			EXTENDED TO MAY 15, 2024		OMB No. 1545-0047
	Ο	00	Return of Organization Exempt Fron	n income l'ax	010118110: 1343-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		
Dep	artment	of the Treasury	Do not enter social security numbers on this form as it ma		Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1 , 2022 and ending	JUN 30, 2023	Inspection
_					
в	Check if applicat	le:	organization	D Employer identif	ication number
	Addr	ARTS	COUNCIL FOR MONTEREY COUNTY		
F	Name		usiness as	94-28050	76
F	Initia	Ŭ	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final returr	2460	0 SILVER CLOUD COURT #202	831-622-	
	termi ated	n	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,408,854.
	Amer returr		EREY, CA 93940	H(a) Is this a group r	return
	Appli tion		nd address of principal officer: JACQUELINE M. ATCHISON	for subordinate	s? Yes X No
	pend	SAME	AS C ABOVE	H(b) Are all subordinates i	included? Yes No
		empt status:			a list. See instructions
	Webs		ARTS4MC.ORG	H(c) Group exemption	
K	Form o art 1	f organization:	X Corporation Trust Association Other L	Year of formation: 1982	M State of legal domicile: CA
P	1	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: THE COUN S EDUCATION, APPRECIATION AND EXCELLED	NCE IN THE ART	
Governance		Check this bo			
/err	2	Number of vol	9		
õ	4	Number of ind	9		
				42	
ities	6		of individuals employed in calendar year 2022 (Part V, line 2a)		30
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		
Ă	b		business taxable income from Form 990-T, Part I, line 11		-
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	1,279,719.	
nue	9	Program servi	ce revenue (Part VIII, line 2g)	466,188.	
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	14,976.	
α	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,102.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,850,985.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	413,683.	
			to or for members (Part IX, column (A), line 4)	0.	
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	814,781.	
ens	16a		Indraising fees (Part IX, column (A), line 11e)		0.
Expenses	b			244,690.	394,339.
	1 11		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,473,154.	1,948,605.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	377,831.	459,903.
7.5	19 (1	nevenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ets o	20	Total assets (F	Part X line 16)	1,257,748.	2,243,263.
Asse	20		/art X, line 16) (Part X, line 26)	83,283.	
Net Assets or	22		fund balances. Subtract line 21 from line 20	1,174,465.	1,633,975.
	art II			, , _ , _ , _ , _ , _ ,	, ,
Unc	ler pen	-	declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
			Declaration of proparar (other than officer) is based on all information of which pro-		

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

Sign Here	Signature of officer	XECUTIVE DIRECTOR		Date						
THE C	Type or print name and title									
Paid	Print/Type preparer's name JACQUELYN HOWELL	Preparer's signature	Date	Check X PTIN						
Preparer	Firm's name ATHERTON & ASSOCI	ATES, LLP		Firm's EIN 94-1239084						
Use Only										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e. see the separate instructions.		Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) ARTS COUNCIL FOR MONTEREY COUNTY t III Statement of Program Service Accomplishments	94-2805076 Page 2
Fai		v
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: THE COUNCIL PROMOTES AND SUPPORTS EDUCATION, APPRECIATION	
	EXCELLENCE IN THE ARTS IN MONTEREY COUNTY BY FOSTERING C	
	AWARENESS AND UNDERSTANDING. IN ADDITION, THE COUNCIL PRO	
	ARRAY OF AESTHETIC AND EDUCATIONAL EXPERIENCES FOR ADULT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
U	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 602, 804. including grants of \$477, 919.) (Reven	1, 121, 372.
	TO PROVIDE GRANTS TO NUMEROUS ARTS, MUSIC AND DANCE ORGAN	
	FUND ART AND EDUCATION PROGRAMS.	,
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,602,804.	
		Form 990 (2022)
232002	2 12-13-22	
	3	

Form 990 (2				MONTEREY	COUNTY
Part IV	Che	ecklist 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	<u> </u>
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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			x
•	Schedule D, Part III	8		<u>^</u>
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>			
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		x
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
16	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			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		(2022)
232003	12-13-22	⊢orm	330	(2022)

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232003 12-13-22

Form	990	(2022)
	330	(2022)

			Yes	No
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	Х	<u> </u>
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? If "Yes," complete			
• -	Schedule J	23		X
24a	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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</i> "Yes," <i>complete</i>			
		05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
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		X X
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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		<u> </u>
D	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)2. If "Yes." complete School B. Bart V, line 2.	35b		
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 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		x
38	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	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 16			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22 F	Form	990	(2022)
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^{2022.05090} ARTS COUNCIL FOR MONTEREY 20076.01

Form	990 (2022) ARTS COUNCIL FOR MONTEREY COUNTY		94-2805	076	Р	age 5		
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[
	filed for the calendar year ending with or within the year covered by this return	2a	42					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х			
				3a		X		
	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x		
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 A	counts (F	BAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		2,	5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X		
	 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			5c		<u> </u>		
Ua				60		x		
	any contributions that were not tax deductible as charitable contributions?			6a				
a	If "Yes," did the organization include with every solicitation an express statement that such contributi		IS	C 1-				
-	were not tax deductible?			6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).			_		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provi	ded to the payor?	7a		X		
				7b		<u> </u>		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is require	d					
	to file Form 8282?	1 1		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 a	as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a	Form 1098-C?	7h		<u> </u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?			8		L		
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	· · · · ·						
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
14a				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		_ <u></u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			עדי				
15				15		x		
	excess parachute payment(s) during the year?			15				
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incorrect		46		x		
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, or any disqualified or other person engage in any ac			<i></i>				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.			-	000	(0000)		
232005	12-13-22			Form	390	(2022)		

