### 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 2020

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 2	2020 calendar y	ear, or tax year begin	ning	10-0	)1 , <b>2020</b> , a	nd endi	ng	09	-30 ,2021	
В	Chec	ck if ap	plicable:	C Name of organizationMO	NTEREY HISTORY A	ND ART ASS	OCIATION	LTD		D Emplo	oyer identification nun	nber
	Addre	ess ch	ange	Doing business as							94-1517208	
	Name	e chan	nge	Number and street (or P.	O. box if mail is not delivered to st	reet address)		Room/sui	ite	E Telepi	hone number	_
	Initial	l returr	n	PO BOX 1082							(831)372-26	508
	Final	l return	/terminated	City or town, state or prov	vince, country, and ZIP or foreign	postal code				<b>G</b> Gross	s receipts	
$\Box$	Amer	nded r	eturn	Monterey, CA 9	3942					\$	11	5,837
П	Appli	ication	pending		ncipal officer: CAREY PEAR	CE			H(a) Is this a	group return f	for subordinates? Yes	
_	•			Same as C abov					H(b) Are all			$\overline{}$
	Tax-e	exemp	t status: X 501(		. –	(a)(1) or 5	527				st. See instructions	
		site:		ONTEREYHISTORY.	· · · · · · ·	<u>(7</u> (7)			H(c) Group			
				poration Trust X Ass	_		Year of formati	ion: 193			al domicile: <b>CA</b>	
	rt l	_	Summary	Trust == 7.55	Soldwort Strict >		- rear or formati	IOI1. <b>1</b> 33	) <u> </u>	otate or log	ur dominone. C11	
	$\overline{}$			the organization's missi	on or most significant acti	vities: <b>MONT</b>	ידט עקקקי	TOPV	מאר מדי	<b>A</b> SSO	CIATION, LTI	<u> </u>
			-	=	RIES AND DIVERSE							
e		-			INUES NOW TO SHA							
ğ			MONIEREI B	PASI, AND CONI	INOES NOW TO SHA	FE INE FUI	OKE HIST	OKI U	F MONTE	KEI, (	CA.	<del></del>
err		2	Chack this hav	if the organization	discontinued its operation	e or disposed (	of more than	25% of i	te not acco	to		
Governance					rning body (Part VI, line 1		of more than	20 /8 01 1	is fiel asse	.   3		0
<u>«</u>				-			(	77				
Activities &				=	s of the governing body (F		· ·	٠,٠٠٠	• • • • •	. 4		9_
Ξ̈́Ξ					calendar year 2020 (Part					. 5		0_
Act				volunteers (estimate if r	,,				• • • • •	. 6		
					Part VIII, column (C), line				• • • • •	. 7a		0
	-	b	Net unrelated bu	isiness taxable income	from Form 990-T, Part I, I	ine 11				.   7b		0
		_							Prior Year		Current Year	
				d grants (Part VIII, line	•	(	• • • • •	•	39	906		9,490
Ę			-	revenue (Part VIII, line	- · · · · · · · · · · · · · · · · · · ·			•	39	,100	7.	5,521
Revenue	1				(a), lines 3, 4, and 7d)			•				0
æ	1				es 5, 6d, 8c, 9c, 10c, and				24	685	( :	9 <u>,174</u> )
	1				must equal Part VIII, colun	nn (A), line 12)			103	3,691	11.	5,837
	1	13	Grants and simila	ar amounts paid (Part I	X, column (A), lines 1-3)							0
	1	14	Benefits paid to	or for members (Part I)	(, column (A), line 4)							0
		15	Salaries, other co	ompensation, employee	benefits (Part IX, column	(A), lines 5-10)						0
Expenses	1	16a	Professional fund	draising fees (Part IX,	column (A), line 11e)							0
Se J		b ·	Total fundraising	expenses (Part IX, col	umn (D), line 25) ▶		0					
Ä	1	17 (	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e) .				231	,093	24	7,076
	1	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A),	line 25)			231	,093	24	7,076
	1	19	Revenue less ex	penses. Subtract line	18 from line 12				(127	,402)	(13:	1,239)
	es							Begir	nning of Curre	ent Year	End of Year	
ets o	a 2	20	Total assets (Par	rt X, line 16)					1,871	,185	1,74	7,405
Net Assets or	8 2	21 ·	Total liabilities (F	Part X, line 26)					124	1,924	110	0,000
Set	ទី 2	22	Net assets or fur	nd balances. Subtract	line 21 from line 20				1,746			7,405
Pa	rt I	_	Signature I								•	
Unc	ler pe	enalties	s of perjury, I declare t	that I have examined this return	n, including accompanying sched			of my knov	wledge and be	lief, it is		
true	, corr	rect, ar	nd complete. Declarati	ion of preparer (other than offi	cer) is based on all information of	which preparer has	any knowledge.					
		_ lì	GARY SP	PRADLIN							08-10-202	2
Sig	jn	- 11	Signature of o							Dat		
He	re	li	GARY SP	RADLIN, BOARD	PRESIDENT							
			Type or print r	-								
			Print/Type preparer	r's name	Preparer's signature		Date		Check	X if	PTIN	
Pai	id		ROB McCONI	NELL CPA	ROB McCONNELL CPA	A	08-11-20	22	self-em		P00039276	
		rer	Firm's name		NNELL CPA	-	<sub>2</sub> 0 11-20		Firm's EIN	pioyeu	100039270	
	-	nly	Firm's address		ona Cliffs Ave				Phone no.			
<u> </u>		· · · · y	i iiii s addiess		n NV 89014				HOHE HU.	Q 21 _ (	809-1581	
Mar	the.	IPC	discuss this rotu		own above? (see instruction	nne)					X Yes	No
ivia	u IE	, II/O	นเจบนจจ แสจ เป็น	with the preparer SN	own above: (see 111511 UCI1	лю <i>)</i>					🕰 162	NO

