,	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27)
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	12		
8	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	1	>
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	281	,	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	280		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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 L	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
-	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
3	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
3	7 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
-	B Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
-	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	s No
		_	+-	
2 a	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 0	2	h	Section Sections
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns:		-	+
	time 1e and 2e is greater than 250, you may be required to e-file (see instructions)	3	a	X
	and the state of t	3	_	_
Ь	Did the organization have differented business gloss into the cryptanation in Schedule Q	Ť	1	
4 a	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)?	4	a	X
Ь	If 'Yes,' enter the name of the foreign country:	1		1942
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5	a	X
5 a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b	X
b [Did any taxable party notify the organization that it was or is a party to a promotice tax shows the first form 8006 T2	5	С	
сl	f 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6 a [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?	6	а	X
h li	f 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6	ь	
7 (Organizations that may receive deductible contributions under section 170(c).		1 1	
	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?	7	а	X
, S	f 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b	
- 1	and the exampleation call, exchange, or otherwise dispose of tangible personal property for which it was required to file			·
- 1	Form 8282?	7	C	X
d l	If 'Yes,' indicate the number of Forms 8282 filed during the year	-		X
ام	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	$\overline{}$	$\frac{\lambda}{X}$
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	4	^_
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	g	1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 ł		- 1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	8		antico de se
	organization have excess business holdings at any time during the year?	-	+-	\dashv
9	Sponsoring organizations maintaining donor advised funds.	9 a	-	and being being
а	Did the sponsoring organization make any taxable distributions under section 4966?	9 b		+
		30		1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			100
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
		1,	1	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not not amounts due or paid to other sources		1	
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	2 a		
ŀ	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			. 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ā	13 the organization neerised to issue quantity plane with the second plane	3a		
	Note. See the instructions for additional information the organization must report on Schedule O.	-	a* -	1
	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		1 1 81	4
	Enter the amount of reserves on hand			-
	End the organization receive any payments for indeed talking delivered dating the talk year.	4a	_	<u>X</u>
	Tes, has it lied a form 720 to report these payments. If they provide an explanation in constant	4 b		_
15	excess paracrute payment(s) during the year?	5		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.			v
16	If 'Yes,' complete Form 4720, Schedule O.	6	100	X
ΔΔ	TEEA0105L 12/31/18 F	orm	990 ((2018)

Page 6 77-0194560 Form 990 (2018) ALISAL CENTER FOR THE FINE ARTS 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI...... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 10 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?... SEE SCHEDULE O X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders?.... 6 7 a 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?.... 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... X 8 2 **b** Each committee with authority to act on behalf of the governing body?..... 8 h X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes.' describe in Schedule O how this was done..... X 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15 a X b Other officers or key employees of the organization. 15 b X If 'Yes' to line 15a or 15b, describe the process in 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?...... 16 a **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 16 b 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. Other (explain in Schedule O) X Upon request X Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

ISRAEL FLORES 745 N. SANBORN ROAD SALINAS CA 93905-1316 (831) 758-5715

20 State the name, address, and telephone number of the person who possesses the organization's books and records

Form 990 (2018) ALISAL CENTER FOR THE FINE ARTS	77-0194560	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Clindependent Contractors	Compensated Employe	ees, and
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 Compensate	ed Employees	
1.2 Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	ith 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 instructions for definition of 'key employee.'

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

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• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

								or, or trustee.	
(B) Average hours	is	both dir	(do n box,	ot che unles officer /truste	and a		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
week (list any hours for related organiza- tions below dotted line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
2	x						n 2	0.	0
40							28,800.	0.	0
	x						0.	0.	0
	x						51,852.	0.	0
0 0	х						0.	0.	0
0	x						0.	0.	0
0	x						0.	0.	0
	x				-		0.	0.	0.
$-\frac{40}{0}$	X						31,187.	0.	0.
$-\frac{40}{0}$	x						54,613.	0.	0.
								ė.	
								1	,
							1		
	Average hours per week (list any hours per week (list any hours for related organizations below dotted line) 2	Average hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours for related organizations below dotted line) - 2	(B) Average hours per week (list any) hours for related organizations below dotted line)	hours per week (list any hours for related organizations below dotted line) - 2	Region (do not check mothan one box, unless pers is both an officer and a director/trustee) Average hours per week (list any hours for related organizations below dotted line)	Regions Average hours per week (list any hours for related organizations below dotted line) 2 - 0	Compensation from the organization (W-2/1099-MISC) Compensation from the organiza	Company Position (do not check more than one box, unless person storms to than one box, unless person a director/trustee) Position (do not check more than one box, unless person storms to that an officer and a director/trustee) Position (do not check more than one box, unless person storms to that a director/trustee) Position (do not check more than one box, unless person director/trustee) Position (do not check more than one box, unless person director/trustee) Position (do not check more than one box, unless person that the company and