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Form	aan	(2022)
FUIII	990	(2022)

ARTS COUNCIL FOR MONTEREY COUNTY

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

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X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	. L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	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 since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	🖵	5		Х
6	Did the organization have members or stockholders?	. L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· -			
-	persons other than the governing body?	.	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	.	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	N
	Did the organization have local chapters, branches, or affiliates?	··	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	Ľ	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ŀ	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Ľ	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ľ	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	· Ľ	12c	X	
3	Did the organization have a written whistleblower policy?	· -	13	Х	
4	Did the organization have a written document retention and destruction policy?	. L	14	Х	
5	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?				
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	. L	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	. '	16b		
	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed CA				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(3)s c	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fi	inanc	ial	
	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and records JACQUELINE M. ATCHISON – (831) 622–9060				
20					
20	24600 SILVER CLOUD COURT, SUITE #202, MONTEREY, CA 93940				

Part VII	Compensation of Officers, D	Directors, Tru	ustees, Key	Employees, Highe	est Compensated
	Employees, and Independen	nt Contractors	rs		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of 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.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box, unless person is both an				than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee		irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) JACQUELINE M. ATCHISON EXECUTIVE DIRECTOR	40.00			x				139,000.	0.	4,170.
(2) LAURIE BEND	2.00			^		-		139,000.	0.	4,1/0.
BOARD CHAIR	2.00	x		x				0.	0.	0.
(3) NATALIE RAVA, CPA	1.00									
TREASURER		x		x				0.	0.	0.
(4) CHRISTOPHER LONG, ESQ	1.00									
SECRETARY		х		x				0.	0.	0.
(5) ERIC MORA	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ROSEMARY SOTO	1.00									
DIRECTOR		Х						0.	0.	0.
(7) SANDIE BORTHWICK	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TJ PLEW	1.00									-
DIRECTOR	1 00	Х						0.	0.	0.
(9) KIRAN KAMATH	1.00								0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) JANET MARTINEZ DIRECTOR	1.00	x						0.	0.	0.
DIRECTOR		<u>^</u>						0.	0.	0.
		-								
	1	1		1	I		I	1	I	Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

Form 990		ICIL FOR	M	ION	ΤE	RE	Y	CO	UNTY	94-28	805	076	P	age 8
Part V	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									s (continued)				
	(A) Name and title	(B) Average hours per week	e (C) Position				than c s both	n an	(D) Reportable compensation from	(E) Reportable compensation from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s	fr org an	om th anizat d relat anizati	e ion ed
c To	btotal tal from continuation sheets to Part VI tal (add lines 1b and 1c)	I, Section A							139,000. 0. 139,000.		0.0.0.			70. 0. 70.
2 To	tal number of individuals (including but n mpensation from the organization									000 of reportable				1
line	d the organization list any former officer, e 1a? If "Yes," complete Schedule J for si	uch individual	, 				· · · · · · ·		· · ·			3	Yes	No X
an	r any individual listed on line 1a, is the su d related organizations greater than \$150 d any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	dule	e J fo	or such individual			4		x
rer	ndered to the organization? If "Yes," com											5		Х
	B. Independent Contractors													
	omplete this table for your five highest con e organization. Report compensation for t	-	-						the organization's tax y		pensat			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	С	ompe)	nsatio	n
								_						
								_						
	tal number of independent contractors (ir 00,000 of compensation from the organiz	•	ot lin	nited	to	thos C		ted	above) who received mo	ore than			000	

Form **990** (2022)