Part IV

94-1517208

MONTEREY HISTORY AND ART ASSOCIATION LTD

**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," 1 Х 2 Is the organization 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 3 Х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . . . . Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . . 7 х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . . . . . . . . . . . . . . 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 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 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . . 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . . 11f Х Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a х b Was the organization included in consolidated; independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12b Х 13 13 Х 14a Х 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . . . . x

		-151720	8	Р	age
Pa	rt IV Checklist of Required Schedules (continued)				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г		Yes	No
22	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				
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23		Х
<b>24</b> a					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		240		
_	through 24d and complete Schedule K. If "No," go to line 25a		24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • •  -	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • •  -	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	• • • •	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part 11		26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	[	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	[	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	[	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M	[	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	[	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	[	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		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		
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		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		38	x	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				
ı aı	Check if Schedule O contains a response or note to any line in this Part V				
	2 January 10 12 12 12 12 12 12 12 12 12 12 12 12 12			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	οГ			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				

reportable gaming (gambling) winnings to prize winners?

1c

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
ام	If "Yes," indicate the number of Forms 8282 filed during the year	7c		х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		•
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		Х

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. 

Sec	tion A. Governing Body and Management			
			Yes	No
1a	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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?	2		X
3	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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		
L	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		7.7
8	stockholders, or persons other than the governing body?	7b		Х
0	the year by the following:			
2		8a	v	
a b	The governing body?	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	30	Λ	
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		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 taxable entity during the year?	16a		х
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	40.		
80-	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled California  Caption 6404 required on a great instance makes its Forms 4000 (4004 and 4004 A if annihilation to make its Forms 4004 A if annihilat			
18	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.			
10	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

