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

Dep	artment nal Rev	of the Treasury venue Service	► Do not e	nter social se v.irs.gov/Form	curity numbe	rs on this form as tructions and t	it may be mad he latest inf	e public. ormation.	ationsy	#\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Open to Public Inspection
Α	For t		year, or tax year begir		/01		and ending				20 2022
В	Check	if applicable: C					<u>.</u>				cation number
	Α.	ddress change YO	OUTH MUSIC MONI	EREY					94-2	28636	07
	N	ame change 54	6 HARTNELL STR	EET STI	Ξ Β			Ī	Telepho		
	In	itial return MO	NTEREY, CA 939	40				ľ	(83)) 37	5-1992
	Fit	nal return/terminated						-	(00	.,	<u> </u>
	Ai	mended return						10	Gross re	ceipts \$	426,669.
	A	pplication pending F	Name and address of principa	l officer: DC	ROTHY N	TCHELETT	н	l(a) Is this a			
		SA	ME AS C ABOVE	20	,1101111 1		н	l(b) Are all su If "No," a	bordinates	included?	Yes No
<u> </u>	Tax-	exempt status: X	501(c)(3) 501(c) (,)∢	(insert no.)	4947(a)(1) or	527	ir ivo, a	ttach a list.	See instri	uctions. — —
J	We		YOUTHMUSICMONT	EREY.OR	kG		H	(c) Group ex	emption nu	mber 🟲	
K			Corporation Trust	Association	Other -	LY	ear of formation				al domicile: CA
Pa		Summary									
	1	Briefly describe to	he organization's miss	on or mos	t significan	activities:YOU	TH MUSI	C MONT	EREY'S	MIS	SION IS TO
ά		INSPIRE EXC	CELLENCE IN IN	DIVIDUA	${ m L}$ STUDE	NTS AND EI	NRTCH OF	IR COMM	HINTTY	RY I	PROVIDING
ä	YOUNG PEOPLE WITH OPPORTUNITIES TO PARTCIPATE IN, AND GAIN GREATER UNDER OF MUSIC AND ITS PERFORMANCE.										ERSTANDING
Activities & Governance	_	OF MUSIC A	ND ITS PERFORM	ANCE.							
õ	3	Check this box >		n discontin	ued its ope	rations or dispo	osed of more	e than 259	% of its r		ets.
∞		Number of indepe	members of the gover endent voting members	Tillig body of the do	(Mart VI, III Verning boo	ne ⊺a) lv (Part VI. line				3	
ies	5	Total number of i	ndividuals employed ir	calendar	vear 2021 (Part V line 2a)	10)			4 5	7
ΪŽ	6	Total number of v	/olunteers (estimate if	necessary)), , , , , , , , , , , ,					6	16 100
Ac	7a	Total unrelated be	usiness revenue from l	Part VIII, c⊦	olumn (C).	line 12			ļ-	7a	0.
	b	Net unrelated bus	siness taxable income	from Form	990-T, Par	t I, line 11				7b	0.
								r	or Year		Current Year
<u>o</u>	8	Contributions and	l grants (Part VIII, line	1h)					462,2	15.	248,676.
<u> </u>	9	Program service	revenue (Part VIII, line	2g)					78,9	31.	157,008.
Revenue	10	Investment incom	ne (Part VIII, column (A	(), lines 3,	4, and 7d)				20,5	41.	2,537.
_	11 12	Total revenue (P.	art VIII, column (A), Iir add Iines 8 through 11	ies 5, 6d, 8	30, 90, 100,	and lle)	200			14.	12,300.
-	13	Grants and similar	r amounts paid (Part I	Y solumn	AL Part VIII,	column (A), III	ie i <i>2</i>)		561,78		420,521.
	14	Renefits paid to o	or for members (Part I)	/ column /	(A), lines i	-3)			43,8	15.	43,231.
	15	Salaries other co	overeine and readon	, column (, bonofite /	(A), IIIIG 4). 'Dort IV asi		E 10\				
Se Se		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								$\frac{/1.}{ }$	<u>225,146.</u>
Expenses								N		900000000000000000000000000000000000000	
쫎			expenses (Part IX, col			1	0,005.				
_	17	Other expenses (I	Part IX, column (A), Iir	es 11a-11	d, 11f-24e)				65,3	78.	116,734.
ļ	18	Total expenses. A	Add lines 13-17 (must e	equal Part	IX, column	(A), line 25)			387,29	94.	385,111.
	19	Revenue less exp	enses. Subtract line 1	3 from line	12				174,48	37.	35,410.
Net Assets or Fund Balances	20	Total aggsts (Dest	V Bee 100					Beginning of			End of Year
Bala	20 21	Total liabilities (Part	t X, line 16) art X, line 26)						416,95		449,403.
et A							L		10,24	15.	7,836.
Zц Ра			d balances, Subtract (in	ne 21 from	line 20	<u> </u>			406,71	2.	<u>441,</u> 567.
1.4 - 3 - 5	the commence	Signature B		-							
Unde comp	r penalt lete. De	ies of perjury, I declare eclaration of preparer (of	that I have examined this retu ther than officer) is based on a	n, including a Ill information	ccompanying s of which prepa	chedules and statem rer has any knowlede	ents, and to the	best of my k	nowledge a	nd belief,	it is true, correct, and
											
Sia	n	Signature of c	officer	 .				Date			
Sig Her	'e	DOROTH	Y MICHELETTI						□37 □		
	_	Type or print	name and title					PRESID	FNT		
		Print/Type prepare		Preparer's sig	gnature		Date		e oli	if PT	IN .
Pai	d	AUTUMN RO			-	İ			eck	"	
	u pare			LAND, A	ACCOLINITY	ING & CONS	HIT TTMC	se	f-employed	[Pl	01404602
Use	On	y Firm's address	1188 PADRE DR	<u>-</u>	JITE 10:		OLITING		mie Elli 🗠	20 1	020256
			SALINAS, CA 9		<u> лини тО.</u>	<u> </u>					939256
May	the II	RS discuss this re	turn with the preparer	shown abo	ve? See in	structions			one no. {		59-6300 X Yes No
=			+ -, - -, - -						<u> </u>		X Yes No