232008 12-13-22

Production Function Dusiness revenue Tunction revenue revenue <	Part	t VII	Statement of Rev	venue						
Total revenue Plated of second function revenue Duringities plates revenue function revenue During function function revenue During function revenue <th< th=""><th></th><th></th><th>Check if Schedule O o</th><th>contains a respo</th><th>onse o</th><th>or note to any lin</th><th></th><th></th><th>(-)</th><th></th></th<>			Check if Schedule O o	contains a respo	onse o	or note to any lin			(-)	
Boy Membership dues 1b b Membership dues 1c d Related organizations 1c d Related organizations 1c g FA kilother contributions stills, gants, and similar amounts not included above. 1f 418, 178. g Process contractions incounce three stills, gants, and similar amounts not included above. 1f 11, 221, 718. 1, 271, 477. g 2 a PROGRAM FEES D 1, 121, 718. 1, 121, 718. 1 g Tatal. Add lines 2a:21 1, 121, 718. 1 1, 121, 718. 1 g Tatal. Add lines 2a:21 1, 121, 718. 1 1 1 g Tatal. Add lines 2a:21 1, 121, 718. 1 1 1 g Threetment income (including dividends, interest, and other similar amounts) 15, 659. 1 1 g G Ge Go sents Ge 1 1 1 1 1 1 1 1 1 1 1 1 1 1								Related or exempt	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Business Code PROGRAM FEES b	ts ts	1 a	Federated campaigns	1a						
Business Code PROGRAM FEES b	nn	b	Membership dues	1b						
Business Code Business Code PROGRAM FEES b	And G	с	Fundraising events	1c						
Business Code Business Code PROGRAM FEES b	ar A									
Business Code Business Code PROGRAM FEES b	s, G	е	Government grants (contri	ibutions) 1e		853,299.				
Business Code Business Code PROGRAM FEES b	<u>s</u> ig	f	All other contributions, gifts,	grants, and						
Business Code Business Code PROGRAM FEES b	but		similar amounts not included	above 1f		418,178.				
Begins PROGRAM FEES Business Code Procession Proces	dOt	g	Noncash contributions included in	lines 1a-1f	\$					
george	aSo	h	Total. Add lines 1a-1f				1,271,477.			
Be c										
g Total. Add lines 2a:21 1,121,718. 3 Investment income (including dividends, interest, and other similar amounts) 15,659. 4 Income from investment of tax-exempt bond proceeds 15,659. 6a Gross rents 6a 6a Gross rents 6a 6a Gross rents 6a 6b Go 6c 7 Gross mount from sales of assets other than inventory 6c 7 Gross mount from sales of assets other than inventory 10. Securities 7 B Gross income from fundraising events (not including \$\sum_rel346. 6a Gross income from fundraising events -346. 7 B Gross income from fundraising events 9a 9 Gross sales of income or (loss) from fundraising events 9a 9 Gross sales of income from gaming activities 10a 9 Gross sales of income from gaming activities 10a 9 Gross sales of inventory, less returns and allowances 10a 10 Gross sales of inventory 10a 10 Gross sales of inventory 10a 10 Gross sales of inv	e	2 a	PROGRAM FEES			711190	<u>1,121,718.</u>	<u>1,121,718.</u>		L
g Total. Add lines 2a:21 1,121,718. 3 Investment income (including dividends, interest, and other similar amounts) 15,659. 4 Income from investment of tax-exempt bond proceeds 15,659. 6a Gross rents 6a 6a Gross rents 6a 6a Gross rents 6a 6b Go 6c 7 Gross mount from sales of assets other than inventory 6c 7 Gross mount from sales of assets other than inventory 10. Securities 7 B Gross income from fundraising events (not including \$\sum_rel346. 6a Gross income from fundraising events -346. 7 B Gross income from fundraising events 9a 9 Gross sales of income or (loss) from fundraising events 9a 9 Gross sales of income from gaming activities 10a 9 Gross sales of income from gaming activities 10a 9 Gross sales of inventory, less returns and allowances 10a 10 Gross sales of inventory 10a 10 Gross sales of inventory 10a 10 Gross sales of inv	ervi	b								
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g Total. Add lines 2a:21 1,121,718. 3 Investment income (including dividends, interest, and other similar amounts) 15,659. 4 Income from investment of tax-exempt bond proceeds 15,659. 6a Gross rents 6a 6a Gross rents 6a 6a Gross rents 6a 6b Go 6c 7 Gross mount from sales of assets other than inventory 6c 7 Gross mount from sales of assets other than inventory 10. Securities 7 B Gross income from fundraising events (not including \$\sum_rel346. 6a Gross income from fundraising events -346. 7 B Gross income from fundraising events 9a 9 Gross sales of income or (loss) from fundraising events 9a 9 Gross sales of income from gaming activities 10a 9 Gross sales of income from gaming activities 10a 9 Gross sales of inventory, less returns and allowances 10a 10 Gross sales of inventory 10a 10 Gross sales of inventory 10a 10 Gross sales of inv	бg	е								
3 investment income (including dividends, interest, and other similar amounts) 15,659. 4 income from investment of tax-exempt bond proceeds 6 a Gross rents 6a b Less: rental income or (loss) 6c	ā	f					1 1 0 1 1 1 0			
other similar amounts) 15,659. 4 income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6a 6b b Less: rental expenses 6b c Rental income or (loss) 6c 7 a Gross anount from alas of asses other than inventory b Less: cost or other basis and sales expenses 7a c Renta fraction or (loss) 7a c Gain or (loss) 7b d Net gain or (loss) 7a c Gain or (loss) 7b d Net gain or (loss) -346. a Gross income from fundraising events (not including \$ ort contributions reported on line 1c). See a Gross income from gaming activities. See 8a pat V, line 18 8a b Less: direct expenses 8a gain 9a pat or (loss) -346. s A tert come or (loss) from fundraising events -346. gain -346. b Less: direct expenses 8b c Net income or (loss) from gaming activities. See		g					1,121,718.			
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org (i) Real (ii) Personal 6 a Gross rents 6a										
6 a Gross rents 6a 0 0 b Less: rental expenses 6b 0 0 c Rental income or (loss) 6c 0 0 d Net rental income or (loss) 0 0 0 assets other than inventory 1 0 0 0 b Less: cost or other basis and sales expenses 7a 1 0 c Gain or (loss) 7b 346. -346. 0 c Gain or (loss) -346. -346. 0 0 a Gross income from fundraising events (not including \$ of of 0 -346. 0 c Net income or (loss) -346. -346. 0 0 0 g Gross income from fundraising events 0 0 0 0 0 g Gross income from gaming activities 0 0 0 0 0 0 g Gross sales of inventory, less returns and allowances 0 0 0 0 0 b Less: cost of goods soid 10b 0 0 0 0 0 0 g d All other revenue 0		5	Royalties							
B Less: rental expenses Bb c Rental income or (loss) Gc		^ -	Overe verte							
c Rental income or (loss) Bc		_								
d Net rental income or (loss)		D								
7 a Gross amount from sales of assets other than inventory i) Securities (ii) Other b Less: cost or other basis and sales expenses 7a c Gain or (loss) 7c 7 a Gross amount from sales of inventory 7a b Less: cost or other basis and sales expenses 7a 7b 346. 7c -346. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: cirect expenses Bb c Net income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 a All other revenue 0		C		I						
assets other than inventory b Less: cost or other basis and sales expenses 7a 7b 346. c Gain or (loss) 7c -346. -346. d Net gain or (loss) 7c -346. -346. d Net gain or (loss) of contributions reported on line 1c). See Part IV, line 18 8a 8b b Less: direct expenses 9a 9a 9b 0 generative 9a 9b 0 0 b Less: direct expenses 9a 9b 0 0 c Net income from gaming activities. See Part IV, line 19 9a 9b 0 0 b Less: direct expenses 9b 0 0 0 0 10 a Gross sales of inventory, less returns and allowances 10a			, ,							
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and sales expenses 7b 346. c Gain or (loss) 7c -346. d Net gain or (loss) -346. -346. a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba Ba b Less: direct expenses Bb - - c Net income or (loss) from fundraising events - - - 9a Gross income from gaming activities - - - - 9a Gross sales of inventory, less returns and allowances - <td< td=""><td></td><td>h</td><td>•</td><td>7.4</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		h	•	7.4						
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B including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events	<u> </u>	8 a	Gross income from fundraisir	na events (not	······		0100			
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events Image: Contribution of the second	Ę	0 4	· · · · ·							
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b Less: direct expenses 9b Image: state of the			Part IV, line 19	-	9a					
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and allowances 10a 10b		с	Net income or (loss) from	gaming activitie	s					
b Less: cost of goods sold10b 10b 10b10b 10b10b10b10b10b	-	10 a	Gross sales of inventory, I	ess returns						
c Net income or (loss) from sales of inventory 11 a			and allowances		10a					
Business Code Image: Code		b	Less: cost of goods sold		10b					
11 a	\rightarrow	с	Net income or (loss) from	sales of invento	ry					
In a b c c d All other revenue In a c c d C c d c d c c d c d c c d c c d c c d c c d c d c c d c c d c d c c d c	s					Business Code				
b b	e e	11 a								
image: set of the set of th	ane	b								
d All other revenue	cell Sevi									l
	Mis									
e Total. Add lines 11a-11d								1 101 200		15 650
	-			ons			∠,408,508.	μ,121,3/2.	Ι Ο.	15,659. Form 990 (2022