SUSAN MAR (831)372-2608, PO BOX 1082, Monterey, CA 93942

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relation	ted organizat	ion co	mper	nsate	ed a	ny curren	t officer, director, o	r trustee.	ı		
					C)						
(A)	(B)	(do	not ch		sition	nan one	(D)	(E)	(F)		
Name and title	Average	box	, unles	s per	son is	both an	Reportable	Reportable	Estimated amount		
	hours per week	offic	cer and	d a dir	ector	/trustee)	compensation from the	compensation from related	of other compensation		
	(list any	0 =		٦	_	Ф Т .	organization	organizations	from the		
	hours for	or director	Institutional trustee	Officer	Key employe	Highest	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations		
	related	ector	tion	٦	mplc	st cc			Totalog organizations		
	organizations below	Trust	tru		yee	mpe					
	dotted line)	e	stee			mpensatec					
						<u>e</u>					
(1) GARY SPRADLIN	10.00										
PRESIDENT		х					0	0	0		
(2) ROB McCONNELL CPA	5.00	1									
DIRECTOR	1	х					0	0	0		
(3) THERESA YARNELL-TODD	3.00										
DIRECTOR	J	х					0	0	0		
(4) LARRY CHAVEZ	2.00										
DIRECTOR	1	X					0	0	0		
(5) SUSAN MAR	8.00										
TREASURER		Х					0	0	0		
(6) CAREY PEARCE	15.00										
PAST PRESIDENT				х			0	0	0		
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Form **990** (2020)

94-1517208

19   19   19   19   19   19   19   19	Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar			est Co	mpe	ensated Employe	es (continued)			
Name and side    Average   Province   Provin														
Name and side  Average focus f		(A)	(B)	(do r	not ch			han one		(D)	(E)		(F)	
Complete or Continuation sheets to Part VII. Section A   Complete Schedule of the complete or completes compensation from the organizations from the organizations and elaborate and sistence on the complete organization and elaborate and sistence on the complete schedule of the such individual or such individual for such individual for such individual for such individual for such personal sistence on line 1a; it is the sum of reportable compensation from the organization site to such individual for s		Name and title	_	1 '					1	•		Estim		
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for services rendered to the organization? If "Yes," complete Schedule J for such person		individual										4		х
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94-1517208

Form 990 (2020) Part VIII

Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	is Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e	Total. Add lines 1a-1f	7,110  42,380  42,380  S  Business Code 711190	49,490	75,521		Sections 312-314
<u> </u>				75,521	24		
Other Revenue	b c d 8a b c 9a b c	Less: rental expenses	(ii) Personal  (ii) Personal  (iii) Other  (iii) Other  (iii) Other  (iii) Other  (iv) Other  (iv) Other	1,600	6,411		1,600
Miscellanous Revenue	11a	***************************************	Db Business Code 711190 711190	(17,185)	(17,185)		
Misce Re	е	All other revenue		(17,185) 115,837	64.747	0	1,600

#### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): Legal...... b 1,338 937 401 Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 4,550 4,550 12 Advertising and promotion . . . Office expenses . . . . . 13 5,095 5,095 14 Information technology . . 15 Royalties . . . . . . . . . 16 Occupancy . . . . . . . . . . . . 54,597 41,185 13,412 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 13,796 13,796 Payments to affiliates . . . . . . . . . . . . 21 22 Depreciation, depletion, and amortization 120,629 120,629 23 Insurance ........ 37,398 35,528 1,870 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) REPAIRS / MAINTENANCE 1,182 1,182 b STORAGE 6,147 4,610 1,537 EXHIBIT EXPENSES 468 468 С d WEBSITE MAINTENANCE 853 853 All other expenses е 1,023 1,023 Total functional expenses. Add lines 1 through 24e. . 25 247,076 89,313 157,763 0 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)

29

30

31

1,637,405

1,747,405

1,746,261

1,871,185

Form 990 (2020) MONTEREY HISTORY AND ART ASSOCIATION LTD 94-1517208 Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 55,389 70,715 2 2 3 Pledges and grants receivable, net .............. 3 4 4 18,477 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .... 6 7 7 8 8 9 Prepaid expenses and deferred charges ..... 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ..... 10a 5,014,374 b Less: accumulated depreciation . . . . . . . . . . . . . 10b 1,428,403 10c 3,706,600 1,307,774 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . . . . . . . . 13 14 14 15 Other assets. See Part IV, line 11 . . . . . . . . . . . . . . . . . 368,916 15 368,916 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . . . . . 1,871,185 16 1,747,405 17 14,924 17 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 110,000 23 110,000 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . . . . . . 26 110,000 124,924 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 1,318,277 1,216,070 28 Net assets with donor restrictions 427,984 28 421,335 Organizations that do not follow FASB ASC 958, check here

EEA Form 990 (2020)

Capital stock or trust principal, or current funds ..........