Form 990 (2021) YOUTH MUSIC MONTEREY	94-28	363607 Page 2
Part III Statement of Program Service Accomplis	nments	
Check if Schedule O contains a response or note to	any line in this Part III	
1 Briefly describe the organization's mission:		
YOUTH MUSIC MONTEREY'S MISSION IS TO	INSPIRE EXCELLENCE IN INDIVIDUAL S	STHEENTS AND
ENRICH OUR COMMUNITY BY PROVIDING YOU	NG PEOPLE WITH OPPOPULATION TO DE	ADDCIDATE IN
AND GAIN GREATER UNDERSTANDING OF MUS	IC AND ITS DEPENDANCE	TTTLATE IN'
THE CITE CONTINUE OF MCS	IC AND IIS PERFORMANCE.	
2 Did the organization undertake any significant program services	during the year which were not listed as the sain	
Form 990 or 990-F7?	during the year which were not listed of the prior	
Form 990 or 990-EZ?	***************************************	. Yes X No
3 Did the organization cease conducting, or make significant of	changes in how it conducts, any program services?…	Yes X No
If "Yes," describe these changes on Schedule O.		
4 Describe the organization's program service accomplishmer Section 501(c)(3) and 501(c)(4) organizations are required t and revenue, if any, for each program service reported.	ts for each of its three largest program services, as mo o report the amount of grants and allocations to other	leasured by expenses, s, the total expenses,
4a (Code:) (Expenses \$ 278,053. incl	uding grants of \$ 43,231.) (Revenue	\$ 157,008.)
JUNIOR YOUTH AND HONORS ORCHESTRA: 10	O STUDENTS FROM OVER 30 MONTEREY (OUNTY SCHOOLS
AUDITION FOR YMMC'S ORCHESTRAS, REHEA	RSE WEEKLY DURING THE SCHOOL YEAR	AND DESENT 3
FULL LENGTH SYMPHONIC CONCERTS AT THE	SUNSET CENTER EACH SEASON MEMBE	RS PARTICIPATE
IN TWO WEEKEND RETREATS A YEARS.ADVAN	CED MUSTCIANS PARTICIPATE IN PRACE	TO LAKTICITATE
CHAMBER ENSEMBLES. ENSEMBLES RECEIVE	MEEKIA COVCHING AO DEEDVEE EOD DA	T MOODMIND WIND
PERFORMANCES REPRESENTING YMM.	MERKET CONCUTING TO EKERAKE FOR PO	BPIC
THE OWNANCES REPRESENTING IMM.		
4b (Code:) (Expenses \$ 69,263, incl	uding grants of \$) (Revenue	3
SOUTH COUNTY STRINGS: YMM PROVIDES IN		TOTA AND
CELLO LESSONS FOR UP TO 200 STUDENTS	ACES 8-13 DIBING THE SCHOOL DAY IN	- COLIMB
MONTEREY COUNTY. STUDENTS PERFORM FOR		
STUDENTS PLAY ALONGSIDE YMM'S JUNIOR	COURT OPCURE TRANSPORT TO THE TAX OF THE COURT OF THE COU	TO 24 STRING
FINALE.	TOOTH OKCUESIKY MOSICIANS IN OOK W	AY_SEASON
		<u>-</u>
	- 	
		
		
4 c (Code:) (Expenses \$ incli	uding grants of \$) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
) (I to other f	·———
		
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~ ~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
4d Other program services (Describe on Schedule O.)		
•		
	\$) (Revenue \$)
4e Total program service expenses ► 347, 316).	

Form 990 (2021) YOUTH MUSIC MONTEREY Part IV | 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,' complete Schedule A	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 candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. 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	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation 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 or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10	•	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	-		
z	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>		v	
k	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 a	X	
c	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	I Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		Х
12 <i>a</i>	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	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 for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
RΔA		Form	000	20021

	th 10 Chapter of Dogwins Cabadulas (cantinued)	1		age 4
Pa	rt IV Checklist of Required Schedules (continued)		\\	N-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes X	No
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and</i>		•	
1	complete Schedule K. If 'No, 'go to line 25a	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	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		
	a 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		X
!	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? <i>If 'Yes,' complete Schedule L, Part t</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 of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> '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	•••	X
,	c A 35% controlled entity of one or more individuals and/or organizations described in line 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	Dld 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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	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
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		Yes	No
1	a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	b Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	18503-Y
BAA			990 (2021)

94-2863607 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2 a 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 16 X **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2 b **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?... 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0...... 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4 a **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). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5 a X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?...... 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?..... 5с 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?..... X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X Form 8282? 7 c X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?...... 7 f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7 g ${f h}$ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7h Form 1098-C?.... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?..... 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?..... 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders..... **b** Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).... 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a 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..... 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?...... 14 a X b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O... 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ 15 excess parachute payment(s) during the year?..... If 'Yes,' see the instructions and file Form 4720, Schedule N. Χ 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?...... 16 If 'Yes,' complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any 17 activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?.....

If 'Yes,' complete Form 6069.