ARTS COUNCIL FOR MONTEREY COUNTY

Form 990 (2022)

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94-2805076

ARTS COUNCIL FOR MONTEREY COUNTY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl			nplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	353,544.	353,544.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	124,375.	124,375.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	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	162,516.	48,755.	81,258.	32,503.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)		CE1 001	<u> </u>	
7	Other salaries and wages	779,037.	651,391.	67,278.	60,368.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	E4 000	40 700	2 107	2 1 0 4
9	Other employee benefits	54,099. 80,695.	<u>48,728.</u> 71,828.	<u> </u>	2,184. 2,687.
10	Payroll taxes	00,095.	/1,020.	0,100.	2,007.
11	Fees for services (nonemployees):				
a h	Management				
b c					
d	Accounting				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
5	column (A), amount, list line 11g expenses on Sch O.)	13,935.	2,035.	11,900.	
12	Advertising and promotion	28,036.	20,746.		7,290.
13	Office expenses	9,039.	7,001.	1,205.	7,290. 833.
14	Information technology				
15	Royalties				
16	Occupancy	49,246.	38,228.	6,516.	4,502.
17	Travel	6,805.	6,114.	593.	98.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 100	1 605		
19	Conferences, conventions, and meetings	2,189.	1,695.	292.	202.
20					
21	Payments to affiliates	3,688.	2 651	613.	424.
22	Depreciation, depletion, and amortization	29,822.	<u>2,651.</u> 23,182.	5,601.	1,039.
23 24	Insurance	43,044.	2J,10Z.	5,001.	I,039.
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	ARTIST AND PROGRAM SUPP	84,178.	84,178.		
b	CONTRACTOR FEES	26,452.	25,806.	382.	264.
с	OFFICE RELOCATION	19,206.	14,875.	2,561.	1,770.
d	RECEPTIONS AND COMMUNIT	19,107.	19,107.		
е	All other expenses	102,636.	58,565.	22,701.	21,370.
25	Total functional expenses. Add lines 1 through 24e	1,948,605.	1,602,804.	210,267.	135,534.
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)				- 000
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ARTS COUNCIL FOR MONTEREY COUNTY

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Fa	τΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		687,766.	1	471,305.	
	2	Savings and temporary cash investments			120,661.	2	682,937.
	3	Pledges and grants receivable, net	326,450.	3	246,250.		
	4	Accounts receivable, net			4,400.	4	83,000
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	ion 4958(c)(3)(B)		6		
ŝ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
As	9				6,887.	9	8,379.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	65,119.			
	b	Less: accumulated depreciation		8,133.	7,351.	10c	56,986.
	11	Investments - publicly traded securities		104,233.	11	111,811.	
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	582,595
	16	Total assets. Add lines 1 through 15 (must equa			1,257,748.	16	2,243,263
	17	Accounts payable and accrued expenses			37,402.	17	181,175.
	18	Grants payable				18	
	19	Deferred revenue			0.	19	43,584
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form	er offic	er, director,			
litie		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ins		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables [.]	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D			45,881.	25	384,529.
	26	Total liabilities. Add lines 17 through 25			83,283.	26	609,288.
		Organizations that follow FASB ASC 958, che	ck here				
ces		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions	542,676.	27	1,095,560.		
Ba	28	Net assets with donor restrictions	631,789.	28	538,415.		
nd		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ľ.		and complete lines 29 through 33.					
s S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	luipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,174,465.	32	1,633,975.
_	33	Total liabilities and net assets/fund balances			1,257,748.	33	2,243,263.