Total liabilities and net assets/fund balances ..........

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

and complete lines 29 through 33.

29

30

31

32

33

	(2020)	

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F	aq	ie	1	

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <b></b>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		115,	837
2	Total expenses (must equal Part IX, column (A), line 25)	2		247,	076
3	Revenue less expenses. Subtract line 2 from line 1	3	(	131,	239)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	746,	261
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		22,	383
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	637,	405
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>.                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· • • • •	. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the 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 year, explain on				
٥-	Schedule O.				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		_ X
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		21-		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000 (	2020)
EA			rorm	990 (2	<u>2020)</u>
	· · · · · · · · · · · · · · · · · · ·				
	*				

EEA

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

2020

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

MON	TER	EY HISTORY AND ART ASSOC	IATION LTD				94-1517208	3
Pa	rt I	Reason for Public Charity	/ Status. (All o	rganizations must c	omplete	this part.	) See instructions	S.
The	orga	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check onl	y one box.	)		
1		A church, convention of churches, or	association of chu	rches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school described in <b>section 170(b</b> )	(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)		
3	Ц	A hospital or a cooperative hospital s	ervice organizatior	n described in section 1	70(b)(1)(A	A)(iii).		
4	Ш	A medical research organization ope	rated in conjunction	n with a hospital describ	ed in <b>sect</b>	ion 170(b)(	1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5	Ш	An organization operated for the bene		iniversity owned or opera	ated by a g	governmenta	l unit described in	
_		section 170(b)(1)(A)(iv). (Complete	•					
6	Ц	A federal, state, or local government	•					
7	Ш	An organization that normally receive	•		/ernmental	unit or from	the general public	
	П	described in section 170(b)(1)(A)(vi						
8	$\mathbb{H}$	A community trust described in <b>secti</b>			ratad in ac	niunation w	ith a land grant called	10
9	Ш	An agricultural research organization				-		je
		or university or a non-land-grant colle university:	ge of agricultule (s	ee mstructions). Enter th	e name, cii	ly, and state	of the college of	
10	X	An organization that normally receives	s: (1) more than 33	1/3% of its support from	contributi	ons membe	rship fees and gross	
		receipts from activities related to its e	, ,	• • •		_		
		support from gross investment income	•	•				
		acquired by the organization after Ju		· /	· ·			
11	П	An organization organized and opera				•		
12		An organization organized and operat	-				carry out the purposes	;
		of one or more publicly supported org	ganizations describ	ed in <b>section 509(a)(1)</b>	or <b>section</b>	n 509(a)(2).	See section 509(a)(3	3).
		Check the box in lines 12a through 12	d that describes th	e type of supporting orga	anization a	nd complete	e lines 12e, 12f, and 12	2g.
	а	Type I. A supporting organization	n operated, supervi	ised, or controlled by its	supported	l organizatio	on(s), typically by givin	ng
		the supported organization(s) the	power to regularly	appoint or elect a major	rity of the c	lirectors or t	rustees of the	
		supporting organization. You mu	st complete Part	IV, Sections A and B.				
	b	Type II. A supporting organization	n supervised or co	ntrolled in connection w	ith its supp	orted organ	nization(s), by having	
		control or management of the sup			rsons that o	control or ma	anage the supported	
		organization(s). You must comp						
	С	Type III functionally integrated						th,
		its supported organization(s) (see						( )
	d	Type III non-functionally integr		= -				n(s)
		that is not functionally integrated.		•		•	and an attentiveness	
	•	requirement (see instructions). Y  Check this box if the organization	-				uno II. Tuno III	
	е	functionally integrated, or Type III				sa Type I, T	уре п, туре ш	
	f	Enter the number of supported organi			ariizatiori.			
	g	Provide the following information about						• • • •
	_	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
	,	0	`,	(described on lines 1-10	listed in you		support (see	other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
( <u>~)</u>								
(B)								
( <u> </u>								
(C)								
(D)								
(E)								
Tota	ı							