Pa	Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b b	o law		for
	a INO response to line 8a, 8b, or TUb below, describe the circumstances, processes, or chair	nges nges	, and on	1 101
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.			X
Se	ction A. Governing Body and Management			A
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year 1 a fithere are material differences in voting rights among members			1.00
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
	authority to an executive committee or similar committee, explain on Schedule O.			
2	b Enter the number of voting members included on line 1a, above, who are independent 1b 7 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u> </u>		
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties quotomovilly performed by an under the discussion	_	<u></u>	
	of officers, directors, 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			
5	since the prior Form 990 was filed?	4		X
6		5		X
_	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		X
	members of the governing body?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approve by members			
	stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	_	v	
	b Each committee with authority to act on behalf of the governing body?	8 a	Χ	X
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the	0.0		
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Χ
<u> 5ec</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Re	evenu		ode.)
10	a Did the organization have local chapters, branches, or affiliates?		Yes	No
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	10 a		X
	operations are consistent with the organization's exempt purposes?	10 b		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
40	b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
IZ	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a	Χ	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
	C Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes I describe on	12.0	<u>^`</u>	-
	Schedule O how this was done SEE SCHEDULE Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13		X
15	Did the process for determining compensation of the following passess include a various and	14		X
13	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?			
ä	a The organization's CEO, Executive Director, or top management official	15 a		X
I	other officers or key employees of the organization	15 b	-+	X
	If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10		37
ı	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate the	16 a		X
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply.	1(c)(3)s onl	y)
19	Own website Another's website X Upon request Other (explain on Schedule O)			
ıIJ	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available public during the tax year. SEE SCHEDULE O	ole to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶			
	DOROTHY MICHELETTI 546 HARTNELL STREET STE B MONTEREY CA 93940 (831) 375-199	2		
BAA		Form	99n /	021)

Form 990 (2021) YOUTH MUSIC MONTEREY

94-2863607

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Form 990 (2021)

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

- 1 a 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 the instructions for definition of 'key employees.'
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any	related organiz	ation	con	nper	ısate	ed any	cur	rent officer, direct	or, or trustee.	
				(C))			•		
(A) Name and title	(B) Average hours per	is	s both	n an c	ot ch unle: office; /trust			(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) SUZANNE MUDGE	40									
EXECUTIVE DIR.	0			Х			_	69,376.	0.	0.
(2) AMELIA MAASKE							Ì			
DIRECTOR	0	X						0.	0.	0.
(3) JO ANN HATCH										
DIRECTOR	0	X					_	0.	0.	0.
_(4) ED GAVRIN	4									
DIRECTOR	0	X					_	0.	0.	0.
(5) DOROTHY MICHELETTI	$ - \frac{20}{2} - $							_		_
PRESIDENT	0	X		Х				0.	0.	0.
(6) PETER_MECKEL				.,				2		_
VICE PRESIDENT (7) BROOKS FISKE	0 1	X		Х			+	0.	0.	0.
TREASURER		Х		Х				0	0	0
(8) AMANDA FREEDMAN	2	Λ	_	Λ		-		0.	0.	0.
SECRETARY	$ -\frac{2}{0}-$	Х		Х				0.	0.	0.
(9)		Δ.		Λ			1	0.		0.
(10)							-	0.0		
(11)		<u></u>								
(12)										
(13)										
(14)							\dagger			
		1		1						

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Form 990 (2021) YOUTH MUSIC MONTEREY Part VII Section A. Officers, Directors, True	ıstees.	Kev	En	nlar	ove	es. a	and	d Highest Com	94-286360	7 Page 8
(A) Name and title	(B) Average hours per	(do	not o	Pos check	sition more	than is both	one	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
	week (list any hours for related organization (W-2/1099-Misc/1099-NEC) Tommer Week (W-2/1099-Misc/1099-NEC) Misc/1099-I Mis		related organizations (W-2/1099- MISC/1099-NEC)	of other compensation from the organization and related organizations						
<u>(15)</u>										
(16)										
(17)										
(18)										
(19)										
(20)									<u></u>	
(21)									*****	
(22)					!					
(23)										
(24)										
(25)			Ï							
1 b Subtotal							► ►	69,376.	0.	0.
d Total (add lines 1b and 1c)							.	0. 69,376.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	is ted	abo	ve) v	vho i	eceiv	ved	more than \$100,00	0 of reportable comp	ensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor, truste h <i>individ</i> u	e, ke	ey ei	mplo	oyee	, or l	high	nest compensated	employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportab r than \$1	le co 50,00	mpe 00?	nsa If ')	tion es,	and com	oth ple	er compensation te Schedule J for	from	. 4 X
5 Did any person listed on line 1a receive or accrument for services rendered to the organization? If 'Yes	e comper ,' comple	satio	n fr chea	om lule	any <i>J fo</i> i	unrel r <i>suc</i>	late h pe	d organization or erson	individual	. 5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensation.	sated ind	epen	deni	f cor	ntrac	fors	tha	t received more th	nan \$100 000 of	
compensation from the organization. Report compen (A) Name and business addi	sation for	the c	alen	dar	year	endir	ng w	vith or within the or (B)	ganization's tax year	(C)
Name and business addi	ess							Description of	of services	Compensation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	o the	se I	isted	abov	ve) \	who received more	than	
BAA		TEFAC	1081	09/3	2/21				E5775."	Form 990 (2021)

