Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

B Check if applicable: Address change Name change Name change Initial return Final return/terminated Amended return Application pending G Accounting Method: X Cash Accrual Other (specify) ► Website: ► WWW.LYCEUM.ORG J Tax-exempt status (check only one) — X 501(c)(3) 501(c)() ◄(insert no.) 4947(a)(1) or 527 K Form of organization: X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 191, 6. Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	555. [X]
Name change Initial return THE LYCEUM OF MONTEREY COUNTY 1073 6TH STREET MONTEREY, CA 93940 F Group Exemption Number Sal-372-6098 F Group Exemption Number F Group Exemption F Group Exemp	555. [X]
Name change Initial return Initial return MONTEREY, CA 93940 S31-372-6098	555. [X]
Initial return Final return/terminated Amended return Application pending G Accounting Method:	555. [X]
Amended return Application pending G Accounting Method: X Cash Accrual Other (specify) ► H Check ► if the organization is not required to attach Schedule B Website: ► WWW.LYCEUM.ORG J Tax-exempt status (check only one) — X 501(c)(3) 501(c) () <(insert no.) 4947(a)(1) or 527 K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	555. [X]
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G Accounting Method: X Cash Accrual Other (specify) ► H Check ► if the organization is not required to attach Schedule B J Tax-exempt status (check only one) — X 501(c)(3) 501(c) () ≺(insert no.) 4947(a)(1) or 527 K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ↑\$ 191, 6.	555. [X]
Website: ► WWW.LYCEUM.ORG Tax-exempt status (check only one) — X 501(c)(3)	555. [X]
J Tax-exempt status (check only one) — X 501(c)(3)	. X
K Form of organization: X Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. X
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. X
assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-E2	. X
assets (Part II, column (B)) are \$500,000 or more, line Form 990 instead of Form 990-L2	. X
Parking Revenue Eynenses, and Changes in Net Assets of Fund Balances (see the instructions for Edit I)	
Taken Revenue, Expension and Cabadada O to record to any question in this Port	
Check if the organization used Schedule O to respond to any question in this Part I.	
1 Contributions, gifts, grants, and similar amounts received	
2 1 Togram Screece to condition and and government to the contraction of the contraction	113.
3 Methodiship dads and assessments	-00
	<u>509.</u>
5 a Gross amount from sale of assets other than inventory	
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	
6 Gaming and fundraising events:	
a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
b Gross income from fundraising events (not including \$ of contributions	
from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
c Less: direct expenses from gaming and fundraising events 6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c). 6d	
7a Gross sales of inventory, less returns and allowances	
b Less: cost of goods sold	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	
8 Other revenue (describe in Schedule O)	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	655
10 Grants and similar amounts paid (list in Schedule O)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
11 Benefits paid to or for members	
	627
13 Professional fees and other payments to independent contractors	<u> </u>
12 Salaries, other compensation, and employee benefits 12 100,6	
15 Printing publications postage and shipping.	535.
15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O). 17 SEE SCHEDULE O 18 39,3	
17 Total expenses. Add lines 10 through 16	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	
\$1	<u></u>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	692
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 227, 6 22 23, 5	
20 Other changes in het assets of fund balances (explain in oblinedate o)	
BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (20	