Part II

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

94-1517208 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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> 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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 4	(4, 20.0	(3) 20 11	(0, 20,0	(4) 2010	(0, 2020	(1) 10101
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from			1)			
	similar sources						
9	Net income from unrelated business						
-	activities, whether or not the business						
	is regularly carried on		· ·				
10	Other income. Do not include gain or						
	loss from the sale of capital assets	.40	1				
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10.						
	Gross receipts from related activities, etc. (s	ee instructions	3)			12	
	First five years. If the Form 990 is for the or	_	•	rd, fourth, or fit	fth tax year as	a section 501(d	2)(3)
	organization, check this box and stop here						
Sec	ction C. Computation of Public Support						
14	Public support percentage for 2020 (line 6, c	olumn (f), divi	ded by line 11,	column (f)) .		14	%
15	Public support percentage from 2019 Sched	ule A, Part II, I	ine 14			15	%
16a	33 1/3% support test - 2020. If the organiza	ation did not ch	neck the box or	i line 13, and li	ine 14 is 33 1/3	8% or more, ch	eck this
	box and stop here. The organization qualified	es as a publicly	y supported or	ganization			▶ □
b	33 1/3% support test - 2019. If the organization	ation did not ch	neck a box on I	ine 13 or 16a,	and line 15 is 3	33 1/3% or mor	e, check
	this box and <b>stop here.</b> The organization qu	alifies as a pul	blicly supporte	d organization			▶ □
17a	10%-facts-and-circumstances test - 2020.	-					
	10% or more, and if the organization meets to				-	-	
	Part VI how the organization meets the facts	-and-circumst	ances test. The	organization	qualifies as a p	oublicly support	ed
	organization						
b	10%-facts-and-circumstances test - 2019.	If the organiza	ation did not ch	ieck a box on l	ine 13, 16a, 16	6b, or 17a, and	line
	15 is 10% or more, and if the organization m	eets the facts-	and-circumsta	nces test, che	ck this box and	stop here. Ex	plain
	in Part VI how the organization meets the fac-	cts-and-circum	stances test. 7	he organization	on qualifies as	a publicly supp	orted
	organization						
18	Private foundation. If the organization did r	ot check a bo	x on line 13, 16	Sa, 16b, 17a, o	r 17b, check th	is box and see	
	instructions						▶ □

## 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	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	122,734	23,798	72,125	39,906	49,490	308,053
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	90,100	75,500	73,300	39,100	75,521	353,521
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				•		
6	<b>Total.</b> Add lines 1 through 5	212,834	99,298	145,425	79,006	125,011	661,574
7a	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				<b>′</b>		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						661,574
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	212,834	99,298	145,425	79,006	125,011	661,574
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		·				
	royalties, and income from similar sources	1					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	7					
11	Net income from unrelated business						
	activities not included in 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.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	212,834	99,298	145,425	79,006	125,011	661,574
14	First 5 years. If the Form 990 is for the orga				ax year as a se	ection 501(c)(3	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppo	rt Percentage	)				
	Public support percentage for 2020 (line 8, c			column (f))		15	100.00 %
	Public support percentage from 2019 Sched					16	100.00 %
Sec	ction D. Computation of Investment In	come Percen	tage				
17				ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2019 S	•				18	0.00 %
	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-	-			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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 **Part VI** 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.
- 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 **Part VI**, 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in **Part VI.**
- 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 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **c** Did a disqualified person (as defined in 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 Part VI*.
- 10a 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 10b below.
  - **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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
_		
6		
7		
8		
0-		
9a		
9b		
•		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			ı
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI. ion B. Type I Supporting Organizations	11c		
Sec	ion B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
-	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	tions)	).
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in		tions,
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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i u	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 <i>(expla</i>	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organ	nizations	must complete Section	ns A through E.
Car	stien A. Adiusted Net Income		(A) Drien Veen	(B) Current Year
Sec	ction A - Adjusted Net Income		(A) Prior 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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
			(A) D:	(B) Current Year
Sec	ction B - Minimum Asset Amount		(A) Prior 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):		<b>4</b>	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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,			
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5		4 5		
5	see instructions).			
	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.	5		
6 7 8	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)	5 6 7		Comment Veer
6 7 8	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions	5 6 7		Current Year
6 7 8	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)	5 6 7		Current Year
6 7 8 Sec	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  ction C - Distributable Amount	5 6 7 8		Current Year
6 7 8 Sec	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)	5 6 7 8		Current Year
6 7 8 Sec	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 0.85 of line 1.	5 6 7 8		Current Year
6 7 8 Sec 1 2 3	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)	5 6 7 8		Current Year
6 7 8 Sec 1 2 3 4	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	5 6 7 8 1 2 3 4		Current Year
6 7 8 Sec 1 2 3 4 5	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	5 6 7 8 1 2 3 4 5		
6 7 8 Sec 1 2 3 4 5	Net value of non-exempt-use assets (subtract line 4 from line 3)  Multiply line 5 by 0.035.  Recoveries of prior-year distributions  Minimum Asset Amount (add line 7 to line 6)  Etion C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3.  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to	5 6 7 8 1 2 3 4 5	ited Type III supporting	

