## 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)

2021

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	the 2021 calendar year, or tax year beginning $7/01$ , 2021, and ending $6/30$	, 2022		
В	Check	if applicable: C D Em	ployer identification number		
	Addres	s change	7 0461300		
	Name		77-0461309  E Telephone number		
	Initial r	eturn MANITEDEV CA 02042	CO SOCIAL CONTRACTOR OF SUCCESSIVE OF		
		urn/ terminated	831 624-6111		
L	A CONTRACTOR OF STREET		oup Exemption		
	2000	portains and porta	ımber •		
G		unting Method:  ☐ Cash ☐ Accrual Other (specify) ► H Check ► [	if the organization is <b>not</b>		
I		Total Control of the	attach Schedule B		
J	Tax-ex	tempt status (check only one) — X 501(c)(3) 501(c) ( ) ◄(insert no.) 4947(a)(1) or 527 (Form 990).	8		
		of organization: X Corporation Trust Association Other	2		
L	Add I	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. * \$ 66,582	)	
D-	art I		00,002		
ГС	11 ( 1	Check if the organization used Schedule O to respond to any question in this Part I		X	
	1	Contributions, gifts, grants, and similar amounts received.	1 44,856		
	2	Program service revenue including government fees and contracts	2 21,726		
	3	Membership dues and assessments	3		
	4	Investment income.	4		
	0000	Gross amount from sale of assets other than inventory	7		
	51100	Less: cost or other basis and sales expenses			
Φ	83	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c		
	6	Gaming and fundraising events:		-	
	0.52%	Gross income from gaming (attach Schedule G if greater than \$15,000)   6 a			
Revenue	1,700	Gross income from fundraising events (not including \$ of contributions			
Š	_ ~	from fundraising events reported on line 1) (attach Schedule G if the sum			
R		of such gross income and contributions exceeds \$15,000) 6 b			
	С	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).	6 d		
	7 2	Gross sales of inventory, less returns and allowances	- Gu		
	50 50	Less: cost of goods sold			
	0.00	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
	8	Other revenue (describe in Schedule O)	8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 66,582	_	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members.	11	-	
S	12	Salaries, other compensation, and employee benefits	12 27,72	7.	
Expenses	13	Professional fees and other payments to independent contractors	13 3,734		
dy	14	Occupancy, rent, utilities, and maintenance	14 2,750		
ш	15	Printing publications postage and shipping	15 9,58		
	16	Other expenses (describe in Schedule O).  SEE SCHEDULE O	16 16,041	_	
	17	Total expenses. Add lines 10 through 16	17 59,839		
-	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 6,743		
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year			
	13	figure reported on prior year's return)	19 8,132	2.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20		
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21 14,87	5.	
RΛ	A Fo	r Panerwork Reduction Act Notice see the separate instructions	Form <b>990-F7</b> (202)		

Par	Check if the organization used Sched	fule O to respond to any que	estion in this Part II			X					
			(A	) Beginning of year	r	(B) End of year					
22	Cash, savings, and investments			46,852.	22	40,219.					
23					23						
24	Land and buildings Other assets (describe in Schedule O)	SEE SCHEDULE	0	270.	24	270.					
25				47,122.	25	40,489.					
26	Total liabilities (describe in Schedule O).	SEE SCHEDULE	. 0	38,990.	26	25,614.					
27	Net assets or fund balances (line 27 of c			8,132.	27	14,875.					
Par	t III Statement of Program Service Acc	complishments (see the instr	uctions for Part III)	[77]		Expenses					
Check if the organization used Schedule O to respond to any question in this Part III											
What is the organization's primary exempt purpose? SEE SCHEDULE 0  (c)(3) and 501(c)(4)  organizations; optional											
Desc meas bene	ribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for ea	complishments for each of it manner, describe the servic ach program title.	ts three largest progra es provided, the numb	m services, as eer of persons	for otl						
28	ARTS HABITAT INC RUNS THE TOUR. MORE THAN 100 ARTIS										
	MONTEREY COUNTY PARTICIPA										
	(Grants \$ ) If thi	s amount includes foreign gr	ants, check here		28 a	32,910.					
29	ARTS HABITAT INC. PARTICI	PATES IN THE CONSO	RTIUM ORGANIZE	D TO		*					
	DEVELOP THE HISTORIC ARTS	DISTRICT OF EAST	GARRISON, A CC	MMUNITY							
	PROJECT FOR ART STUDIO SP.	ACE.									
	,	s amount includes foreign gr			29 a	979.					
30	ARTS HABITAT INC SPONSORS	AN ONLINE GALLERY	TO SUPPORT AF	TISTS_WHO							
	PARTICIPATE IN THE STUDIO TOUR.										
	7.5	s amount includes foreign gr			20.0	261					
4.5	(Grants \$ ) If this Other program services (describe in School)	s amount includes foreign gr	Tants, check here		30 a	361.					
31		s amount includes foreign gr			31 a						
22	(Grants \$ ) If thi  Total program service expenses (add lir				32	34,250.					
	t IV List of Officers, Directors,										
Fal	Check if the organization used Sch										
	Chook ii the eigenization zeez ez.	(b) Average hours per	(c) Reportable compensation	(d) Health benefits	5,						
	(a) Name and title	week devoted to	(Forms W-2/1099-MIS/ 1099-NEC)	contributions to emplo benefit plans, and defe	oyee erred	<ul><li>(e) Estimated amount of other compensation</li></ul>					
		position	(if not paid, enter -0-)	compensation							
	RTHA_LMANSON					0					
700 - 51007	ESIDENT	6	0.		0.	0.					
	CHOLAS PAPADAKIS	0 5	0.		0.	0.					
VICE PRESIDENT MARSHA LUBOW		0.5	0.		0.	<u> </u>					
	EASURER	2	0.		0.	0.					
	RCIE FOHRMAN				-	<u> </u>					
	RECTOR	0.5	0.		0.	0.					
	RLAND THOMPSON JR										
DI	RECTOR	0.5	0 .	0	0.	0.					
	MM_BARNES		V000		Port a						
	CRETARY	0.5	0	r	0.	0.					
	NDRA_GRAY										
DI:	RECTOR	0.5	0		0.	0.					
70						\(\text{\tint{\text{\tint{\text{\tin\text{\texi}\tint{\text{\texit{\texi}\titt{\text{\ti}\tinttitt{\text{\texi}\tint{\text{\texi}\ti					
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