*	Balance Sheets (see the inst	ructions for Part II)	estion in this Part I	1		, , , , ,	X
	(Cont.)			(A)	Beginning of yea	r	(B) End of year
	savings, and investments				176,231.	22	236,183.
2007	Land and buildings		·····		50,904.	23	49,766.
34	Other assets (describe in Schedule O)				641. 227,776.	24 25	1,321. 287,270.
15	Total assets	SEE SCHEDULE	0		<u>227,776.</u> 84.	26	43,977.
25 27	Net assets or fund balances (line 27 of	column (B) must agree with l	ine 21)		227,692.	-1	243,293.
Par	Conico A	complichments (see the instr	juctions for Part III)	L <u>A</u> J		Expenses
	Check if the organization used Sc	hedule O to respond to any q	uestion in this Par	t III	<u> </u>	(Regi	uired for section 501 and 501(c)(4)
What	is the organization's primary exempt purpose? SEE	SCHEDULE O	ts three largest pro	oran	services, as	orgar	nizations; optional
mea	is the organization's printary exempt purpose: SEE stribe the organization's program service a sured by expenses. In a clear and concisusitied, and other relevant information for e	e manner, describe the service	es provided, the n	umbe	r of persons	for ot	thers.)
28	SEE SCHEDULE 0	each program title.					
20	2FF 2CUEDONE 0						
			,,- - ,,-			20.5	100 040
	(Grants \$) If the	is amount includes foreign gr	ants, check here			28 a	120,848.
29							
	(Grants \$) If th	is amount includes foreign gr	ants, check here			29 a	
30							
	(Grants \$) If ti	nis amount includes foreign gi	rants, check here	_ _ _	·	30 a	
31	Other program services (describe in Sci	nedule O)			. , , <u>. </u>		
-	(Grants \$) If the	nis amount includes foreign g	rants, check here		<u> </u>	31 a	100 040
32	Total program service expenses (add I	nes 28a through 31a)			:	32	120,848.
Pa	List of Officers, Directors, Check if the organization used So	Trustees, and Key Emp	Noyees (list each on	e even rt IV.	II flot compensateu — s		Illistractions for Fast 17
	Check if the organization used St		(c) Reportable compens	sation	(d) Health benefits contributions to empl	5,	(e) Estimated amount of
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compens (Forms W-2/1099-M 1099-NEC)	IS/	benefit plans, and def compensation	erred	other compensation
	DTOMETHE EMICHADIOON	F	(if not paid, enter -	<i>,-,</i>	OSHIP CHISCHOT		
	RISTINE_WESTBROOK EASURER	1		0.		0.	0.
	RIA OWEN						
DΪ	RECTOR	1		0.		0.	0.
	N ALBERT	1		0.		0.	0.
	ESIDENT CILLE STANDIFER	1		<u> </u>			
	RECTOR	1		0.		0.	0
	OMAS BROUSEK			_		^	
	RECTOR	1		0.		0.	0_
	N HAMBLETON-HOLGUIN			0.		0.	0
	CE-PRESIDENT AINE HERRMANN						
	CRETARY	1		0.		0.	0
	EL MERAUD			0		0.	0
DI	RECTOR			0.		υ,	<u> </u>
		-					
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		1	•				
		4					
BA	^	TEEA0812L	09/27/21	****	1		Form 990-EZ (2021)
- DM	^						