EEA Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions				Current Year	
_1	Amounts paid to supported organizations to accomplish exem	npt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt					
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ons	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required) - pr	rovide 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 respons	ive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020	
_1_	Distributable amount for 2020 from Section C, line 6		4			
2	Underdistributions, if any, for years prior to 2020					
	(reasonable cause required - explain in Part VI). See					
	instructions.		4 ) )			
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
C	From 2017					
d	From 2018					
е	From 2019					
f	<b>Total</b> of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f					
4	Distributions for 2020 from					
	Section D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
Q	Breakdown of line 7:					

 a
 Excess from 2016
 . . . .

 b
 Excess from 2017
 . . . .

 c
 Excess from 2018
 . . . .

. . . .

d Excess from 2019

e Excess from 2020

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, 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.)
	$C^{O^{\prime}}$

#### **SCHEDULE D** (Form 990)

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

MON	TEREY HISTORY AND ART ASSOCIATION LTD		94-1517208
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	_	Yes No
6	Did the organization inform all grantees, donors, and donor adv	_	
	only for charitable purposes and not for the benefit of the donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		111111111111111111111111111111111111111
. •	Complete if the organization answered "Yes" or	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		7
•	Preservation of land for public use (e.g., recreation or educ		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		a certifica filatorie structure
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	pronyation
_	easement on the last day of the tax year.	conservation contribution in the form of a co	
_	Total number of conservation easements		Held at the End of the Tax Year  2a
a			
b		tura included in (a)	
C	Number of conservation easements on a certified historic structure.		. 2c
d	Number of conservation easements included in (c) acquired af		
_	historic structure listed in the National Register		. <u>2d</u>
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	anization during the
	tax year •		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservati	on easements during the year
	·		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	asements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense stat	ement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements the	at describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" or		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for public		ance of public
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ <u>49,490</u>
	(ii) Assets included in Form 990, Part X		▶ \$ 368,916
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gai	n, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Pai	t III Organizations Maintaining Col	llections of Art, His	storical T	reasures,	or Other Similar A	Assets (continued)
3	Using the organization's acquisition, accession, and	d other records, check an	y of the follo	wing that ma	ke significant use of its	
	collection items (check all that apply):					
а	Public exhibition	d	Loan	or exchange p	orograms	
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's collection	ons and explain how they	further the o	organization's	exempt purpose in Part	
	XIII.	no and explain new they		organization o	oxompt purpodo in i art	
5	During the year, did the organization solicit or recei	ive donations of art histor	rical treasur	as or other si	milar	
Ŭ	assets to be sold to raise funds rather than to be m					Yes X No
Pai	t IV Escrow and Custodial Arrange		Ji garii zation	3 CONCOUNT:		<u>  165   140  </u>
rai	Complete if the organization answ		n 000 Da	rt IV lina (	ar reported an an	nount on Form
	990, Part X, line 21.	weled les dillon	11 330, F	utiv, iiiie s	s, or reported air air	nount on ronn
		de a Catamara d'a material	other Carrier	-11		
1a	Is the organization an agent, trustee, custodian or o					