Form **990** (2022)

Form 990 (2 Part X

2022)	ARTS
Ba	lance Sheet	

	ARTS COUNCIL FOR MONTEREY COUNTY	94-28	05076	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,40		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,94		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,17		
5	Net unrealized gains (losses) on investments	5		- 3	93.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,63	3,9'	75.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	Ĺ

Form **990** (2022)

Public Charity Sta

(Form 990)		DUDUC Charity Statuc and Dubuc Support	
		Complete if the organization is a section 501(c)(3) organization or a section	2022
	(4947(a)(1) nonexempt charitable trust.	Open to Public
Department of nternal Rever	f the Treasury nue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
lamo of t	the organizati		Employer identification number
Name of t	ine organizati		
Part I	Baaaan	ARTS COUNCIL FOR MONTEREY COUNTY	94-2805076
Farti	Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	IS.
The organ	ization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)	
1	A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4	A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and stat	e:	
5	An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit described in
	section 170	(b)(1)(A)(iv). (Complete Part II.)	
6	A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X	An organizati	on that normally receives a substantial part of its support from a governmental unit or from t	ne general public described in
	0	b)(1)(A)(vi). (Complete Part II.)	5
8		trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9		al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant college
-	•	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	• •
	university:		
10	, _	on that normally receives (1) more than 33 1/3% of its support from contributions, membersh	 and gross receipts from
	0	ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it	
		Inrelated business taxable income (less section 511 tax) from businesses acquired by the org	janization alter June 30, 1975.
		509(a)(2). (Complete Part III.)	
11	0	on organized and operated exclusively to test for public safety. See section 509(a)(4).	
12	An organizati	on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	Irry out the purposes of one or

OMB No. 1545-0047

11	An organization organized	and operated exclusive	ly to test for public sa	ifety. See sect	ion 509(a)(4).	
12	An organization organized	and operated exclusive	lv for the benefit of, to	perform the fu	inctions of, or	to car

An organization organized and operated exclusively for the b 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.

а _ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

Enter the number of supported organizations f

g Provide the following information about the supported organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
 Total										

Schedule A (Form 990) 2022 ARTS COUNCIL FOR MONTEREY COUNTY Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1008266.	1181378.	952,467.	1279719.	1271477.	5693307.	
2	Tax revenues levied for the organ-							
	ization'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 \dots							
4	Total. Add lines 1 through 3	1008266.	1181378.	952,467.	1279719.	1271477.	5693307.	
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)						1144542.	
	Public support. Subtract line 5 from line 4.						4548765.	
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1008266.	1181378.	952,467.	1279719.	1271477.	5693307.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	3,088.	6,930.	2,028.	14,976.	15,659.	42,681.	
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		4 4 5 5 5					
	assets (Explain in Part VI.)	5,607.	-1,957.	16,824.	4,982.		25,456.	
	Total support. Add lines 7 through 10						5761444.	
	Gross receipts from related activities,		,				<u>,399,539.</u>	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)		
<u> </u>	organization, check this box and stop							
	ction C. Computation of Publi						78.95 %	
	Public support percentage for 2022 (I		•			14	00.04	
	Public support percentage from 2021					15		
168	33 1/3% support test - 2022. If the c						V	
	stop here. The organization qualifies		-			ar mara abaali thi		
L	33 1/3% support test - 2021. If the c							
17-	and stop here. The organization qual		•			und line 14 is 10%		
1/8	10% -facts-and-circumstances test	-						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
F	10% -facts-and-circumstances test	•	• •	,	•	7a and line 15 is 1		
	more, and if the organization meets th	•						
	organization meets the facts-and-circu							
18	Private foundation. If the organization				• •			
				.,,,			(Form 990) 2022	

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	(Complete only if you checked	the box on line 10) of Part I or if the o	organization failed	to qualify under F	art II. If the organiz	ation fails to		
	qualify under the tests listed b	elow, please comp	olete Part II.)						
Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	5								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
7:	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
(Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support					•			
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
I	• Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	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								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,		
	check this box and stop here								
Se	ction C. Computation of Publi	c Support Per	centage						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%		
16	Public support percentage from 2021					16	%		
Se	ction D. Computation of Inves	stment Income	e Percentage						
17	17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %								
18									
19a	19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box ar								
I	33 1/3% support tests - 2021. If the	organization did r	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd		
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization			
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins				
2320	23 12-09-22					Schedule A	(Form 990) 2022		
			16						

ARTS COUNCIL FOR MONTEREY COUNTY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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Schedule A (Form 990) 2022

2022.05090 ARTS COUNCIL FOR MONTEREY 20076.01

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1

2

3a

3b

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

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Schedule A (Form 990) 2022 ARTS COUNCIL FOR MONTEREY COUNTY

Ра	Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% 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		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised, or controlled the supporting organization. 2		
Sec	tion C. Type II Supporting Organizations		
		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).		
Sec	tion D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integra	ral Part Test during the year	 (see instructions).
--	-------------------------------	---

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

С		The organization supported a g	governmental entity.	Describe in Part VI how	you supported a gove	ernmental entity (see instruct	ion <u>s)</u> .
---	--	--------------------------------	----------------------	-------------------------	----------------------	--------------------------------	-----------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Ра	rt v Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section 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):			
a	Average monthly value of securities	1a		
b	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		
е	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		
Sect	ion 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		
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-function	ally integrate	ed Type III supporting orga	inization (see

ARTS COUNCIL FOR MONTEREY COUNTY

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

ARTS COUNCIL FOR MONTEREY COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ection D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exer	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	e organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2022 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
	From 2018					
	From 2019					
	From 2020					
	From 2021					
f	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022				MONTEREY		94-2805076 Page
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. lines 1, 2, 3b, 3c, ion D, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9 3; Part IV, Sect	lanations a, 9b, 9c ion E, lin	s required by Par , 11a, 11b, and 1 es 1c, 2a, 2b, 3a	t II, line 10; Part II 1c; Part IV, Sectio , and 3b; Part V, I	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, ine 1; Part V, Section B, line 1e; Part V, any additional information.
232028 12-09-2	2						Schedule A (Form 990) 203
_					21		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

94-2805076

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DAVID AND LUCILE PACKARD FOUNDATION	875,000.	759,771
VILLIAM & FLORA HEWLETT FOUNDATION	500,000.	384,771
otal Excess Contributions to Schedule A, Part II, Line 5		1,144,542

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

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

2022

n number

Name of the organization		Employer identification n				
A	RTS COUNCIL FOR MONTEREY COUNTY	94-2805076				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (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					
, ,	i is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections 509(a)(1 contributor, durir	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) I Z, line 1. Complete Parts I and II.	d that received from any one				
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, 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).