Part VIII Statement of Revenue

		Check if Schedul	le O contains a	a resp	onse or note to an	y line in this Part V	TIL		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Š, S	1 a	Federated campaig	ns	1 a					
Contributions, Giffs, Grants, and Other Similar Amounts	b	Membership dues.		1 b					
λ. A. G.	С	Fundraising events		1 c	27,000.				
ar	d	Related organization	ns	1 d					
s, G	е	Government grants (cont		1 e	•				
i S	f	All other contributions, g							
E E		similar amounts not incl Noncash contributions in		1 f	221,676.				
E D	y	lines 1a-1f		1 g					
ಕ ರ	h	Total, Add lines 1a	-1f			248,676.			
ue					Business Code				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
¥en	2 a	TUITION & FE	EES		711130	142,468.	142,468.		
Be.	b	TICKETS			711130	14,540.	14,540.		
Program Service Revenue	С								
Ser	d								
am	e								
\$		All other program s							
<u>ō.</u>		Total. Add lines 2a				157,008.			
	3	Investment income (other similar amou	including divide nts)	nds, I	nterest, and 	2,537.			2,537.
	4	Income from invest	•			2,001.			2,331.
	5	Royalties			,				
			(i) Re		(ii) Personal		1 1 1 1 1 1 1 1 1 1		
	6a	Gross rents	6a						
	b	Less: rental expenses	6b						
		Rental income or (loss)							
	d	Net rental income of	or (loss)						
	7 a	Gross amount from	(i) Secui	ities	(ii) Other				
		sales of assets other than inventory	7a						
	b	b Less: cost or other basis							
		and sales expenses							
		c Gain or (loss)							
									NO 1811 AND THE THIRD OF SOUTH OF
enne	8 a	Gross income from fund	raising events						
		(not including \$		<u>- </u>					
æ		See Part IV, line 18		8	a 18,448.				
ğ	b	Less: direct expens		-	b 6,148.				
Other Rev		Net income or (loss		sing		12,300.		<u> </u>	12,300.
		Gross income from gami		Ť					
	- "	See Part IV, line 19		9	а				
		Less: direct expens		9					
	С	Net income or (loss	s) from gamino	acti	vities ▶				
	10 a	Gross sales of inventory,	, less						
	١.	returns and allowances.		10					
		Less: cost of goods		10 10	**				
	<u>c</u>	Net income or (loss	s) irom sales o	ı IΠV€	Business Code	Explored to the results are	व सम्बद्धाः प्रदेश सून् वसूत्र वस्त न व व्याप्त		Selfred region in a creation in the creat
¥ ~	11 a				Diamess Conc		rateralis <u>Potalis</u>	<u>Brau Jak Pluf is bild</u>	
scellaneo Revenue	a								
g m	, ,								
Miscellaneous Revenue	d	All other revenue							
Σ	ı	Total. Add lines 11			· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue. See				420,521.	157,008.	0.	14,837.
DAA						,			

Form 990 (2021) YOUTH MUSIC MONTEREY Part IX Statement of Functional Expenses

	etion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All d			
	Check if Schedule O contains a	response or note to a	າy line in this Part IX		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	UNPULISES.
2	Grants and other assistance to domestic individuals. See Part IV, line 22	43,231.	43,231.		
3	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	69,376.	69,376.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0	
7	Other salaries and wages	118,318.	114,096.	0. 4,222.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,010.	114,090.	4,222.	
9	Other employee benefits	17,392.	16,908.	484.	
10	Payroll taxes	20,060.	19,660.	400.	
11	(23,000.		
	a Management ,	_			
ı	b Legal				
	Accounting	3,722.		3,722.	
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
Ğ	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	632.		632.	
12	Advertising and promotion	2,739.	2,162.	228.	349.
13	Office expenses	7,590.	4,194.	2,807.	589.
14	Information technology	8,099.	7,790.	309.	309.
15	Royalties		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	303.	
16	Occupancy	17,450.	11,120.	5,235.	1,095.
17	Travel,	286.	286.	0,100.	1,030.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,017.	3,017.		
23	Insurance	4,949.	1,186.	3,763.	
24	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.)				
2	CONCERTS	40.152	40 450		
	ANGEL NETWORK	49,150. 4,842.	49,150.		4 0 4 5
	MISC EXPENSES	4,84 <u>2.</u> 2,989.			4,842.
	BOARD_DISCRETIONARY	2,419.		2,419.	2,989.
	All other expenses	8,850.	5,140.	2,419. 3,569.	141.
25	Total functional expenses. Add lines 1 through 24e	385,111.	347,316.	27,790.	10,005.
26	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).	, ~~~	22.7010.	21,130.	10,003.
BAA					

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			91,441.	1	106,420.
	2	Savings and temporary cash investments			16,342.	2	16,378.
	3	Pledges and grants receivable, net			176,294.	3	141,035.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these person	director, or, or 35%				
						5	
	6	Loans and other receivables from other disqualified pe	rsons (as	defined under		<u> </u>	
	_	section 4958(f)(1)), and persons described in section 4				6	
'n	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges	1			9	
7		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		93,547.			
	b	Less: accumulated depreciation		85,868.	4,434.	10 c	7,679.
	11	Investments — publicly traded securities		********		11	, , , , , , , , , , , , , , , , , , , ,
	12	Investments - other securities. See Part IV, line 11				12	
	13	investments – program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	128,446.	15	177,891.		
	16	Total assets. Add lines 1 through 15 (must equal line 3			416,957.	16	449,403.
	17	Accounts payable and accrued expenses		3,646.	17	1,137.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>8</u>	21	Escrow or custodial account liability. Complete Part IV	of Sched	dule D		21	
Liabilities	22	Loans and other payables to any current or former offic key employee, creator or founder, substantial contribute controlled entity or family member of any of these pers	er, direct or, or 35%	tor, trustee, %		22	
_	23	Secured mortgages and notes payable to unrelated thir	d narties			23	
l	24	Unsecured notes and loans payable to unrelated third p				24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	to related lete Part	d third parties, X of Schedule D.	6,599.	25	6,699.
	26	Total liabilities. Add lines 17 through 25			10,245.	26	7,836.
Ses		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	·		7,0,0		7,000.
an	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions					
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check		X		28	
ŭ.		and complete lines 29 through 33.					
0	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or equipme				30	
in T	31	Retained earnings, endowment, accumulated income, o	or other fu	ınds	406,712.	31	441,567.
et	32	Total net assets or fund balances		406,712.	32	441,567.	
	33	Total liabilities and net assets/fund balances			416,957.	33	449,403.
BAA	4	TE	EA0111L (09/22/21			Form 990 (2021)

	n 990 (2021) YOUTH MUSIC MONTEREY 94	-2863607	,	F	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				\square
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1			521.
2	Total expenses (must equal Part IX, column (A), line 25)	2			111.
3	Revenue less expenses. Subtract line 2 from line 1	3			410.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			712.
5	Net unrealized gains (losses) on investments	5			555.
6	Donated services and use of facilities	6			000.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				<u> </u>
	column (B))	10	4	41,	567.
Pal	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		,		П
				Yes	, - -
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				
	on Schedule O.				
26	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both:	 0.1 G			
	Separate basis Consolidated basis Both consolidated and separate basis				
ŀ	were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	ate		1.7	
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
•	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?	,			
			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			r i	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single			<u></u>	-
	Audit Act and OMB Circular A-133?		3 a		X
k	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 09/22/21		Form	990	(2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