					• • • • • • • • • • • •	U Yes U No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following tab	le:			
						mount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance	. <b></b> .			1f	
2a	Did the organization include an amount on Form 99	90, Part X, line 21, for esc	row or custo	odial account	liability?	🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanation	has been pr	ovided on Pa	rt XIII	
Pai	t V Endowment Funds.			, ( )		
	Complete if the organization answ	wered "Yes" on Forr	n 990, Pa	ırt IV, line 1	10.	
	(a	(b) P	rior year	(c) Two years	back (d) Three years bac	ck (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships		,			
e	Other expenditures for facilities and					
·	programs					
f	Administrative expenses					
	End of year balance	40				
g 2	Provide the estimated percentage of the current year	or and halance (line 1g. c	oluma (a)) k			
	Board designated or quasi-endowment	%	olullili (a)) i	iciu as.		
a		70				
D	1 ciliatett cildowilicit					
С	Term endowment • %	1.4000/				
_	The percentages on lines 2a, 2b, and 2c should equ				•	
3a	Are there endowment funds not in the possession	of the organization that a	re held and	administered	for the	
	organization by:					Yes No
	(i) Unrelated organizations					3a(i)
	(,					3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sch	nedule R?.			3b
4	Describe in Part XIII the intended uses of the orga		nds.			
Pai	t VI Land, Buildings, and Equipmer					
	Complete if the organization answ	wered "Yes" on Forr	n 990, Pa	rt IV, line 1	11a. See Form 990,	, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost o	r other basis	(c) Accumulated	(d) Book value
		(investment)	(0	other)	depreciation	
1a	Land					
b	Buildings		4.8	346,094	3,544,794	1,301,300
С	Leasehold improvements			128,109	121,635	6,474
d	Equipment		<u> </u>	20,866	20,866	0,1,1
e	Other			19,305	19,305	
	. Add lines 1a through 1e. (Column (d) must equa	I Form 990 Part X colu	mn (R) line			1 207 774
· Jua	. Add mics to unough is (Column tu) must equa	i i onni 990, i art A, colul	יייי ( <i>ט</i> ), וווופ	100.9		1,307,774

90, Part IV, lin	ie 11c. See For	m 990, Part X, line 13.
	4	(c) Method of valuation:
(b) Book value	Cost	t or end-of-year market value
	71	
4		
	<b>V</b>	
ŗ		
90, Part IV, lin	e 11d. See For	m 990, Part X, line 15.
		(b) Book value
		368,91
		368,91
		<u> </u>
90, Part IV, lin	ie 11e or 11f. S	ee Form 990, Part X,
	90, Part IV, lin	90, Part IV, line 11d. See For

Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.) 2d	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Par	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	; Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
	<u> </u>	
	<u>▼</u>	

EEA Schedule D (Form 990) 2020

#### SCHEDULE G (Form 990 or 990-EZ)

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection

Name of the organization					Employer ide	ntification number
MONTEREY HISTORY AND ART AS	SOCIATION LT	D			94-15	17208
Part I Fundraising Activities	. Complete if the	he organi:	zation ans	wered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	•	-				
1 Indicate whether the organization rais				ies. Check all that ag	oply.	
a Mail solicitations	0	·	-	f non-government gra		
<b>b</b> Internet and email solicitations				f government grants		
c Phone solicitations				raising events		
		g ∐	Special fundi	aising events		
d In-person solicitations						
2a Did the organization have a written o						
or key employees listed in Form 990,	, .		•			es 🗌 No
<b>b</b> If "Yes," list the 10 highest paid indivi-	,	ındraisers) p	ursuant to ag	reements under which	ch the fundraiser is to be	9
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual		(iii) Did fur	draiser have	(iv) Cross resists	(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	or control of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
or criticy (randration)		contrib	outions?	nom donvity	col. (i)	organization
		Yes	No		. 7	
1						
					<i>J</i> •	
2						
					*	
3						
3						
4						
5						
6		4				
7		1/>				
	. *					
8						
9						
10						
10						
	•					
Total						
3 List all states in which the organization	n is registered or lic	ensed to so	licit contributi	ons or has been noti	ified it is exempt from	
registration or licensing.						
					·	