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

Schedule B (Form 990) (2022)

(a)	(b)	(c) (d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
3	CALIFORNIA ARTS COUNCIL 2750 GATEWAY OAKS DRIVE, SUITE 300 SACRAMENTO, CA 95833	\$147,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
4	DEPARTMENT OF THE TREASURY EMPLOYEE RETENTION CREDIT INTERNAL REVENUE SERVICE PO BOX 409101 OGDEN, UT 84409	\$190,549.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
5	COMMUNITY FOUNDATION FOR MONTEREY COUNTY 2354 GARDEN RD MONTEREY, CA 93940	\$94,564.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
6	MONTEREY PENINSULA FOUNDATION 5 MANDEVILLE CT, SUITE 101 MONTEREY, CA 93940	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
223452 11-1	5-22 24		Schedule B (Form 990) (20	
	24			

ARTS COUNCIL FOR MONTEREY COUNTY

COUNTY OF MONTEREY

SALINAS, CA 93901

168 WEST ALISAL ST, 1ST FLOOR

CALIFORNIA OFFICE OF THE

SACRAMENTO, CA 95814

BUSINESS ADVOCATE 1325 J STREET,

(a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions**

(b)

Name, address, and ZIP + 4 THE CALIFORNIA NONPROFIT PERFORMING

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

SMALL

SUITE

Schedule B	(Form 990)	(2022)

Name of organization

Part I

1

(a)

No.

2

ARTS

Employer identification number

(d)

Type of contribution

X

X

94-2805076

Person Payroll

Noncash

Person

Payroll

Noncash

(Complete Part II for

noncash contributions.)

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

440,000.

75,000.

(c)

Total contributions

\$

\$

e B (Form 990) (2022)

09240406 758939 20076.001

Name of organization

Page **2**

Employer identification number

94-2805076

ARTS COUNCIL FOR MONTEREY COUNTY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	DAVID AND LUCILE PACKARD FOUNDATION <u>343 2ND ST</u> LOS ALTOS, CA 94022	\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

2022.05090 ARTS COUNCIL FOR MONTEREY 20076.01

09240406 758939 20076.001

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-	-22		Schedule B (Form 990) (2022)

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Schedule B (Form 990) (2022)

2022.05090 ARTS COUNCIL FOR MONTEREY 20076.01

Employer identification number

Page 3

94-2805076

Schedule B (Form 990) (2022)

ARTS COUNCIL FOR MONTEREY COUNTY

Name of organization

Schedule E	B (Form 990) (2022)			Page 4		
Name of or	rganization			Employer identification number		
ARTS (COUNCIL FOR MONTEREY CO	IINTY		94-2805076		
Part III	Exclusively religious, charitable, etc., contributi	ons to organizations described in se				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year. (Enter this in	nfo. once.) \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) D	escription of how gift is held		
-		e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) E	escription of how gift is held		
<u> </u>						
		(e) Transfer of gif	t			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) L	escription of how gift is held		
-						
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
ſ						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) [escription of how gift is held		
Part I		(1)	(-, -			
-						
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee		
		[
223454 11-15	-22			Schedule B (Form 990) (2022)		

	IEDULE D		I Financial Statements		OMB No. 1545-0047
	ent of the Treasury	Part IV, line 6, 7, 8, 9, 10, At	nization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. tach to Form 990.		Open to Public Inspection
	Revenue Service of the organizati	on ARTS COUNCIL FOR MC			ployer identification number 94-2805076
Part		ations Maintaining Donor Advised n answered "Yes" on Form 990, Part IV, line	I Funds or Other Similar Funds or A 6.	ccoui	nts. Complete if the
			(a) Donor advised funds	(b) Fur	nds and other accounts
1 1	Total number at er	nd of year			
		f contributions to (during year)			
3 /	Aggregate value o	f grants from (during year)			
4 /	Aggregate value a	t end of year			
5 [Did the organization	on inform all donors and donor advisors in w	riting that the assets held in donor advised fu	lds	
á	are the organizatio	n's property, subject to the organization's e	exclusive legal control?		🗌 Yes 📃 No
6 [Did the organizatio	on inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be used	only	
f	or charitable purp	oses and not for the benefit of the donor or	donor advisor, or for any other purpose confe	ring	
	mpermissible priv				
Part	II Conserv	ation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part I	/, line 7	
1 F	Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).		
	Preservation	of land for public use (for example, recreation	ion or education)	torically	important land area
	Protection o	f natural habitat	Preservation of a ce	tified hi	storic structure
	Preservation	of open space			
2 (Complete lines 2a	through 2d if the organization held a qualified	ed conservation contribution in the form of a c	onserva	tion easement on the last
C	day of the tax yea	·.			Held at the End of the Tax Year
a	Fotal number of co	onservation easements		2a	
b T	Total acreage rest	ricted by conservation easements		2b	
c۱	Number of conser	vation easements on a certified historic stru	cture included in (a)	2c	
d N	Number of conser	vation easements included in (c) acquired af	fter July 25,2006, and not on a		
ł	nistoric structure I	isted in the National Register		2d	
3 1	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization	during the tax

year 4 Number of states where property subject to conservation easement is located