TUOY	'H	MUSIC MONTEREY					94-286360			
Part		Reason for Public Cha	arity Status. (All o	organizations must	comp	lete thi	s part) See instru	ctions		
The or	gaı	nization is not a private found	dation because it is:	(For lines 1 through 12,	, check o	only one	box.)	01101131		
1		A church, convention of church	nes, or association of c	churches described in sec	tion 170					
2 3		A school described in section								
4		A hospital or a cooperative h								
4		A medical research organiza name, city, and state:	illon operated in conj	junction with a nospital	describe	ed in sec	ction 170(b)(1)(A)(iii). E	Inter the hospital's		
5	_									
ا	_	An organization operated for section 170(b)(1)(A)(iv). (Co	omplete Part II.)			-	-	escribed in		
6 7	_	A federal, state, or local gov								
Į	_	An organization that normally in section 170(b)(1)(A)(vi).	Complete Part II.)			nental un	it or from the general pu	blic described		
8		A community trust described								
9 [An agricultural research organi or university or a non-land-grai university:	zation described in se ont college of agriculture	ction 170(b)(1)(A)(ix) opel e (see instructions). Ente	rated in o r the nar	conjunctione ne, city,	on with a land-grant college and state of the college	ege or		
10 [An organization that normall from activities related to its a investment income and unre June 30, 1975. See section	ova(a)(z). (Complete	Part III.)				es, and gross receipts ts support from gross the organization after		
11	╝	An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
a		Type I. A supporting organization organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervise gularly appoint or elec	ed, or controlled by its sup t a majority of the directo	pported or ors or true	organizat stees of t	ion(s), typically by giving the supporting organizati	g the supported on, You must		
b [Type II. A supporting organiz management of the supporting must complete Part IV, Secti	zation supervised or c organization vested in	controlled in connection the same persons that c	with its	support manage	ted organization(s), by the supported organizat	having control or ion(s). You		
c [\neg	Type III functionally integrated. organization(s) (see instructi		tion operated in connectio	n with, a	nd_functio	onally integrated with, its	supported		
d [- 1	Type III non-functionally interd	rated. A supporting ord	ranization operated in co	nnaction	with ite c	cupported praggization(a	that is not		
-		functionally integrated. The cinstructions). You must com	plete Part IV, Section	is A and D, and Part V.	mon req	uiremen	t and an attentiveness	requirement (see		
e		Check this box if the organiz integrated, or Type III non-fu	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Typ	e III functionally		
f E	Ξnt	er the number of supported a	organizations							
g [⊃ro	vide the following information	n about the supported	d organization(s).						
(i)	Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) I organizat in your g docur	s the tion listed loverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
(A)										
(*)										
(B)										
(C)										
(D)										
(E)										
·					38.38 P.N	145,6704				
Γotal					y a ji					

94-2863607

Page 2

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

Sec	tion A. Public Support						
Cale beg	endar year (or fiscal year inning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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						<u> </u>
4	Total. Add lines 1 through 3						
5	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		:				
Sec	tion B. Total Support		<u> </u>				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 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 (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	021 (line 6, column	n (f), divided by lin	ne 11, column (f)))		%
15	Public support percentage from 2	2020 Schedule A,	Part II, line 14.,			15	%
1 6 a	33-1/3% support test—2021. If the and stop here. The organization	he organization di qualifies as a pub	d not check the b plicly supported or	ox on line 13, and	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2020. If the and stop here. The organization	e organization did	finot check a box	on line 13 or 16a	and line 15 is 33	8-1/3% or more o	back this box
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	est— 2021. If the or meets the facts-a -and-circumstance	ganization did no nd-circumstances es test. The organ	t check a box on l test, check this b ization qualifies a	line 13, 16a, or 16 oox and stop here is a publicly supp	5b, and line 14 is • Explain in Part \ orted organization	10% /I how ►
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-ai I-circumstances te	nd-circumstances est. The organizati	test, check this b ion qualifies as a	ox and stop here publicly supporte	.Explain in Part \ d organization	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on∃ine 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	tructions ►

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	tion A. Public Support	SSES HOLEG DOTON, I	orease complete i	art II.)			
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants,')	340,773.	354,342.	397,458.	541,106.	405,684.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	340,773.	334, 342.	351,436.	341,108.	403,664.	2,039,363.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	340,773.	354,342.	397,458.	541,106.	405,684.	2,039,363.
b	disqualified persons	0.	0.	0.	0.	0.	0.
	for the year	0.	0.	0.	0.	0.	0.
-	Public support. (Subtract line	0.	0.	0.	0.	0.	0.
٥	7c from line 6.)						2,039,363.
Sec	tion B. Total Support				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Calen	dar year (or fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	340,773.	354,342.	397,458.	541,106.	405,684.	2,039,363.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable	3,593.	3,161.	2,929.	20,541.	2,537.	32,761.
	income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	Add lines 10a and 10b. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	3,593.	3,161.	2,929.	20,541.	2,537.	32,761.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI	1,223.	14,917.	150.	44.	12,300.	12,300. 16,334.
13	Total support. (Add lines 9,						
14	First 5 years. If the Form 990 is torganization, check this box and	345,589. for the organizatio	372,420. n's first, second,	400,537.	561,691. fth tax year as a s	420,521. ection 501(c)(3)	2,100,758.
Sec	tion C. Computation of Pul	olic Support Po	ercentage				
	Public support percentage for 20						97.08 %
16	Public support percentage from 2	2020 Schedule A,	Part III, line 15			16	97.40 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for						1.56 %
18	Investment income percentage fr						1.77 %
	33-1/3% support tests—2021. If t is not more than 33-1/3%, check	this box and stop	here. The organi:	zation qualifies a	s a publicly suppo	rted organization	,
	33-1/3% support tests—2020. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	alifies as a publicly	/ supported organ	iization ►
	Private foundation. If the organiz	zation did not ched			neck this box and		
BAA			TEEA0403L	08/31/21		Schedule A	(Form 990) 2021

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

- 1 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 box 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?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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
		· . :
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3b		
Зс.		
<u>4a</u>	,	
4b		
4c		-
5a		
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9b	. Ave 114 1.47.133	Sec. 3
	2.1.179 175 65	Į, j. j.
9c		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
	liaa l			Yes	No
		the organization accepted a gift or contribution from any of the following persons? son who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,		1	
	the g	overning body of a supported organization?	11a		
- 1) A fan	nily member of a person described on line 11a above?	11b		
		controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion l	B. Type I Supporting Organizations			
1	Did +	an apparating hady, mambars of the apparating hady officers acting in their official connective or mambarship of one		Yes	No
or more supported organizations have the power to regularly appoint or elect at least a majority of the officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the support		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one one supported organizations have the power to regularly appoint or elect at least a majority of the organization's very disease or trustees at all times during the tay year? If the 'describe in Part VI how the supported.			
	orgar	nization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more			
	were	one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers			
	durin	g the tax year.	1	L	
2	that o	he organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
	bene: supp	fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization.	2		
Sec	tion (C. Type II Supporting Organizations			<u> </u>
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ch of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		. 72.1
Sec	tion	D. All Type III Supporting Organizations			
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, orgar	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1	i de	
2	Moro	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		51.70	
_	organ	rains of the digalifization's officers, directors, of trustees either (f) appointed by the supported by the supported by in serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).		10. 1 ¹⁷	3.1
	ine o	rganization maintained a crose and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3	3.3	A trains
500		is regard. E. Type III Functionally Integrated Supporting Organizations			-
260	AIOII I	L. Type in Functionally integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 📙 T	The organization satisfied the Activities Test. Complete line 2 below.			
	b 🗌 T	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌 T	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instr	uction	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
	a Did s	substantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was		147.00 15.00	
	respo	onsive to those supported organizations, and how the organization determined that these activities constituted			
	subsi	tantially all of its activities.	2a	10.545% 10.545%	Neoto 2013
		he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the			
	reaso	ons for the organization's position that its supported organization(s) would have engaged in these activities	0 T	10.74	
	but f	or the organization's involvement.	2b		70 <u>9</u> 94374
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
	a Did tl each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>If 'Yes' or 'No,' provide details in Part VI.</i>	3a		
	b Did th supp	ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		791.H

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N	lov. 20, 1970 (explain in l ist complete Sections A t	Part VI). See hrough E.
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		1-1-11
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	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		. 144 5 4 4 4 4
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate	d Type III supporting orga	anization
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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) S		tions (continued	<u>z</u> ()	73 00 7
	tion D – Distributions		· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exempt po		1		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	5,	2		
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	tion is responsive (provide	details	8	
9	Distributable amount for 2021 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) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
- 1	From 2017			. 1	
•	From 2018				
•	From 2019				
	From 2020				
	f Total of lines 3a through 3e				
9	g Applied to underdistributions of prior years				
	n Applied to 2021 distributable amount				
	i Carryover from 2016 not applied (see instructions)				
	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				Processi de per Alexa (il 1
4	Distributions for 2021 from Section D, line 7: \$				
- 7	a Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017			7.2	
	Excess from 2018				\$14.8 KEN L. ST.
	Excess from 2019				
	d C (ve 2020			£ 526-5	

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e Excess from 2021.....

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

YOUTH MUSIC MONTEREY

94-2863607

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Part VI

Supplemental Information. 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.)

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE		2021		2020	 2019	 2018	 2017
FUNDRAISING SCRIPT			Ś	44.	\$ 150.	\$ 14,917.	\$ 1,223.
	TOTAL	\$ 0	\$	44.	\$ 150.	\$ 14,917.	\$ 1,223.

Schedule B (Form 990)

PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number YOUTH MUSIC MONTEREY 94-2863607 Organization type (check one): Filers of: Section: X 501(c)(3) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000

Special Rules

a contributor's total contributions.

16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining

For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33-1/3% support test of the

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

regulations under sections 500(a)(1) and 170(b)(1)(A)(a), that should be to

Schedule Name of or	B (Form 990) (2021)		1 2 Page
	MUSIC MONTEREY		er identification number 2863607
Part I	Contributors (see instructions). Use duplicate copies of Part I if add		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		 \$ <u>25,493</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3 <u>6,</u> 875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		 \$\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		 \$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$7,500.	Person X Payroll Noncash (Complete Part II for
BAA	TEEA0702L 10/06/21		noncash contributions.)

Schedule	B (Form 990) (2021)		2 2 Page
	MUSIC MONTEREY		er identification number 2863607
Part I	Contributors (see instructions). Use duplicate copies of Part I if additi		100007
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		 \$26,170.	Person X Payroli Noncash (Complete Part II for noncash contributions,)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		 \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		^{\$} 7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	·	 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person
AA	TEEA0702L 10/06/21	<u> </u>	noncash contributions.)

(a) No. from Part I (b)
Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received BAA TEEA0703L 10/06/21

Name of orga	B (Form 990) (2021)		1 1 Page 4					
YOUTH	MUSIC MONTEREY		Employer identification number 94-2863607					
Part III	Exclusively religious, charitable, or (10) that total more than \$1,000 fo the following line entry. For organizations contributions of \$1,000 or less for the yea Use duplicate copies of Part III if addition	r the year from any one contributes completing Part III, enter the total of er. (Enter this information onco. See i	f evolucivolu roligious, charitable, etc.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	N/A							
-								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
			Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
								
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
	Transferee's name, addr	ess, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, addre	ess, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
į	Transferee's name, addre	(e) Transfer of gift	Relationship of transferor to transferee					
ļ								
BAA		TEEA0704L 10/06/21	Schedule B (Form 990) (2021)					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 2021

Open to Public Inspection
Employer identification number

Name of the organization VOTTUL MITCIC MONTEDEV

10	OIR MOSIC MONIEREY	04 2062607
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	94-2863607
	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	(b) Fullus and other accounts
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 writing that the assets held in donore the organization's property, subject to the organization's exclusive legal control?	or advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other p impermissible private benefit?	can be used only
Pa	rt II Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	, •
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form clast day of the tax year.	of a conservation easement on the
	ast day of the tax year.	
;	a Total number of conservation easements	Held at the End of the Tax Year
Ī	Total acreage restricted by conservation easements.	2a
	S Number of conservation easements on a certified historic structure included in (a)	2 b
		· · · · · · · · · · · · · · · · · · ·
,	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
	tax year ►	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring inspection hand	ling of violations
	and enforcement of the conservation easements it holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations	
•	►\$	ion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e include, if applicable, the text of the footnote to the organization's financial statements that des	xpense statement and balance sheet, and cribes the organization's accounting for
Par	conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or O	
334	Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	uler Similar Assets.
1 a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue state	ement and balance sheet works of art,
	Part XIII the text of the footnote to its financial statements that describes these items.	urtherance of public service, provide in
t	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statemer historical treasures, or other similar assets held for public exhibition, education, or research in furtherar following amounts relating to these items:	ice of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financia amounts required to be reported under FASB ASC 958 relating to these items:	I gain, provide the following
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	>\$

Part III Organizations Maintaining		Art. Histori	cal Treasures o	r Other Sim	94-2863607 Ilar Accete 7	continu	Page :
3 Using the organization's acquisition, accer-							ieu)
items (check all that apply):	33ion, and other rect	ords, criedy arry	or the following that i	nake signincant	use or its collecti	on	
a Public exhibition		 	exchange program				
b Scholarly research		e Other					
c Preservation for future generations							
4 Provide a description of the organization's Part XIII.							
5 During the year, did the organization so to be sold to raise funds rather than to	olicit or receive dor be maintalned as	nations of art, part of the org	nistorical treasures, anization's collectior	or other símilar 1?	assets Yes		No
Part IV Escrow and Custodial Arra	angements. Cor	mplete if the	organization ar	swered 'Yes	s' on Form 99	0, Par	t IV,
1 a Is the organization an agent, trustee, c	sustodian or other in	ntermediary fo	r contributions or oth	er assets not i	ncluded		
on Form 990, Part X?					Yes	š [No
b If 'Yes,' explain the arrangement in Pa	rt XIII and complete	e the following	table:				
c Beginning balance					Amour	<u>1t</u>	
d Additions during the year							·
e Distributions during the year							
f Ending balance			,	1f			
2a Did the organization include an amount	t on Form 990. Part	t X. line 21. fo	r escrow or custodial	Laccount liabili	ty? Ves		No
b If 'Yes,' explain the arrangement in Par	rt XIII. Check here	if the explanat	ion has been provide	ed on Part XIII	1es	' -	- 100
Part V Endowment Funds. Compl	ete if the organ	ization ansv	vered 'Yes' on Fo	orm 990, Pai	rt IV. line 10.		
(a)) Current year	(b) Prior year	(c) Two years bac			Four years	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							-
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the	e current year end	balance (line	g, column (a)) held	as:			
a Board designated or quasi-endowment		_%					
b Permanent endowment ►	 %						
	િ						
The percentages on lines 2a, 2b, and 2c s	hould equal 100%.						
3 a Are there endowment funds not in the post organization by:	session of the organi	ization that are	held and administered	I for the	ĺ	Yes	No
(i) Unrelated organizations							
(ii) Related organizations							
b if 'Yes' on line 3a(ii), are the related or	ganizations listed a	s required on	Schedule R?		3b		
4 Describe in Part XIII the intended uses		's endowment	funds.				
Part VI Land, Buildings, and Equip Complete if the organization		s' on Form s	990, Part IV. line	11a. See F	orm 990. Par	t X. lir	ne 10.
Description of property	(a) Cost or o	ther basis	(b) Cost or other basis (other)	(c) Accumul depreciati	ated (d)	Book va	
1 a Land			,	na ing pangangan kanal			
b Buildings							
c Leasehold improvements							
d Equipment			93,547.	85,	868.	7.	679.
e Other,,,,,,,,						,	
Total. Add lines 1a through 1e. (Column (d) r.	must equal Form 99	00, Part X, colu	ımn (B), line 10c.).		>	7,	679.
BAA					Schedule D (F		

	(a) Description of liability	(b	Book value
(1) Federal income taxes			
(2) DEPOSITS			6,699.
(3)			- 0,000.
(4)			
(5)			-
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
otal. (Column (b) must equal Form 990, Part X, o	olumn (B) line 25.).	,.,.	6,699.
Liability for uncertain tay positions. In Part VIII	provide the text of the feetnate to the argonization's financial statements the	4 yanasta ika assasisatianta Kabilita	

Provide 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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

c Add lines 4a and 4b.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....

Part XIII Supplemental Information.

4 c

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public

Inspection

YOUTH MUSIC MONTEREY					94-2863	tincation number 607
Part I Fundraising Activities. Complete Form 990-EZ filers are not re	te if the organiz	ation answ	rered 'Yes' o	on Form 990, Part IV, line		007
Indicate whether the organization A Mail solicitations	raised funds th	nete this pare	oart. of the follo	Solicitation of non-	government grants	
b Internet and email solicitation	S		f	Solicitation of gove	=	
c Phone solicitations d In-person solicitations			g	Special fundraising	g events	
2a Did the organization have a written of employees listed in Form 990, Pa b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	er oral agreemen rt VII) or entity dividuals or ent ne organization	t with any in connec ities (fund	individual (i tion with pi Iraisers) pu	ncluding officers, directo rofessional fundraising irsuant to agreements i	rs, trustees, or key services? under which the func	Yes X No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser ody or control ributions?	(N) Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						.,
Total		<u> </u>			· · ·	
3 List all states in which the organization licensing.				ontributions or has been	notified it is exempt fr	om registration
		 _				

Schedule G (Form 990) 2021 YOUTH MUSIC MONTEREY 94-2863607 Page 2 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 event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(d)** Total events (add column **(a)** (a) Event #1 (b) Event #2 (c) Other events GALA NONE through column (c)) (event type) (event type) (total number) Revenue 1 Gross receipts..... 45,448. 45,448. 2 Less: Contributions..... 27,000. 27,000. 3 Gross income (line 1 minus line 2)..... 18,448. 18,448. Cash prizes..... Noncash prizes Direct Expenses Rent/facility costs..... 7 Food and beverages 3,677. 3,677. Entertainment Other direct expenses..... 2,471. 2,471. 10 Direct expense summary, Add lines 4 through 9 in column (d) 6,148. Net income summary. Subtract line 10 from line 3, column (d)..... 12,300. 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. (b) Pull tabs/instant (d) Total gaming (add column (a) through column (c)) Revenue (a) Bingo bingo/progressive bingo (c) Other gaming 1 Gross revenue..... 2 Cash prizes Direct Expenses Rent/facility costs..... Other direct expenses..... 용 Yes Yes Volunteer labor..... No No No 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 Is the organization licensed to conduct gaming activities in each of these states?..... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... No

b If 'Yes,' explain:

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Sch	edule G (Form 990) 2021 YOUTH MUSIC MONTEREY	94-286360	7	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed administer charitable gaming?	l to	Yes	No
	Indicate the percentage of gaming activity conducted in:	12.		o.
	a The organization's facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco		· -	96
	Name ►			- -
	Address ►			
ı	a Does the organization have a contract with a third party from whom the organization receives gaming rev b if 'Yes,' enter the amount of gaming revenue received by the organization▶ \$ an of gaming revenue retained by the third party▶ \$ c if 'Yes,' enter name and address of the third party:	enue? [d the amount	Yes	No
	Name •		 _	
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation > \$			
	Description of services provided -		 _	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	.е [Yes	No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
D at	organization's own exempt activities during the tax year > \$			
t CAI	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	any addition	and (v) al	,

PUBLIC DISCLOSURE COPY

SCHEDULE I (Form 990)		Grants Governi	ants and Oth ernments, ar	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered Yes' on Form 990, Part IV, line 21 or 22.	to Organization the United St orm 990, Part IV, line 3	ns, ates 21 or 22.	<u> </u>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			■ Go to www.ir	Attach to Form 590. Go to www.irs.gov/Form990 for the latest information.	J. Iatest information.		<u> </u>	Open to Public Inspection
Name of the organization VOITHH MITSTC MONTERFY	NTEREV						Employer identification number 94-2863607	ation number
Part General In	Part General Information on Grants and Assistance	its and Assista	Jce					
1 Does the organizat the selection crite	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?.	substantiate the amor	unt of the grants or	the grants or assistance, the grantees' eligibility for the grants or assistance, and	eligibility for the grants	or assistance, and		Yes X No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monitoring	the use of grant fur	ids in the United States.				
Part II Grants and Form 990,	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can	e to Domestic C	rganizations a	nizations and Domestic Governments. Complete if the organization answered 'Ye received more than \$5,000. Part II can be duplicated if additional space is needed		Complete if the organization answered 'Yes' on be duplicated if additional space is needed.	tion answered 'Y space is neede	es' on d.
1 (a) Name and address of organization or government	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5) 								
(<u>9)</u>								
6								
(8)								
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	and government org s listed in the line 1	panizations listed in table	n the line 1 table			* *	0 0
BAA For Paperwork R	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instructions	for Form 990.		TEEA3901L 07/12/21	07/12/21	Sched	Schedule I (Form 990) 2021

Page 2

94-2863607

YOUTH MUSIC MONTEREY Schedule I (Form 990) 2021

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. TUITION ASSISTANCE (e) Method of valuation (book, FMV, appraisal, other) 33,750. FMV (d) Amount of noncash assistance 7,741. 1,740. (c) Amount of cash grant -27 (b) Number of recipients (a) Type of grant or assistance 1 PRIVATE LESSON ASSISTANCE 2 HONORARY SCHOLARSHIPS 3 TUITION ASSISTANCE Part IV 4 ın φ

Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

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 Form 990-EZ.

2021

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 the latest information.

Inspection Employer identification number

YOUTH MUSIC MONTEREY

94-2863607

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWS THE 990 WITH THE PRESIDENT PRIOR TO FILING. ALL BOARD MEMBERS ARE PROVIDED A COPY.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EVERY NEW BOARD MEMBER MUST SIGN THE CONFLICT OF INTEREST POLICY, THEY EVALUATE ANY CONFLICT THAT MAY ARISE, BUT THEY ARE NOT COMMON.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION WILL MAKE THEIR FOUNDING DOCUMENTS AVAILABLE UPON WRITTEN REQUEST.