

Form **990-EZ**

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

OMB No. 1545-0047

**2021**

Department of the Treasury  
 Internal Revenue Service

- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2021 calendar year, or tax year beginning 9/01, 2021, and ending 8/31, 2022

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** THE LYCEUM OF MONTEREY COUNTY  
 1073 6TH STREET  
 MONTEREY, CA 93940

**D** Employer identification number  
 94-6102848

**E** Telephone number  
 831-372-6098

**F** Group Exemption Number

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990).

**I** Website: ▶ WWW.LYCEUM.ORG

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( ) ◀(insert no.)  4947(a)(1) or  527

**K** Form of organization:  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. ▶ \$ 191,655.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I.

		1	169,071.
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	169,071.
	2 Program service revenue including government fees and contracts	2	20,075.
	3 Membership dues and assessments	3	
	4 Investment income	4	2,509.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	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)	6b	
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	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	191,655.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	100,627.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	535.
	16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16	39,352.
17 Total expenses. Add lines 10 through 16	17	140,514.	
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	51,141.	
Net Assets	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)	19	227,692.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-35,540.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	243,293.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2021)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
21 Cash, savings, and investments.....	176,231. 22	236,183.
22 Land and buildings.....	50,904. 23	49,766.
24 Other assets (describe in Schedule O)..... SEE SCHEDULE O	641. 24	1,321.
25 Total assets.....	227,776. 25	287,270.
26 Total liabilities (describe in Schedule O)..... SEE SCHEDULE O	84. 26	43,977.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).....	227,692. 27	243,293.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	120,848.
29		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O).....		
(Grants \$ ) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a).....	32	120,848.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRISTINE WESTBROOK TREASURER	1	0.	0.	0.
MARIA OWEN DIRECTOR	1	0.	0.	0.
DAN ALBERT PRESIDENT	1	0.	0.	0.
LUCILLE STANDIFER DIRECTOR	1	0.	0.	0.
THOMAS BROUSEK DIRECTOR	1	0.	0.	0.
JAN HAMBLETON-HOLGUIN VICE-PRESIDENT	1	0.	0.	0.
ELAINE HERRMANN SECRETARY	1	0.	0.	0.
Gael MERAUD DIRECTOR	1	0.	0.	0.

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Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

Table with columns for question number, description, and Yes/No columns. Rows include questions 33 through 41 regarding IRS reporting, organizational changes, income, and tax matters.

42a The organization's books are in care of JOYCE BRECKENRIDGE. Located at 1073 6TH STREET MONTEREY CA. Telephone no. 831-372-6098. ZIP + 4 93940

Table for questions 42b and 42c regarding foreign financial accounts and offices. Includes Yes/No columns and a space for foreign country names.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 43

Table for questions 44a through 45b regarding donor advised funds, hospital facilities, tanning services, and controlled entities. Includes Yes/No columns.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. 47 Yes No X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No X
49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No X
b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

Table with 5 columns: (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) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000.
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000.
52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. X Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: CHRISTINE WESTBROOK, Date: TREASURER

Paid Preparer Use Only Print/Type preparer's name: MARK KINTZ, CPA, Preparer's signature, Date: 2/08/23, Check self-employed, PTIN: P00966850, Firm's name: FINN & COHEN CPAS, APC, Firm's address: 425 PACIFIC STREET, SUITE 302, MONTEREY, CA 93940, Firm's EIN: 77-0296692, Phone no.: (831) 375-5166

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No