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, handling of
	violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7	Amount of overance incurred in monitoring	increating bandling of via	lations and enforcing concernation	a accomente during the veg
1	Amount of expenses incurred in monitoring	, inspecting, nandling of vid	nations, and enforcing conservation	n easements during the year

8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and
	belance sheet, and include, if applicable, the text of the featnets to the organization's financial statements that describes the

bala	nce sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the
orga	inization's accounting for conservation easements.
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered	"Yes" on Form 90	0 Part IV line 8
complete il the organization anowered		0, 1 uit iv, iii 0 0.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990 Part VIII line 1 \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	Ф

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2022.05090 ARTS COUNCIL FOR MONTEREY 20076.01

No

Sche		UNCIL FOR N					94-28	<u>05076</u>	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, or	Other	Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of	the following that	make sig	nificant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan o	r exchange progra	m					
b	Scholarly research	е	• Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they furt	ner the organization	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical	treasures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organ	zation answered "	Yes" on F	Form 990	, Part IV,	ine 9, or		
10	Is the organization an agent, trustee, custodi		ion for contrib	itions or other and	oto not in	aludad				
Id								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						∟			
U		and complete the lot	lowing table.					Amount		
с	Beginning balance					1c		,		
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_]
	t V Endowment Funds. Complete					0.				
		(a) Current year	(b) Prior ye				ears back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, colur	nn (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	eld and administere	ed for the	9		г		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			e R?				3b		
4	Describe in Part XIII the intended uses of the total t		wment funds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere) Dort IV line 1	10. Soo Form 000	Dort V li	ino 10				
							.	()	<u> </u>	
	Description of property	(a) Cost or o basis (investn	• •	Cost or other basis (other)	• •	cumulate reciation	d	(d) Bool	valu	e
1a	Land									
b	Buildings									
с	Leasehold improvements			8,452.		3,20				91.
d	Equipment			16,753.		4,74				11.
е	Other			39,914.		1:	30.),78	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X <u>. column (B), I</u>	ine 10c.)				56	5,98	86.

Schedule D (Form 990) 2022

232052 09-01-22

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (0.1 (h) and and 5 and 000 Dath (0.1 (b) (b) 40)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
DEDOGEEG			16,125.
	מד אממדחמ		382,743.
	SE ASSEIS		183,727.
			103,727.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			582,595.
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEPOSITS			1,253.
(3) OPERATING LEASE LIABILITIE	S		383,276.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		384,529.
2. Liability for uncertain tax positions. In Part XIII, provide t	,	the organization's financial statements the	nat reports the

232053 09-01-22

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ARTS COUNCIL FOR MONTEREY COUNTY Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 🚺

	dule D (Form 990) 2022 ARTS COUNCIL FOR MONTEREY				2805076 Page4	4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,413,820.	•
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-393.			
b	Donated services and use of facilities	2b	5,705.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	5,312.	
3	Subtract line 2e from line 1			3	2,408,508.	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	0.	•
~	Total versions Add lines Q and As (T) () (T) (C) (C) (C) (C) (C)			5	2,408,508.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				= / = 0 0 / 0 0 0	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per l		n.	•
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With E	xpenses per l		n.	_
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	xpenses per F		n.	_
	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With E	xpenses per F	Retur	n.	_
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With E	xpenses per F	Retur	n.	_
1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With E	xpenses per F	Retur	n.	_
1 2 a	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	22 2b	xpenses per F	Retur	n.	_
1 2 a b c	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	xpenses per F	Retur	n. 1,954,310.	•
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	5,705.	Retur	n. <u>1,954,310</u> . 5,705.	- •
1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	5,705.	1	n. 1,954,310.	- •
1 2 b c d e	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	5,705.	1 2e	n. <u>1,954,310</u> . 5,705.	- •
1 2 b c d 3	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	5,705.	1 2e	n. <u>1,954,310</u> . 5,705.	- •
1 2 b c d 3	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	5,705.	1 2e	n. <u>1,954,310</u> . 5,705.	- •
1 2 2 3 4 3 4 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d	5 , 705 .	Return	n. <u>1,954,310</u> . <u>5,705</u> . <u>1,948,605</u> . 0.	•
1 2 d c d e 3 4 a b c 5	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	5 , 705 .	Return	n. <u>1,954,310</u> . 5,705.	•

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.

PART X, LINE 2:

MANAGEMENT HAS EVALUATED THE COUNCIL'S TAX POSITIONS AND CONCLUDED THAT
THE COUNCIL HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT
TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR
INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW
EXCEPTIONS, THE COUNCIL IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY
THE U.S. FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR TAX YEARS ENDING
JUNE 30, 2019 AND BEFORE.

232054 09-01-22

SCHEDULE I (Form 990)	Gov	rants and Oth /ernments, an	d Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization ARTS COUN	CIL FOR MC	ONTEREY COU	NTY				Employer identification number $94-2805076$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?				 • 		on XYes No
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(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
NEW CANON THEATRE COMPANY PO BOX 1955 SEASIDE, CA 93955	88-1266344		15,825.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
HIJOS DEL SOL ARTS PRODUCTIONS 1522 CONSTITUTION BLVD #187 SALINAS, CA 93905	46-4445158		9,750.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
MONTEREY COUNTY SYMPHONY ASSN PO BOX 7130 CARMEL, CA 93921	94-1584123		9,600.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
MONTEREY JAZZ FESTIVAL 9699 BLUE LARKSPUR LN #204 MONTEREY, CA 93940	94-6036515		9,600.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
ALISAL CENTER FOR THE FINE ARTS 745 N. SANBORN ROAD SALINAS, CA 93905	77-0194560		9,550.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
SALINAS VALLEY PRIDE CELEBRATIONS 1522 CONSTITUTION BLVD #222 SALINAS, CA 93905	82-4758419		9,350.	0.			TO SUPPORT THE ARTS AND CULTURAL HERITAGE
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 	0		e line 1 table				32.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