EZ (2021) THE LYCEUM OF MONTEREY COUNTY 94-610284			2ye J
	SEE S	oun '	\Box
ctions for Part V.) Check if the organization used Schedule & to toppen.		Yes	No
The organization engage in any significant activity not previously reported to the IRS? Wes, provide a detailed description of each activity in Schedule O	33		X
	34	<u> </u>	X
the base variated business gross income of \$1,000 or more during the year norm base roots	25.0		v
	35 a	-	_X_
the die form and the West' IT IND. Drovide all explanation in Conducto of	33 11	-	
Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 55500 or 501(c)(6), or 501(c)(6), or 501(c)(6) organization subject to 55500 or 501(c)(6), or 501(c)(6), or 501(c)(6), or 501(c)(6) organization subject to 55500 or 501(c)(6), or 501(c)(6)	35 c		Х
36 Did the organization undergo a liquidation, dissolution, termination, of significant	36		X
Trick amount of political expenditures, direct or indirect, as described in the instructions.	37 b		X
b Did the organization file Form 1120-POL for this year?			
38a Did the organization borrow from, or make any loans to, any officer, director, fusitee, or key employed, or more any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
b If 'Yes,' complete Schedule L, Part II, and enter the total amount involved			
amount involved			
to see and capital contributions included on line 9	∸ >>=		
o an analysis included on line 9, for public use of club facilities	<u>.</u>		
b Gross receipts, included on time 5, for pushe as 5 of the pushe			
section 4911			
benefit transaction during the year, one and Erz If 'Ves' complete Schedule L. Part I	40 E	ь	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations.) <u>.</u>		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax of time 400 femines) <u>.</u>		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	. 40	е	X
shelter transaction? If Yes, complete Form 8880-1. 41 List the states with which a copy of this return is filed NONE			
41 List the states with which a copy of this return is need NONE			
42 a The organization's Telephone no. ► 831-	-372-	6098	3
hooks are in care of JOYCE BRECKENKIDGE			
Located at 1073 6TH STREET MONTEREY CA		Ye	s No
b 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)?	. 42	ь	X
financial account in a toleigh country (such as a sum assessment)			
If 'Yes,' enter the name of the foreign country ►	_		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
See the instructions for exceptions and filling requirements for reflect rounding representation reflect rounding representation representation reflect rounding representation representat	42	2c	}
c At any time during the calendar year, did the organization maintain and the favoire country.	_		
If 'Yes,' enter the name of the foreign country ►			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		🟲	N.
43 Section 4947(a)(1) nonexempt charitable trusts limit 1 of 1 social and enter the amount of tax-exempt interest received or accrued during the tax year			N
	4311,000	Υ	es N
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		4-	
44 a Did the organization maintain any donor advised funds during the year? If Tes, Form 990 must be completed in the organization maintain any donor advised funds during the year? If Tes, Form 990 must be completed in the property of Form 990-EZ.	4	4a	
	22224	4 b	
b Did the organization operate one or more hospital facilities during the year? If Yes, Young 55 miles to semilest the year?	4	4c	_
and not payments for indoor tanning services during the year			
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	4	4 d	
If 'No,' provide an explanation in Schedule 0	4	5 a	
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes, b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes, Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions. 	•		
b Did the organization receive any payment from or engage in any deniation with a controlled of the organization receive any payment from or engage in any deniation with a controlled of the organization and the organiza	<u> 4</u>	15 b 1 99 0 -	
Form 990 and Scriedule & may need to be completed instead of the completed instead of the complete of the completed instead of the complete of			

94-6102848

Page 3

Figure 250-3	THE LYCEUM OF MONTE	EREY COUNTY		94-610	2848		age 4
THE PERSON NAMED IN				(* COO COO CO C		Yes	No
45 Ddt	he organization engage, directly or indire	ctly, in political campai	ign activities on behalf o	of or in opposition to	46		Х
cand					40		_ A
Fart VI	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.		uestions 47-49b and	d 52, and complete	the table	es	
	Check if the organization used	Schedule O to resp	oond to any questio	n in this Part VI			П
	Real and the second second					Yes	No
	ne organization engage in lobbying activities plete Schedule C, Part II				47		Х
	e organization a school as described in se						X
	ne organization make any transfers to an						X
	es,' was the related organization a section						
50 Comp emplo	plete this table for the organization's five high oyees) who each received more than \$100,0	hest compensated emplo 00 of compensation from	byees (other than officers, on the organization. If there	directors, trustees, and k is none, enter 'None.'	ey		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com	d amou pensatio	nt of on
NONE							
S alara							
f Total	number of other employees paid over \$	100.000					
51 Comp	plete this table for the organization's five high pensation from the organization. If there is	hest compensated indep	endent contractors who ea	ach received more than \$	100,000 of		
comp	pensation from the organization. If there i	s none, enter 'None.'					
	(a) Name and business address of each independent of	contractor	(b) Type	of service	(c) Comp	ensatio	n
NONE							
	number of other independent contractor						
	he organization complete Schedule A? N bleted Schedule A			а	. ► X Yes	, [No
	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office			ne best of my knowledge and be			
true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer has any know	ledge.			
Sign	Signature of officer	*		Date			
Here	CHRISTINE WESTBROOK Type or print name and title			TREASURER			
	Print/Type preparer's name	Preparer's signature	Date		TIN		
	MARK KINTZ, CPA	May	2/08/2	Check if self-employed P	0096685	0	
Paid Preparer	Firm's name ► FINN & COHEN CP	AS, APC		100000	303000		
Use Only	Firm's address > 425 PACIFIC STR		2 CLIENT	Firm's EIN >	77-0296	692	
	MONTEREY, CA 93			Phone no. (83	Services Services	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
May the IR	S discuss this return with the preparer sl	own above? See instr	uctions		. ► X Yes	5	No
BAA					Form 99	0-EZ	(2021)