Form 990

2017

OMB No. 1545 0047

Department of the Treasury

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

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

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

Open to Public Inspection

	nal Revenue		6/30	, 2	018
		017 calendar year, or tax year beginning 7/01 , 2017, and ending	D Employe	ridentificat	ion number
В	Check if app		\$100 DOSCOVERS (C)	19456	
	Addres	s change ALISAL CENTER FOR THE FINE ARTS	E Telephon	e number	
	Name o	change P.O. BOX 5440 SALINAS, CA 93915	3) 758	-5715
	Initial r	eturn SALLIVAS, CA 93913	1031	1 100	
	Final retu	urn/terminated		خ خ	568,246.
	Amend	ed return	G Gross re	ter subordi	
	Applica	ation pending F Name and address of principal officer:) is this a group return	Undad?	Yes No
	·	SAME AS C ABOVE) Are all subordinates If 'No,' attach a list.	see instruc	tions)
ī	Tax-exem	not status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527			
J	Websit) Group exemption nu	mber >	
K		organization: X Corporation Trust Association Other L Year of formation:	1986 Ms	tate of legal	domicile. CA
Pa	100000000000000000000000000000000000000	Summary			
10	1 Bri	efly describe the organization's mission or most significant activities: ARTS PROGRA	MS & INSTRU	CTION	FOR
	TTN	NDERSERVED COMMUNITY.			
Activities & Governance	01	NDEKSERVED COMMONITI.			
E					
/eri	2 Ch	eck this box ► if the organization discontinued its operations or disposed of more	than 25% of its	net asset	ts.
õ	3 Nu	mber of voting members of the governing body (Part VI, line Ta)		3	+ +
~	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	11
es	5 To	tal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0
₹	6 To	tal number of volunteers (estimate if necessary)		6	80
dot.	7a To	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b Ne	t unrelated business taxable income from Form 990-T, line 34		7b	0.
			Prior Year		Current Year
	8 Co	intributions and grants (Part VIII, line 1h).	230,1		213,504.
ž	9 Pr	ogram service revenue (Part VIII, line 2g)	260,3	307.	333,108.
Revenue	10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			10.010
Be B	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).		370.	13,943.
	12 To	tal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,8	363.	560,555.
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3).			
	14 Be	enefits paid to or for members (Part IX, column (A), line 4)			
	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	414,	321.	477,616.
68	16 a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)			
Expenses			**************************************		and the second s
Š	b 10		0.4	- CO	109 705
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		668.	137,705.
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	498,		615,321.
		evenue less expenses. Subtract line 18 from line 12		126.	-54,766.
Assets or			Beginning of Curre		End of Year
sets	20 To	tal assets (Part X, line 16)	122,		63,740.
A B	21 To	tal liabilities (Part X, line 26)	11,	420.	7,740.
Net		et assets or fund balances. Subtract line 21 from line 20.	110,	766.	56,000.
-		Signature Block			
			ne best of my knowledg	ne and belie	ef, it is true, correct, and
com	plete. Decla	of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ration of preparer (other than officer) is based on all information of which preparer has any knowledge.		,	The second second
		× ·			***************************************
c:.		Signature of officer	Date		
Sig		TOCHITA AT EADO	EXECUTIVE	DTR	
ne	16	JOSHUA ALFARO Type or print name and title	DALCOLLAD	DIN.	
			1 Charle	V.	PTIN
		1 2 2 2 2 2 2	2/g Check	" لك	
Paid		CARA M CAROZZA CARALM LAROZZA	/ / self-emp	oyed	P00518151
Pre	parer	Firm's name GOLDEN GATE BOOKKEEPING	,		3 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Use Only		Firm's address 344 SALINAS ST, STE 111	Firm's E	N ►	
		SALINAS, CA 93901	Phone n	o. (83	1) 422-1925
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Page 2
X No
X No
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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Schedule A X 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates X for public office? If 'Yes,' complete Schedule C, Part I 3 X 4 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... X 5 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. X 6 X 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III..... Х 8 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 X services? If 'Yes.' complete Schedule D. Part IV. 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments. X permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... 10 11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11a X 11 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. X 11 c 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? If 'Yes,' complete Schedule D, Part IX. X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11e 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... 11 f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII..... X 12a 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......... X 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... X 13 14a Did the organization maintain an office, employees, or agents outside of the United States?..... X 14a 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. 145 X 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 X 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. X 16 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)..... X 17 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. X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' X

P	rt IV Checklist of Required Schedules (continued)		Yes	No
20	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	20a	, 00	X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of	20b		37
	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		X
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
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? If 'Yes,' complete Schedule J.	23		Х
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		Х
1	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	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
1	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.	25b	enace age	X
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		х
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		Х
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):		\$31946	
	a A current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L, Part IV	28a	-	X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c 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.	28c		X
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? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31		$+\frac{x}{x}$
32	the state of the s	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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	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	351	3	
36	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
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		X
38	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	0.0	x

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			\Box
Greek in Schedule O Contains a response of note to any line in this rail V		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			- 1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	ง เองเชิดใ
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	0		40.50
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2 b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	218.412	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3 b	-	
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)?	4 a	3.4.4	X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	- 1		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	283 v.m.6	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
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 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6ь		
7 Organizations that may receive deductible contributions under section 170(c).	602		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	sistema	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7c	_	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		- 342 1411	7
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e	- 42.14.77 3.417	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		Car Sa	12.0
organization have excess business holdings at any time during the year?	. 8	remove.	1-4-20
 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 		THAME	30-03-25-2-33
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 a		+
10 Section 501(c)(7) organizations. Enter:	. 90	. 1000,000	-
a 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 10 b	[
11 Section 501(c)(12) organizations. Enter:	-		
a 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.).			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	Nickara i	A meters of
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		+
3 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	A standar	* \$ u.x.
Note. See the instructions for additional information the organization must report on Schedule O.	134	10000	- N. 100.7
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
4a Did the organization receive any payments for indoor tanning services during the tax year?	11	SADER	_
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	148	+	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
will roo, rook filed a rottle reactor toport aloss paymentes in rook promotion in ochequie U	141	O.1	