77	7 _	n 1	94	15	60)
1		UΔ	. 7		-	_

Page 8

Fact vii Section A. Officers, Directors, 1	(B)			((;)					
(A) Name and title	Average hours per week (list any	offi	, unle	nd a	erson direct	than o	ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	for related organiza - tions below	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	dotted line)	tee	stee			nsated			:0	
15)										
16)										
(71)										
18)			1		-		-			+ 5
19)		9	-							
20)				-					÷ -	
21)			-	=				41 = 2	-	
22)										
(23)								5		
(24)								-		
(25)			,							
1 b Sub-total							>	166,452. 0.		
d Total (add lines 1b and 1c)								166,452.	0	
2 Total number of individuals (including but not limit from the organization ► 0	ted to those	listed	abo	ve)	who	recei	ved	more than \$100,0	00 of reportable con	
3 Did the organization list any former officer, di	ector, or tr	ustee	, ke	y en	nplo	yee,	or l	nighest compensa	ited employee	Yes N
 on line 1a? If 'Yes,' complete Schedule J for s 4 For any individual listed on line 1a, is the sum the organization and related organizations gre such individual	of reportat	ole co 150,0	mpe 100?	ensa If "	atior Yes,	and	oth	ner compensation	from	3
5 Did any person listed on line 1a receive or according services rendered to the organization? If "	crue compe	nsati	on fi	rom	anv	unre	elate	ed organization o	individual	
Section B. Independent Contractors 1 Complete this table for your five highest comp										
compensation from the organization. Report comp	ensation for	the o	aler	ndar	yea	endi	ng v	with or within the o	rganization's tax year	
Name and business a	ddress							Description	of services	(C) Compensation
Total number of independent contractors (includin \$100,000 of compensation from the organization)		nited 1	to th	ose	liste	d abo	ve)	who received more	than	a pilosi (filosofia)
BAA	•	TEEA	0108	L 08	/03/1	3		e		Form 990 (201

The same of the sa		Check if Schedule O contains a r		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1 a	Federated campaigns 1	а				
ran Cu	t	Membership dues	b		5m *		
ج کے	c	Fundraising events 1	С				
를 질			d	x 1 2	-		
5 :월			е				
8 5		The state of the s		* * * * * * * * * * * * * * * * * * *			
Contributions, Gifts, Grants and Other Similar Amounts			268,690.	* 1,121	45. g ()		
Ĕ 5	-	Noncash contributions included in lines 1a-1f:	The second secon	260 600	4 * - 4		
	h	Total. Add lines 1a-1f	Business Code	268,690.			
<u>ا ۋ</u>	_			260.706	369,796.	Countries with the state of the second state of the	and the state of t
3	2a	PROGRAM SERVICE FEES	-	369,796.	309, 190.		
æ	b						
<u>.</u>	C						
5	d						
Ë	е						
Program Service Revenue	f	All other program service revenue .					
8	•	Total. Add lines 2a-2f	<u> </u>	369,796.			V
п	_	Investment income (including divide	ands interest and	311 , 111			8
	3	other similar amounts)		0			
	4	Income from investment of tax-exe		r I			
		Royalties			1 2 2		4 (4)
	5	(i) Real	(ii) Personal	The second of th	vi. 1.5 i 1.5 895	< man s =	T 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
							S NO P
		a Gross rents			and the state of t		
		b Less: rental expenses					an an
		c Rental income or (loss)		in a second contract of the co	and the same of the same of the same of		and a second sec
		d Net rental income or (loss)					
	7	a Gross amount from sales of (i) Securiti	es (ii) Other				5 1
	1	assets other than inventory			A S 1 A A A		
	1	b Less: cost or other basis					
	1	and sales expenses			Two of the total		e / x u ***
	1	c Gain or (loss)			والمستعدد والمستعدد والمستعدد	and the same and t	and the second second second second second second
		d Net gain or (loss)					
		a Gross income from fundraising eve			47		,
enue	8	(not including \$,,,,,,				
ē	1	of contributions reported on line 10					* 1.5
		See Part IV, line 18	a 2,000.			2.0	
<u>.</u>		b Less: direct expenses	h 2,000.				and the same statement is a secretarial and the same
Other Rev		b Less: direct expenses	ing events	2,000.			
δ		c Net income or (loss) from fundrais		2,000.			
	9	a Gross income from gaming activities See Part IV, line 19	а		The second second		
		b Less: direct expenses	b			and the second s	and the second second second second second second
	1	c Net income or (loss) from gaming	activities				
	10	and allowances	rns				
		b Less: cost of goods sold	b 8,324.			سالمسجب بالمحسوا	12 162
		c Net income or (loss) from sales of	inventory	13,163.			13,163.
	1	Miscellaneous Revenue	Business Code	مستوالية فالمعاددة والمستوالية	allular services and problem for all the services of	ست لا معسمد د دست	and an annual distriction and an arrangement
	11	a					
		b					
	1 -	c					
	1	d All other revenue					
	1	e Total. Add lines 11a-11d		250 540	369,796.	0	. 13,163.
	1	Total revenue. See instructions		653,649.	303,130.	1	Form 990 (2018)

00 no ib, 7b	Check if Schedule O contains a rest include amounts reported on lines, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
0	rganizations and domestic governments.		•		
2 G	rants and other assistance to domestic adividuals. See Part IV, line 22				÷
e	rants and other assistance to foreign ganizations, foreign governments, and for- ign individuals. See Part IV, lines 15 and 16				
- 0	enefits paid to or for membersompensation of current officers, directors, ustees, and key employees	124,996.	0.	124,996.	
d s	compensation not included above, to isqualified persons (as defined under ection 4958(f)(1)) and persons described a section 4958(c)(3)(B)	0.	0.	0.	
	Other salaries and wages	339,143.	339,143.		
8 F	Pension plan accruals and contributions include section 401(k) and 403(b) employer contributions)	333,113.			
9 (Other employee benefits				
10	Payroll taxes	41,138.	41,138.		
11	Fees for services (non-employees):				,
а	Management				
b	Legal				
С	Accounting	4,933.		4,933.	
d	Lobbying	*			1000
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	21,027.	521.	20,506.	
13		924.	924.		
14	Information technology				
15					
16				5,665.	
17	Travel		2,118.	337.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2: 12: 1			14
1	Conferences, conventions, and meetings	798.		798.	
	0 Interest				
	1 Payments to affiliates				
2	2 Depreciation, depletion, and amortization				
2	3 Insurance			9,245.	
2	4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O.)		7.000	A TOWNSON OF STREET	18 19 12 12 10 10 10
	ART & PROGRAM SUPPLIES			+	
	b PERFORMANCE & EVENT TICKETS			•	
	CONTRACT SERVICES	5,919			
	d OTHER DIRECT PROGRAM EXPENSES				
	e All other expenses				
-	25 Total functional expenses. Add lines 1 through 24e	. 583,377	414,168	109,209.	
1	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)				

Page 11 77-0194560 Form 990 (2018) ALISAL CENTER FOR THE FINE ARTS Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X..... (B) End of year (A) Beginning of year 121,873. 1 24,506. Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 47,586. 10a 31,810. 39,034 10 c 10b 15,776. 11 12 12 Investments – other securities. See Part IV, line 11..... 13 Investments - program-related. See Part IV, line 11..... 14 Intangible assets 14 200. Other assets. See Part IV, line 11..... 200 15 15 153,883 Total assets. Add lines 1 through 15 (must equal line 34)..... 16 63,740 16 7,740 17 27,610 Accounts payable and accrued expenses..... 17 Grants payable..... 18 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D......... 21 Liabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties..... 23 Unsecured notes and loans payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.

Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets. 7,650 27 125,569. 48,350 28 703. Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 32 Total net assets or fund balances..... 33 56,000. 126,272 Total liabilities and net assets/fund balances 34 34 63,740. 153,883.

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Total liabilities. Add lines 17 through 25.....

25

26

27,611.

Form 990 (2018)

7.740

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Fund Balances

5

Net Assets

orm 990 (2018) ALISAL CENTER FOR THE FINE ARTS Part XI Reconciliation of Net Assets	77-0194560		Page	12
Check if Schedule O contains a response or note to any line in this Part XI				П
Total revenue (must equal Fait VIII, column (A), line 12)		65	3,64	4
Z Total expenses (must equal Part IX, column (A), line 25)	2		3, 37	
Revenue less expenses. Subtract line 2 from line 1	2		0,27	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,00	
Net unrealized gains (losses) on investments	5		0,0	50.
Donated services and use of facilities	6			_
Investment expenses	7			
Prior period adjustments	8			
Other changes in net assets or fund balances (explain in Schedule O)	9			0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			3%-	
column (B))	10	1	26,2	272
art XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				1
			Yes	_
Accounting method used to prepare the Form 990: Cash X Accrual Other				+:
-	F =	- -		1
If the organization changed its method of accounting from a prior year or checked 'Other,' explin Schedule O.	plain			
a Were the organization's financial statements compiled or reviewed by an independent account	tant?	2a		2
If 'Yes,' check a box below to indicate whether the financial statements for the year were com-	piled or reviewed 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?		2b		>
If 'Yes,' check a box below to indicate whether the financial statements for the year were aud				\top
basis, consolidated basis, or both:				1
Separate basis Consolidated basis Both consolidated and separate basis		1		
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight of the audit.			
review, or compilation of its financial statements and selection of an independent accountant	?	2c	=	
If the organization changed either its oversight process or selection process during the tax ye in Schedule O.	ar, explain			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single	За	-	\ \ \ \ \
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 in Schedule O and describe any steps taken to undergo such audits	ano required addit	Зы		1
, , , , , , , , , , , , , , , , , , ,				