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		than \$15,000 of fundraising egross receipts greater than \$		d gross income on Form	990-EZ, lines 1 and 6b	. List events with	
		groot receipte greater than $\phi$	(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through	
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
	4	Cross respirts					
	1	Gross receipts				_	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
		mio 2)					
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment			07		
	9	Other direct expenses			) (		
	10	Direct expense summary. Add lines 4	through 9 in column (d)				
	11	Net income summary. Subtract line 1	0 from line 3, column (d)				
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.							
Revenue		\$13,000 diri dili 330 EZ, iii	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
<u>~</u>	1	Gross revenue		· ·			
Direct Expenses	2	Cash prizes	4.0				
	3	Noncash prizes	~\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	4	Rent/facility costs	5				
	5	Other direct expenses					
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes %	☐ Yes % ☐ No		
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)							
9		Enter the state(s) in which the organization conducts gaming activities:					
a b		Is the organization licensed to conduct gaming activities in each of these states?					
	- "	, одржин					
100		ere any of the organization's gaming lig	enses revoked suspend	ed, or terminated during the	tax year?	Yes  No	
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No  If "Yes," explain:					
	_						

#### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### 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 990-EZ.

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

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

94-1517208 MONTEREY HISTORY AND ART ASSOCIATION LTD 01. Form 990 governing body review (Part VI, line 11) NO FINANCIAL STATEMENT REVIEW WAS OR WILL BE CONDUCTED. 02. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA ORGANIZATION'S WEBSITE OR UPON REQUEST. 03. "Other" or change in accounting method (Part XII, line 1) GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA ORGANIZATION'S 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) MHAA HAS REPORTED UNCOLLECTIBLE RECEIVABLES FROM TENANT RELATIONSHIPS.

### Form 4562

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020 Attachment Sequence No. 179

Name(s) shown on return Business or activity to which this form relates Identifying number MONTEREY HISTORY AND ART ASSOCIA FORM 990 - 1 94-1517208 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 Total cost of section 179 property placed in service (see instructions). . . . . . . . . . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions)........ 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . . . . . . . . . . Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7............... 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562 . . . . . . . . . . . . . . . 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1..... 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) . . . . . . . . . . . . . . . . 16 120,629 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and ve (c) Basis for depreciation (business/investment use (e) Convention (a) Classification of property (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. h Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . . . 120,629 For assets shown above and placed in service during the current year, enter the

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#### Form 8879-EC

Department of the Treasury

Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 10-01-2020 , and ending 09-30-2021

, and ending <u>09-30-202</u>

▶ Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information.

2020

OMB No. 1545-0047

Taxpayer identification number Name of exempt organization or person subject to tax 94-1517208 MONTEREY HISTORY AND ART ASSOCIATION LTD Name and title of officer or person subject to tax GARY SPRADLIN, BOARD PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X 3a Form 1120-POL check here 4a Form 990-PF check here ► **b** Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . 4b 5a Form 8868 check here ► 6a Form 990-T check here► **b** Total tax (Form 990-T, Part III, line 4) . . . . . . . . 7a Form 4720 check here ► **b** Total tax (Form 4720, Part III, line 1) . . . . . . . . Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that \quad \text{I am an officer of the above organization or \quad \text{I am a person subject to tax with respect to} (name of organization) and that I have examined a copy , (EIN) of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize ROB McCONNELL CPA to enter my PIN as my signature 68956 ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 08-10-2022 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 770319 68956 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So