Schedule I (Form 990) ARTS COUNCIL FOR MONTEREY COUNTY

94-2805076 Page 1

	(1) = 1		(-1) A				
(a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
BIG SUR FIDDLE CAMP							
PO BOX 395							TO SUPPORT THE ARTS AND
BIG SUR, CA 93920	84-2266144		9,050.	0.			CULTURAL HERITAGE
FRANKLIN LEGACY FUND							
316 MID VALLEY CENTER #122							TO SUPPORT THE ARTS AND
CARMEL, CA 93923	46-4662563		9,050.	0.			CULTURAL HERITAGE
MUSIKIWEST, INC.							
440 ORTIZ AVE, UNIT B							TO SUPPORT THE ARTS AND
SAND CITY, CA 93955	82-2534522		8,200.	Ο.			CULTURAL HERITAGE
PALENKE ARTS							L
1713 BROADWAY AVE	00 1506400						TO SUPPORT THE ARTS AND
SEASIDE, CA 93955	82-1786480		7,500.	0.			CULTURAL HERITAGE
ARTS HABITAT							
PO BOX 4104							TO SUPPORT THE ARTS AND
MONTEREY, CA 93942	77-0461309		7,150.	0.			CULTURAL HERITAGE
SOL TREASURES, INC.							
4519 BROADWAY ST							TO SUPPORT THE ARTS AND
KING CITY, CA 93930	26-1764855		6,000.	0.			CULTURAL HERITAGE
EL SISTEMA USA SALINAS, INC.							
1122 E. ALISAL STREET							TO SUPPORT THE ARTS AND
1122 E. ALISAL SIRLEI			1			1	1

Schedule I (Form 990)

Schedule I (Form 990) 2022

94-2805076

Page 2

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE ARTS SCHOLARSHIP	10	25,000.	0.		
NDIVIDUAL ARTIST GRANTS	23	95,000.	0.		
VALUATOR SPONSORSHIP	13	325.	0.		
		0.500			
OANN ADAIR MEMORIAL SCHOLARSHIP		2,500.	0.		
CANDIOTTI FLUTE STUDIO SCHOLARSHIP	2	550.	0.		

Schedule I (Form 990) ARTS COUNCIL FO	R MONTER	EY COUNTY			94-2805076	Page 2
Part III Continuation of Grants and Other Assistance to Domes	tic Individuals	(Schedule I (Form 99	90), Part III.)		-	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	ssistance
JOSEPH LUCIDO SPONSORSHIP	1.	1,000.	0.			
		1,000.				

Schedule I (Form 990)

SCHEDULE O (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

Supplemental Information to Form 990 or 990-EZ



ARTS COUNCIL FOR MONTEREY COUNTY

Employer identification number 94-2805076

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MONTEREY COUNTY BY FOSTERING CULTURAL AWARENESS AND UNDERSTANDING. IN

ADDITION, THE COUNCIL PROVIDES FOR AN ARRAY OF AESTHETIC AND

EDUCATIONAL EXPERIENCES FOR ADULTS AND CHILDREN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND PRESIDENT OF THE

BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST DISCLOSURES ARE COMPLETED AND REVIEWED BY BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD CONDUCTS A SALARY REVIEW COMPARING THE EXECUTIVE DIRECTOR'S

SALARY TO NATIONAL AVERAGES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST IN THE ORGANIZATION'S

OFFICE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

2022 DEPRECIATION AND AMORTIZATION REPORT

FOR

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	VEHICLES	VARIOUS	SL	5.00		16	37,950.				37,950.			0.	
2	EQUIPMENT	VARIOUS	SL	7.00		16	16,753.				16,753.	2,342.		2,400.	4,742.
3	FURNITURE & FIXTURES	VARIOUS	SL	7.00		16	1,964.				1,964.			130.	130.
4	IMPROVEMENTS	VARIOUS	SL	15.00		16	8,452.				8,452.	2,103.		1,158.	3,261.
	* TOTAL 990 PAGE 10 DEPR						65,119.				65,119.	4,445.		3,688.	8,133.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

ARTS COUNCIL FOR MONTEREY COUNTY

Asset No.	Description	Da Acqu	ate uired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	VEHICLES	VAR	IES	SL	5.00	16	37,950.			37,950.			0.
	EQUIPMENT FURNITURE &	VAR	IES	SL	7.00	16	16,753.			16,753.	2,342.		2,400.
		VAR	IES	SL	7.00	16	1,964.			1,964.			130.
	IMPROVEMENTS	VAR	IES	SL	15.00	16	8,452.			8,452.	2,103.		1,158.
	* TOTAL 990 PAGE 10 DEPR						65,119.		0.	65,119.	4,445.		3,688.

228102 04-01-22

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL - ARTS COUNCIL FOR MONTEREY COUNTY

Asset No.	Description	Ac	Date quired		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
2 3	VEHICLES EQUIPMENT FURNITURE & FIXTURES	VA VA	RIE RIE RIE	SS SS	SL SL	5.00 7.00 7.00	37,950. 16,753. 1,964.		37,950. 16,753. 1,964. 8,452.	4,742.	7,590. 2,393. 281.
	IMPROVEMENTS * TOTAL 990 PAGE 10 DEPR	VA	RIE	SS	3L	15.00	8,452. 65,119.		8,452. 65,119.	3,261. 8,133.	563. 10,827.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone