

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

| ΑF           | or the                                | e 2022 calendar year, or tax year beginning 🔠 🗓  | L 1, 2022 and                            | ending J      | UN 30,         | 2023                  |          |                             |
|--------------|---------------------------------------|--|--|---------------|----------------|-----------------------|----------|-----------------------------|
| <b>B</b> c   | heck if pplicable                     | C Name of organization   |  |               | D Emp          | loyer iden            | tificat  | tion number                 |
|              | Addres                                | CHAMBER MUSIC MONTEREY BAY   |  |               |                |                       |          |                             |
|              | Name<br>change                        |  |  |               | ] 2            | 23-70016              | 57       |                             |
|              | Initial<br>return<br>Final<br>return/ | Number and street (or P.O. box if mail is not deliged BOX 221458   | vered to street address)                 | Room/suite    |                | ohone num<br>1-625-22 |          |                             |
|              | termin<br>ated                        |  | IP or foreign postal code                |               | <b>G</b> Gross | receipts \$           |          | 280,036.                    |
|              | Ameno                                 |  | 3 1                                      |               |                | this a grou           | p retu   |                             |
|              | Applic<br>tion<br>pendir              | F Name and address of principal officer: EDIZA   | BETH BROOKS                              |               | for            | subordina             | ites?    | Yes X No                    |
|              |                                       | SAME AS C ABOVE  | /; · · · · · · · · · · · · · · · · · · · |               | 1 '′           | all subordinat        |          |                             |
|              |                                       | empt status: X 501(c)(3) 501(c) ( )  | (insert no.) 4947(a)(1)                  | or 527        | 1              |                       |          | t. See instructions         |
|              | Vebsit                                |  | sociation Other                          | 1. 1/2-2-2    |                | oup exemp             |          |                             |
|              | art I                                 | organization: X Corporation Trust Ass  | SOCIALION UNITE                          | L Year        | or formatio    | on: 1968              | M 5      | State of legal domicile; CA |
|              | _                                     | Briefly describe the organization's mission or most s  | eignificant activities. TO SPO           | NSOR CHAN     | TRER MIII      | STC                   |          |                             |
| Governance   | 1                                     | CONCERTS   | significant activities. 10 510           | NOON CITTLE   | IBER HOL       |                       |          |                             |
| r.           | 2                                     | Check this box if the organization discon  | tinued its operations or dispos          | sed of more   | than 25%       | 6 of its net          | assets   | S.                          |
| ove.         | 3                                     | Number of voting members of the governing body (F  | Part VI, line 1a)                        |               |                |                       | 3        | 6                           |
|              | 4                                     | Number of independent voting members of the government   | erning body (Part VI, line 1b)           |               |                |                       | 4        | 6                           |
| es &         | 5                                     | Total number of individuals employed in calendar ye  | ear 2022 (Part V, line 2a)               |               |                |                       | 5        | 3                           |
| ξ            | 6                                     | Total number of volunteers (estimate if necessary)   |  |               |                |                       | 6        | 15                          |
| Activities & | 7 a                                   | Total unrelated business revenue from Part VIII, colu  | umn (C), line 12                         |               |                |                       | 7a       | 0.                          |
| _            | b                                     | Net unrelated business taxable income from Form 9  | 90-T, Part I, line 11                    | ·····         |                |                       | 7b       | 0.                          |
| e            |                                       |  |  |               | Prior          | Year                  | _        | Current Year                |
|              | l                                     | Contributions and grants (Part VIII, line 1h)  | 200,25                                   |               | 200,949.       |                       |          |                             |
| ē            | l                                     |  |  |               |                | 48,07                 |          | 55,686.                     |
| Revenue      |                                       | Investment income (Part VIII, column (A), lines 3, 4,  |  |               |                | 24,14                 |          | 23,401.                     |
| _            | l                                     | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,   |  |               |                |                       | 0.       | 0.                          |
|              |                                       | Total revenue - add lines 8 through 11 (must equal F   |  |               |                | 272,47                | -        | 280,036.                    |
|              | l                                     | Grants and similar amounts paid (Part IX, column (A  |  |               |                |                       | 0.       | 0.                          |
|              | I                                     | Benefits paid to or for members (Part IX, column (A)   |  | 75,896.       |                |                       | 127.764  |                             |
| es           | 15                                    | Salaries, other compensation, employee benefits (P.  |  |               |                |                       | 127,764. |                             |
| Expenses     | 16a                                   | Professional fundraising fees (Part IX, column (A), lir  |  |               |                |                       | -        | 0.                          |
| 쯦            | _5                                    | Total fundraising expenses (Part IX, column (D), line  |  |               |                | 166,18                | 8        | 201,651.                    |
| _            | ''                                    | Other expenses (Part IX, column (A), lines 11a-11d,  |  |               |                | 242,08                | _        | 329,415.                    |
|              | l                                     | Total expenses. Add lines 13-17 (must equal Part IX<br>Revenue less expenses. Subtract line 18 from line 1 |  |               |                | 30,38                 | _        | -49,379.                    |
| _ v          |                                       | nevertue less experises. Subtract line 16 from line 1  | <u> </u>                                 | Re            | ainnina of     | Current Ye            | _        | End of Year                 |
| t Assets or  | 20                                    | Total assets (Part X, line 16)   |  |               | <b>g</b>       | 779,37                | -        | 762,842.                    |
| ASS          | 21                                    | Total liabilities (Part X, line 26)  |  |               |                | 145,98                | -        | 146,806.                    |
| Net,         | 1                                     | Net assets or fund balances. Subtract line 21 from li  | ine 20                                   |               |                | 633,39                | _        | 616,036.                    |
| _            | rt II                                 | Signature Block  |  |               |                | ,                     |          | ,                           |
| Und          | er pena                               | Ities of perjury, I declare that I have examined this return, i  | ncluding accompanying schedules          | s and stateme | ents, and to   | the best of           | my kn    | lowledge and belief, it is  |
|              |                                       | t, and complete. Declaration of preparer (other than officer   |  |               |                |                       | •        |                             |
|              |                                       |  | ,  |               |                | _                     |          |                             |
| Sigi         | n                                     | Signature of officer   |  |               |                | Date                  |          |                             |
| Her          |                                       | ELIZABETH BROOKS, OPERATIONS DIRECTOR  |  |               |                |                       |          |                             |
|              |                                       | Type or print name and title   |  |               |                |                       |          |                             |
|              |                                       | Print/Type preparer's name   | Preparer's signature                     |               | Date           | Check<br>if           |          | PTIN                        |
| Paid         |                                       |  | AUTUMN ROSSI                             | 0:            | 3/14/24        |                       | mployed  | P01404602                   |
| Prep         | arer                                  | Firm's name CLIFTONLARSONALLEN LLP   |  |               |                | Firm's EIN            | 41       | -0746749                    |
| Use          | Only                                  | Firm's address 1188 PADRE DRIVE, STE 101   |  |               |                |                       |          |                             |
|              |                                       | SALINAS, CA 93901  |  |               |                | Phone no.             | 831)     | 759-6300                    |
| 140          | tha IE                                | 25 discuss this return with the preparer shown above   | o2 Coo instructions                      |               |                |                       |          | X Ves No                    |

| Pa             | Check if Schedule O contains a                                       | response or note to any line in this Part III  |                       |                        |  |  |  |  |  |
|----------------|--|--|-----------------------|------------------------|--|--|--|--|--|
| 1              | Briefly describe the organization's mis TO SPONSOR CHAMBER MUSIC CON | sion:  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
| 2              |  | gnificant program services during the year which w   |                       | Yes X No               |  |  |  |  |  |
|                | If "Yes," describe these new services                                | on Schedule O  |                       | res 🔼 No               |  |  |  |  |  |
| 3              | Did the organization cease conducting                                | g, or make significant changes in how it conducts,   | any program services? | Yes X No               |  |  |  |  |  |
| _              | If "Yes," describe these changes on S                                |  |                       |                        |  |  |  |  |  |
| 4              | Section 501(c)(3) and 501(c)(4) organiz                              | ervice accomplishments for each of its three larges<br>rations are required to report the amount of grants |                       |                        |  |  |  |  |  |
| <br>4а         | revenue, if any, for each program serv  (Code: ) (Expenses \$        | 165,731. including grants of \$  | 0 • ) (Revenue \$     | 55,686.)               |  |  |  |  |  |
| <del>4</del> a |  | TS PERFORMED BY PROFESSIONAL MUSICIAN  |                       |                        |  |  |  |  |  |
|                | OPEN TO GENERAL PUBLIC. ABOUT 375 PEOPLE ATTEND EACH CONCERT.        |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
| 4b             | (Code: ) (Expenses \$  | including grants of \$   |                       | )                      |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                | -  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
| 4c             | (Code:) (Expenses \$   | including grants of \$   | ) (Revenue \$         | )                      |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
|                | -  |  |                       |                        |  |  |  |  |  |
|                |  |  |                       |                        |  |  |  |  |  |
| 4d             | Other program services (Describe on S                                |  | <i>t</i>              | ,                      |  |  |  |  |  |
| 4e             | (Expenses \$  Total program service expenses                         | including grants of \$ ) 165,731.  | (Revenue \$           | )                      |  |  |  |  |  |
|                |  | •  |                       | Form <b>990</b> (2022) |  |  |  |  |  |

### Part IV Checklist of Required Schedules

|     |  |     | Yes | No            |
|-----|--|-----|-----|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |     |     |               |
|     | If "Yes," complete Schedule A  | 1   | X   |               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2   | Х   |               |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |     |     |               |
|     | public office? If "Yes," complete Schedule C, Part I   | 3   |     | х             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |     |     |               |
|     | during the tax year? If "Yes," complete Schedule C, Part II  | 4   |     | 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  |     |     |               |
| ·   | 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,  | _   |     |               |
| •   | 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? <i>If</i> "Yes," <i>complete</i>   |     |     |               |
| 0   | , ,  | 8   |     | x             |
| 0   | Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | -   |     | <del></del> - |
| 9   |  |     |     |               |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |     |     | x             |
| 40  | If "Yes," complete Schedule D, Part IV   | 9   |     |               |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   |     |     | <sub></sub>   |
|     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10  |     | Х             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,  |     |     |               |
|     | as applicable.   |     |     |               |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |     |     |               |
|     | Part VI  | 11a |     | X             |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |     |     |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |     | Х             |
| С   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |     |     |               |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |     | Х             |
| d   | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 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 |     | Х             |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  |     | Х             |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |     | Х             |
| 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 |     | Х             |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |     |     |               |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |     | Х             |
| 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  |     | х             |
| 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  |     | х             |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |     |     |               |
|     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | х             |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |     |     |               |
|     | complete Schedule G, Part III  | 19  |     | x             |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |     | х             |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |     |               |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |     |               |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |     | x             |
|     | , the first control of the first tent is a second of the first tent in the first ten |     |     |               |

# Form 990 (2022) CHAMBER MUSIC MONTEREY BAY Part IV | Checklist of Required Schedules (continued)

|             | Continued)  |     | V   |     |
|-------------|---|-----|-----|-----|
| 00          | Did the constitution and the off 000 of constant the constant to the desired in the individual constant.  |     | Yes | No  |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |     |     | х   |
| 00          | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     |     |
| 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  |     |     | х   |
| 240         | Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the                               | 23  |     |     |
| <b>24</b> a |   |     |     |     |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  | 24a |     | х   |
| h           | Schedule K. If "No," go to line 25a   | 24b |     |     |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease  | 240 |     |     |
| ·           | any tax-exempt bonds?   | 24c |     |     |
| d           | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     |     |
|             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  |     |     |     |
| Lou         | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | х   |
| h           | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and  | 200 |     |     |
|             | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete   |     |     |     |
|             | Schedule L. Part I  | 25b |     | х   |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |     |     |     |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |     |     |     |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | х   |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                                       |     |     |     |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                                       |     |     |     |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | Х   |
| 28          | Was the organization a party to a business transaction with one of the following parties (see 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 |     | Х   |
| b           | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | Х   |
|             | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If  |     |     |     |
|             | "Yes," complete Schedule L, Part IV   | 28c |     | Х   |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | Х   |
| 30          | 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   |
| 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   |     |     |     |
|             | Part V, line 1  | 34  |     | X   |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | X   |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |     |     |     |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     |     |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 1   |     | 17  |
|             | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X   |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     | v   |
|             | 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?  |     | х   |     |
| Pai         | Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance                                  | 38  | Λ   |     |
| . u         |   |     |     |     |
|             | Check if Schedule O contains a response or note to any line in this Part V  |     | V   | NI. |
| 4           | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  |     | Yes | No  |
|             | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b | -   |     |     |
| C           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |     |     |     |
| U           | (gambling) winnings to prize winners?   | 10  | Х   |     |

| Form 990 ( | (2022) CHAMBER       | MUSIC MONTEREY  | BAY                    |             | 23-700165 | 57 Page <b>5</b> |
|------------|----------------------|-----------------|------------------------|-------------|-----------|------------------|
| Part V     | Statements Regarding | Other IRS Filin | ngs 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  |           |     |    |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b        | Х   |    |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a        |     | Х  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b        |     |    |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |           |     |    |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a        |     | Х  |
| b      | If "Yes," enter the name of the foreign country   |           |     |    |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |           |     |    |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | <u>5a</u> |     | X  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |     | Х  |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c        |     |    |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   | _         |     |    |
|        | any contributions that were not tax deductible as charitable contributions?   | <u>6a</u> |     | Х  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |           |     |    |
| _      | were not tax deductible?  | 6b        |     |    |
| 7      | Organizations that may receive deductible contributions under section 170(c).   | 7-        |     | х  |
| a      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a        |     | Λ  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |     |    |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 70        |     | x  |
| ٨      |   | 7c        |     |    |
| d<br>e |   | 7e        |     | х  |
| f      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f        |     | x  |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g        |     |    |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h        |     |    |
| 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         |     |    |
| 9      | Sponsoring organizations maintaining donor advised funds.   |           |     |    |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a        |     |    |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b        |     |    |
| 10     | Section 501(c)(7) organizations. Enter:   |           |     |    |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  |           |     |    |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |           |     |    |
| 11     | Section 501(c)(12) organizations. Enter:  |           |     |    |
| а      | Gross income from members or shareholders   |           |     |    |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against   |           |     |    |
|        | amounts due or received from them.)   |           |     |    |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       |     |    |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |           |     |    |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |           |     |    |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a       |     |    |
|        | <b>Note:</b> 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   |           |     |    |
|        | Enter the amount of reserves on hand  Did the exemplation receive any payments for indeed template any payments for indeed template any payments.   | 110       |     | х  |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a       |     |    |
| 15     | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or      | 14b       |     |    |
| IJ     |   | 15        |     | x  |
|        | excess parachute payment(s) during the year?  | 13        |     |    |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16        |     | х  |
|        | 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 activities   |           |     |    |
| ••     | that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  | 17        |     |    |
|        | If "Yes," complete Form 6069.   |           |     |    |
|        |   |           |     |    |

232005 12-13-22

Form 990 (2022) 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 Did the organization have members or stockholders? 6 Х 6 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 **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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ELIZABETH BROOKS, OPERATIONS MANAGER - 831-625-2212

Form **990** (2022)

93923

3785 VIA NONA MARIE #307, CARMEL, CA

| 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.

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

- 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.

| (A) Name and title   | (B) Average hours per week   | box                            | not c<br>, unle:       | ss pei  | ition<br>more<br>rson i | than of strus                | n an   | (D)  Reportable compensation from                   | (E) Reportable compensation from related      | (F) Estimated amount of other  |
|----------------------|--|--------------------------------|------------------------|---------|-------------------------|------------------------------|--------|---|---|--|
|                      | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer | Key employee            | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MISC/<br>1099-NEC) | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ALCIDE GUILLORY  | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| OPERATIONS MANAGER   |  |                                |                        | Х       |                         |                              |        | 68,400.   | 0.  | 0.   |
| (2) ELIZABETH BROOKS | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| OPERATIONS MANAGER   |  |                                |                        | Х       |                         |                              |        | 12,883.   | 0.  | 0.   |
| (3) JANET BRENNAN    | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| PRESIDENT            |  | Х                              |                        | Х       |                         |                              |        | 0.  | 0.  | 0.   |
| (4) BETH GARNETT     | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| VICE PRESIDENT       |  | Х                              |                        | Х       |                         |                              |        | 0.  | 0.  | 0.   |
| (5) ANNE FITZPATRICK | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| TREASURER            |  | Х                              |                        | Х       |                         |                              |        | 0.  | 0.  | 0.   |
| (6) PETER WILLIAMS   | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| SECRETARY            |  | Х                              |                        | Х       |                         |                              |        | 0.  | 0.  | 0.   |
| (7) JON SHOWE        | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| PAST PRESIDENT       |  | Х                              |                        | Х       |                         |                              |        | 0.  | 0.  | 0.   |
| (8) AMY ANDERSON     | 5.00   |                                |                        |         |                         |                              |        |   |   |  |
| PROGRAM CHAIR        |  | Х                              |                        |         |                         |                              |        | 0.  | 0.  | 0.   |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  | •                              |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |
|                      |  |                                |                        |         |                         |                              |        |   |   |  |

|     | T VII   Section A. Officers, Directors, Trus  | (B)               | y   | <i></i> ,             | ((        |              | g. 100                       |          |                              | , ,                                   |       |          | (E)          |       |
|-----|---|-------------------|---|-----------------------|-----------|--------------|------------------------------|----------|------------------------------|---------------------------------------|-------|----------|--------------|-------|
|     | (A)   | Average           |   |                       | ر<br>Posi | •            | 1                            |          | (D)                          | (E)                                   |       | F        | (F)          | محا   |
|     | Name and title  | hours per         | (do not check more than one box, unless person is both an |                       |           |              |                              |          | Reportable                   | Reportable                            |       |          | imat         |       |
|     |   | week              |   | i, unle:<br>cer ar    |           |              |                              |          | compensation                 | compensatio                           |       |          | ount         |       |
|     |   | (list any         |   |                       |           |              |                              | Ĺ        | from                         | from related                          |       |          | other        |       |
|     |   | hours for         | irect   |                       |           |              |                              |          | the                          | organization                          |       | comp     |              |       |
|     |   | related           | ord   | 99                    |           |              | sated                        |          | organization                 | (W-2/1099-MIS                         | SC/   |          | om th        |       |
|     |   | organizations     | uste  | trus                  |           | e e          | ned .                        |          | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)                             |       | _        | niza<br>rela |       |
|     |   | below             | ualtr   | tional                |           | ploye        | rt col                       | _        | 1099-NEC)                    |                                       |       | orga     |              |       |
|     |   | line)             | Individual trustee or director                            | Institutional trustee | Officer   | Key employee | Highest compensated employee | Former   |                              |                                       |       | orga     | ııızaı       | 10113 |
|     |   | <del> </del>      | 드   | 드                     | 0         | 3            | 工高                           | 프        |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
| _   |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
| 1h  | Subtotal  |                   |   |                       |           |              |                              |          | 81,283.                      |                                       | 0.    |          |              | 0     |
|     | Total from continuation sheets to Part VI   |                   |   |                       |           |              |                              |          | 0.                           |                                       | 0.    |          |              | 0     |
|     |   |                   |   |                       |           |              |                              |          | 81,283.                      |                                       | 0.    |          |              | 0     |
| 2   | Total (add lines 1b and 1c)  Total number of individuals (including but n                 |                   |   |                       |           |              |                              |          | ·                            | 000 of reportable                     | •     |          |              |       |
|     | compensation from the organization  |                   |   |                       |           |              |                              |          |                              |                                       |       |          | Yes          | No    |
| 3   | Did the organization list any <b>former</b> officer,                                      | , director, trust | ee, k   | кеу є                 | mpl       | oye          | e, or                        | hig      | hest compensated empl        | oyee on                               |       |          |              |       |
|     | line 1a? If "Yes," complete Schedule J for s  | uch individual    |   |                       |           |              |                              |          |                              |                                       |       | 3        |              | х     |
| 1   | For any individual listed on line 1a, is the su   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
| •   | and related organizations greater than \$150  |                   |   |                       |           |              |                              |          |                              |                                       |       | 4        |              | х     |
| 5   | Did any person listed on line 1a receive or a   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     | rendered to the organization? If "Yes," com   | •                 |   |                       |           | •            |                              |          | •                            |                                       |       | 5        |              | х     |
| Sec | tion B. Independent Contractors   | ·<br>             |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
| 1   | Complete this table for your five highest co<br>the organization. Report compensation for | · ·               | -   |                       |           |              |                              |          |                              | · · · · · · · · · · · · · · · · · · · | ensa  | tion fro | m            |       |
|     | (A)   | the dateridar ye  | our c   | , i i dii             | ig w      | 1011 0       | <u> </u>                     |          | (B)                          |                                       |       | (C       | )            |       |
|     | Name and business address NONE Description of services                                    |                   |   |                       |           |              |                              |          | ervices                      | С                                     | ompen |          | n            |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
|     |   |                   |   |                       |           |              |                              | $\dashv$ |                              |                                       |       |          |              |       |
| _   |   |                   |   |                       |           |              |                              |          |                              |                                       |       |          |              |       |
| 2   | Total number of independent contractors (i \$100,000 of compensation from the organi      |                   | ot lir  | nited                 | to t      |              | se lis<br>0                  | ted      | above) who received mo       | ore than                              |       |          |              |       |
|     | - wroo,ooo or compensation from the organi  | LULIUII           |   |                       |           |              |                              |          |                              |                                       |       |          | 90           |       |

Form 990 (2022) CHAMBER MU
Part VIII Statement of Revenue

|  |    |   | Check if Schedule O cont                | ains a r    | response ( | or note to any lin | e in this Part VIII |                   |                  |                                    |
|--|----|---|---|-------------|------------|--------------------|---------------------|-------------------|------------------|------------------------------------|
|  |    |   |   |             |            |                    | (A)                 | (B)               | (C)              | (D)                                |
|  |    |   |   |             |            |                    | Total revenue       | Related or exempt | Unrelated        | Revenue excluded<br>from tax under |
|  |    |   |   |             |            |                    |                     | function revenue  | business revenue | sections 512 - 514                 |
| SS   | 1  | _ | Federated campaigns                     |             | 1a         |                    |                     |                   |                  |                                    |
| Contributions, Gifts, Grants and Other Similar Amounts |    |   |   |             | 1b         |                    |                     |                   |                  |                                    |
| ij g   |    |   | Membership dues                         |             | 1c         |                    |                     |                   |                  |                                    |
| fts,<br>Ar   |    |   | Fundraising events                      |             | 1d         |                    |                     |                   |                  |                                    |
| ig ig  |    |   | Related organizations                   |             |            |                    |                     |                   |                  |                                    |
| ns,<br>Sim   |    |   | Government grants (contribution         |             | 1e         |                    |                     |                   |                  |                                    |
| utio<br>er (   |    | Ť | All other contributions, gifts, gran    |             |            | 200 040            |                     |                   |                  |                                    |
| 듗됨   |    |   | similar amounts not included above      |             | 1f         | 200,949.           |                     |                   |                  |                                    |
| ont<br>od (  |    | _ | Noncash contributions included in lines | 1a-1f       | 1g  \$     | 728.               | 200 040             |                   |                  |                                    |
| <u>0 g</u>   |    | h | Total. Add lines 1a-1f                  |             |            |                    | 200,949.            |                   |                  |                                    |
|  |    |   |   |             |            | Business Code      |                     |                   |                  |                                    |
| e<br>S   | 2  |   | CONCERTS                                |             |            | 711300             | 52,561.             | 52,561.           |                  |                                    |
| Program Service<br>Revenue                             |    | b | PROGRAM AD REVENUE                      |             |            | 541800             | 3,125.              | 3,125.            |                  |                                    |
| S  |    | С |   |             |            |                    |                     |                   |                  |                                    |
| am   |    | d |   |             |            |                    |                     |                   |                  |                                    |
| og<br>B  |    | е |   |             |            |                    |                     |                   |                  |                                    |
| Ā  |    | f | All other program service reve          | enue        |            |                    |                     |                   |                  |                                    |
|  |    |   | Total. Add lines 2a-2f                  |             |            |                    | 55,686.             |                   |                  |                                    |
|  | 3  |   | Investment income (including            |             |            |                    |                     |                   |                  |                                    |
|  |    |   |   |             |            |                    | 20,245.             |                   |                  | 20,245.                            |
|  | 4  |   | Income from investment of tax           |             |            |                    |                     |                   |                  |                                    |
|  | 5  |   | Royalties                               |             | -          |                    |                     |                   |                  |                                    |
|  | •  |   |   | (i)         | Real       | (ii) Personal      |                     |                   |                  |                                    |
|  | 6  | • | Gross rents 6a                          | — ·         |            | ( )                |                     |                   |                  |                                    |
|  |    |   | Less: rental expenses 6b                | 1           |            |                    |                     |                   |                  |                                    |
|  |    |   |   | 1           |            |                    |                     |                   |                  |                                    |
|  |    |   | Rental income or (loss) 6c              | :           |            |                    |                     |                   |                  |                                    |
|  |    |   | Net rental income or (loss)             |             |            | (ii) Othor         |                     |                   |                  |                                    |
|  | 7  | а | Gross amount from sales of              |             | ecurities  | (ii) Other         |                     |                   |                  |                                    |
|  |    |   | assets other than inventory 7a          | <u> </u>    | 3,156.     |                    |                     |                   |                  |                                    |
|  |    | b | Less: cost or other basis               |             |            |                    |                     |                   |                  |                                    |
| her Revenue  |    |   | and sales expenses <b>7b</b>            |             | 0.         |                    |                     |                   |                  |                                    |
| Ş.   |    | С | Gain or (loss)7c                        | :           | 3,156.     |                    |                     |                   |                  |                                    |
| Be   |    |   | Net gain or (loss)                      |             |            |                    | 3,156.              |                   |                  | 3,156.                             |
| þe   | 8  | а | Gross income from fundraising ev        | vents (n    | ot         |                    |                     |                   |                  |                                    |
| ₹  |    |   | including \$                            |             | of         |                    |                     |                   |                  |                                    |
|  |    |   | contributions reported on line          | 1c). Se     | e          |                    |                     |                   |                  |                                    |
|  |    |   | Part IV, line 18                        |             | 8a         |                    |                     |                   |                  |                                    |
|  |    | b | Less: direct expenses                   |             | 8b         |                    |                     |                   |                  |                                    |
|  |    |   | Net income or (loss) from fund          |             |            |                    |                     |                   |                  |                                    |
|  | 9  | а | Gross income from gaming ac             | ctivities   | . See      |                    |                     |                   |                  |                                    |
|  |    |   | Part IV, line 19                        |             | 9a         |                    |                     |                   |                  |                                    |
|  |    | b | Less: direct expenses                   |             |            |                    |                     |                   |                  |                                    |
|  |    |   | Net income or (loss) from gam           |             |            |                    |                     |                   |                  |                                    |
|  |    |   | Gross sales of inventory, less          |             |            |                    |                     |                   |                  |                                    |
|  |    | _ | and allowances                          |             |            |                    |                     |                   |                  |                                    |
|  |    | h | Less: cost of goods sold                |             |            |                    |                     |                   |                  |                                    |
|  |    |   | Net income or (loss) from sale          |             |            | •                  |                     |                   |                  |                                    |
|  |    | U | THOSE INCOMES OF (1035) HOTH SAIR       | .5 OI II IV | oniony     | Business Code      |                     |                   |                  |                                    |
| sn   | 44 | _ |   |             |            |                    |                     |                   |                  |                                    |
| eo<br>ne   | 11 |   |   |             |            |                    |                     |                   |                  |                                    |
| Miscellaneous<br>Revenue                               |    | b |   |             |            |                    |                     |                   |                  |                                    |
| sce<br>Be  |    | С | A.I II                                  |             |            |                    |                     |                   |                  |                                    |
| Σ̈́  |    |   | All other revenue                       |             |            |                    |                     |                   |                  |                                    |
|  |    |   | Total. Add lines 11a-11d                |             |            |                    | 222                 | FF 40-            |                  | 22 :21                             |
|  | 12 |   | Total revenue. See instructions         |             |            |                    | 280,036.            | 55,686.           | 0.               | 23,401.                            |

232009 12-13-22

|    | Check if Schedule O contains a respons   | (A)               | (B)                      | (C)                             | ( <b>D</b> )            |
|----|--|-------------------|--------------------------|---------------------------------|-------------------------|
|    | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.   | Total expenses    | Program service expenses | Management and general expenses | Fundraising<br>expenses |
|    | Grants and other assistance to domestic organizations  |                   |                          |                                 |                         |
|    | and domestic governments. See Part IV, line 21   |                   |                          |                                 |                         |
|    | Grants and other assistance to domestic  |                   |                          |                                 |                         |
|    | individuals. See Part IV, line 22  |                   |                          |                                 |                         |
| 3  | Grants and other assistance to foreign   |                   |                          |                                 |                         |
|    | organizations, foreign governments, and foreign  |                   |                          |                                 |                         |
|    | individuals. See Part IV, lines 15 and 16  |                   |                          |                                 |                         |
|    | Benefits paid to or for members  |                   |                          |                                 |                         |
|    | Compensation of current officers, directors,   | 100 605           |                          | 402 605                         |                         |
|    | trustees, and key employees  | 103,625.          |                          | 103,625.                        |                         |
|    | Compensation not included above to disqualified  |                   |                          |                                 |                         |
|    | persons (as defined under section 4958(f)(1)) and  |                   |                          |                                 |                         |
|    | persons described in section 4958(c)(3)(B)   | 4 005             |                          | 4 005                           |                         |
|    | Other salaries and wages   | 4,005.            |                          | 4,005.                          |                         |
|    | Pension plan accruals and contributions (include   |                   |                          |                                 |                         |
|    | section 401(k) and 403(b) employer contributions)  | 11 740            |                          | 11 7/2                          |                         |
|    | Other employee benefits  | 11,742.<br>8,392. |                          | 11,742.<br>8,392.               |                         |
|    | Payroll taxes  | 0,392.            |                          | 0,392.                          |                         |
|    | Fees for services (nonemployees):  |                   |                          |                                 |                         |
| _  | Management   | 6,545.            |                          | 6,545.                          |                         |
|    | Legal  | 0,343.            |                          | 0,343.                          |                         |
|    | Accounting   |                   |                          |                                 |                         |
|    | Lobbying   |                   |                          |                                 |                         |
|    | Professional fundraising services. See Part IV, line 17  |                   |                          |                                 |                         |
|    | Investment management fees   |                   |                          |                                 |                         |
| _  | column (A), amount, list line 11g expenses on Sch O.)  | 72,876.           | 59,547.                  |                                 | 13,329                  |
|    | · · · · · · · · · · · / F  | 32,019.           | 32,019.                  |                                 | 15,52.                  |
|    | Advertising and promotion  | 5,769.            | 2,397.                   | 3,372.                          |                         |
|    | Office expenses  | 3,002.            | 2,057.                   | 3,002.                          |                         |
|    | Royalties  | -,                |                          | -,                              |                         |
|    | Occupancy  | 20,531.           | 20,531.                  |                                 |                         |
|    | Travel   |                   |                          |                                 |                         |
|    | Payments of travel or entertainment expenses   |                   |                          |                                 |                         |
|    | for any federal, state, or local public officials  |                   |                          |                                 |                         |
|    | Conferences, conventions, and meetings   | 559.              |                          | 559.                            |                         |
|    | Interest   | -                 |                          | -                               |                         |
|    | Payments to affiliates   |                   |                          |                                 |                         |
|    | Depreciation, depletion, and amortization  |                   |                          |                                 |                         |
|    | Insurance  | 3,643.            |                          | 3,643.                          |                         |
| 24 | Other expenses. Itemize expenses not covered   |                   |                          |                                 |                         |
|    | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                   |                          |                                 |                         |
|    | OTHER PRODUCTION EXPENS  | 39,218.           | 39,218.                  |                                 |                         |
|    | ARTISTIC   | 12,019.           | 12,019.                  |                                 |                         |
|    | FUNDRAISING  | 4,585.            | ·                        |                                 | 4,58                    |
| d  | POSTAGE  | 885.              |                          | 885.                            |                         |
| е  | All other expenses   |                   |                          |                                 |                         |
|    | Total functional expenses. Add lines 1 through 24e   | 329,415.          | 165,731.                 | 145,770.                        | 17,91                   |
|    | 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)   |                   |                          |                                 |                         |

# Form 990 (2022) Part X Balance Sheet

|               |     | Check if Schedule O contains a response or note to any line in this Part X   |                                 |     |                    |
|---------------|-----|--|---------------------------------|-----|--------------------|
|               |     |  | <b>(A)</b><br>Beginning of year |     | (B)<br>End of year |
|               | 1   | Cash - non-interest-bearing  | 96.                             | 1   | 96.                |
|               | 2   | Savings and temporary cash investments                                       |                                 | 2   | 164,519.           |
|               | 3   | Pledges and grants receivable, net   |                                 | 3   |                    |
|               | 4   | Accounts receivable, net   |                                 | 4   |                    |
|               | 5   | Loans and other receivables from any current or former officer, director,    |                                 |     |                    |
|               |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |     |                    |
|               |     | controlled entity or family member of any of these persons                   |                                 | 5   |                    |
|               | 6   | Loans and other receivables from other disqualified persons (as defined      |                                 |     |                    |
|               |     | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)    |                                 | 6   |                    |
| S             | 7   | Notes and loans receivable, net  |                                 | 7   |                    |
| Assets        | 8   | Inventories for sale or use  |                                 | 8   |                    |
| As            | 9   | Prepaid expenses and deferred charges  |                                 | 9   |                    |
|               | 10a | Land, buildings, and equipment: cost or other                                |                                 |     |                    |
|               |     | basis. Complete Part VI of Schedule D 10a                                    |                                 |     |                    |
|               | b   | Less: accumulated depreciation10b  |                                 | 10c |                    |
|               | 11  | Investments - publicly traded securities                                     |                                 | 11  |                    |
|               | 12  | Investments - other securities. See Part IV, line 11                         |                                 | 12  |                    |
|               | 13  | Investments - program-related. See Part IV, line 11                          |                                 | 13  |                    |
|               | 14  | Intangible assets  | 1                               | 14  |                    |
|               | 15  | Other assets. See Part IV, line 11   | 627,052.                        | 15  | 598,227.           |
|               | 16  | Total assets. Add lines 1 through 15 (must equal line 33)                    |                                 | 16  | 762,842.           |
|               | 17  | Accounts payable and accrued expenses  | 3,858.                          | 17  | 970.               |
|               | 18  | Grants payable   |                                 | 18  |                    |
|               | 19  | Deferred revenue   |                                 | 19  | 16,458.            |
|               | 20  | Tax-exempt bond liabilities  |                                 | 20  |                    |
|               | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D        |                                 | 21  |                    |
| S             | 22  | Loans and other payables to any current or former officer, director,         |                                 |     |                    |
| Liabilities   |     | trustee, key employee, creator or founder, substantial contributor, or 35%   |                                 |     |                    |
| iabi          |     | controlled entity or family member of any of these persons                   |                                 | 22  |                    |
|               | 23  | Secured mortgages and notes payable to unrelated third parties               |                                 | 23  |                    |
|               | 24  | Unsecured notes and loans payable to unrelated third parties                 | 134,647.                        | 24  | 129,378.           |
|               | 25  | Other liabilities (including federal income tax, payables to related third   |                                 |     |                    |
|               |     | parties, and other liabilities not included on lines 17-24). Complete Part X |                                 |     |                    |
|               |     | of Schedule D  | 2,685.                          | 25  | 0.                 |
|               | 26  | Total liabilities. Add lines 17 through 25                                   | 145,985.                        | 26  | 146,806.           |
| "             |     | Organizations that follow FASB ASC 958, check here                           |                                 |     |                    |
| ĕ             |     | and complete lines 27, 28, 32, and 33.                                       | 622.204                         |     | 646.006            |
| alar          | 27  | Net assets without donor restrictions  |                                 | 27  | 616,036.           |
| Fund Balances | 28  | Net assets with donor restrictions   |                                 | 28  |                    |
| Ĕ             |     | Organizations that do not follow FASB ASC 958, check here                    |                                 |     |                    |
|               |     | and complete lines 29 through 33.  |                                 |     |                    |
| Net Assets or | 29  | Capital stock or trust principal, or current funds                           |                                 | 29  |                    |
| sse           | 30  | Paid-in or capital surplus, or land, building, or equipment fund             | 1                               | 30  |                    |
| Ä             | 31  | Retained earnings, endowment, accumulated income, or other funds             |                                 | 31  | (16.006            |
| Š             | 32  | Total net assets or fund balances  |                                 | 32  | 616,036.           |
|               | 33  | Total liabilities and net assets/fund balances                               | 779,376.                        | 33  | 762,842.           |

| Pai | T 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        |      | 280, | 036.   |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2        |      | 329, | 415.   |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3        |      | -49, | 379.   |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4        |      | 633, | 391.   |
| 5   | Net unrealized gains (losses) on investments  | 5        |      | 31,  | 336.   |
| 6   | Donated services and use of facilities  | 6        |      |      |        |
| 7   | Investment expenses   | 7        |      |      |        |
| 8   | Prior period adjustments  | 8        |      |      | 688.   |
| 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       |      | 616, | 036.   |
| Pai | t 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: X Cash Accrual Other  |          |      |      |        |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.       |      |      |        |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |          | 2a   |      | Х      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a     |      |      |        |
|     | separate basis, consolidated basis, or both:  |          |      |      |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |      |        |
| b   | Were the organization's financial statements audited by an independent accountant?                                    |          | 2b   |      | Х      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,   |      |      |        |
|     | consolidated basis, or both:  |          |      |      |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |          |      |      |        |
| С   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | audit,   |      |      |        |
|     | review, or compilation of its financial statements and selection of an independent accountant?                        |          | 2c   |      |        |
|     | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O. |      |      |        |
| За  | 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   |      | Х      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required |          |      |      |        |
|     | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |          | 3b   |      |        |
|     |   |          | Form | 990  | (2022) |

232012 12-13-22

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization **Employer identification number** CHAMBER MUSIC MONTEREY BAY 23-7001657 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 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, 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) 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 Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### CHAMBER MUSIC MONTEREY BAY Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support  |                       |                     |                        |                      |                     |                 |
|------|--|-----------------------|---------------------|------------------------|----------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</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    | 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  |                       |                     |                        |                      |                     |                 |
| 4    | Total. Add lines 1 through 3   |                       |                     |                        |                      |                     |                 |
| 5    | The portion of total contributions   |                       |                     |                        |                      |                     |                 |
|      | by each person (other than a   |                       |                     |                        |                      |                     |                 |
|      | governmental unit or publicly  |                       |                     |                        |                      |                     |                 |
|      | supported organization) included   |                       |                     |                        |                      |                     |                 |
|      | on line 1 that exceeds 2% of the   |                       |                     |                        |                      |                     |                 |
|      | amount shown on line 11,   |                       |                     |                        |                      |                     |                 |
|      | column (f)   |                       |                     |                        |                      |                     |                 |
| 6    | Public support. Subtract line 5 from line 4.   |                       |                     |                        |                      |                     |                 |
| Sec  | ction B. Total Support   |                       |                     |                        |                      |                     |                 |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020               | (d) 2021             | (e) 2022            | (f) Total       |
| 7    | Amounts from line 4  |                       |                     |                        |                      |                     |                 |
| 8    | Gross income from interest,  |                       |                     |                        |                      |                     |                 |
|      | dividends, payments received on  |                       |                     |                        |                      |                     |                 |
|      | securities loans, rents, royalties,  |                       |                     |                        |                      |                     |                 |
|      | and income from similar sources  |                       |                     |                        |                      |                     |                 |
| 9    | Net income from unrelated business   |                       |                     |                        |                      |                     |                 |
|      | activities, whether or not the   |                       |                     |                        |                      |                     |                 |
|      | business is regularly carried on   |                       |                     |                        |                      |                     |                 |
| 10   | Other income. Do not include gain  |                       |                     |                        |                      |                     |                 |
|      | or loss from the sale of capital   |                       |                     |                        |                      |                     |                 |
|      | assets (Explain in Part VI.)   |                       |                     |                        |                      |                     |                 |
| 11   | <b>Total support.</b> Add lines 7 through 10   |                       |                     |                        |                      |                     |                 |
| 12   | Gross receipts from related activities,  | etc. (see instruction | ons)                |                        |                      | 12                  |                 |
| 13   | First 5 years. If the Form 990 is for the  | ne organization's fi  | rst, second, third, | fourth, or fifth tax y | year as a section 5  | 01(c)(3)            |                 |
| _    | organization, check this box and stor  |                       |                     |                        |                      |                     |                 |
|      | ction C. Computation of Publi  |                       |                     |                        |                      | Г                   |                 |
|      | Public support percentage for 2022 (I  |                       |                     | column (f))            |                      | 14                  | <u>%</u>        |
|      | Public support percentage from 2021  | •                     |                     |                        |                      | 15                  | %               |
| 16a  | 33 1/3% support test - 2022. If the o  | -                     |                     |                        | 14 is 33 1/3% or m   | ore, check this box | < and           |
|      | stop here. The organization qualifies  |                       | •                   |                        |                      |                     |                 |
| b    | 33 1/3% support test - 2021. If the contract the state of |                       |                     |                        |                      |                     |                 |
|      | and <b>stop here.</b> The organization qual  |                       |                     |                        |                      |                     |                 |
| 17a  | 10% -facts-and-circumstances test  |                       |                     |                        |                      |                     |                 |
|      | and if the organization meets the fact   |                       | •                   | •                      |                      | · ·                 |                 |
|      | meets the facts-and-circumstances te   | -                     |                     |                        | -                    | 7                   |                 |
| b    | 10% -facts-and-circumstances test  |                       |                     |                        |                      |                     | 10% or          |
|      | more, and if the organization meets the  |                       |                     |                        | -                    |                     |                 |
| 40   | organization meets the facts-and-circu   |                       | -                   | •                      | • • •                |                     | H               |
| 18   | Private foundation. If the organization  | in did not check a    | box on line 13, 16a | a, 100, 17a, 0r 17b    | o, check this box ai |                     |                 |
|      |  |                       |                     |                        |                      | ochedule A          | (Form 990) 2022 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sed  | ction A. Public Support  |                       | ,                     |                       |                     |                      |            |
|------|--|-----------------------|-----------------------|-----------------------|---------------------|----------------------|------------|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019       | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total  |
|      | Gifts, grants, contributions, and  |                       |                       |                       |                     |                      |            |
|      | membership fees received. (Do not  |                       |                       |                       |                     |                      |            |
|      | include any "unusual grants.")   | 232,970.              | 208,971.              | 153,921.              | 200,257.            | 200,949.             | 997,068.   |
| 2    | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 60,058.               | 65,828.               | 23,843.               | 48,070.             | 55,686.              | 253,485.   |
| 3    | Gross receipts from activities that  |                       |                       |                       |                     |                      |            |
|      | are not an unrelated trade or bus-   |                       |                       |                       |                     |                      |            |
|      | iness under section 513  |                       |                       |                       |                     |                      |            |
| 4    | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                       |                       |                       |                     |                      |            |
| 5    | The value of services or facilities furnished by a governmental unit to the organization without charge  |                       |                       |                       |                     |                      |            |
| 6    | Total. Add lines 1 through 5   | 293,028.              | 274,799.              | 177,764.              | 248,327.            | 256,635.             | 1,250,553. |
|      | Amounts included on lines 1, 2, and  | ·                     | ·                     | ·                     | ·                   | ·                    |            |
|      | 3 received from disqualified persons   |                       |                       |                       |                     |                      | 0.         |
| b    | 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           |                       |                       |                       |                     |                      | 0.         |
| c    | Add lines 7a and 7b  |                       |                       |                       |                     |                      | 0.         |
| 8    | Public support. (Subtract line 7c from line 6.)  |                       |                       |                       |                     |                      | 1,250,553. |
| Sec  | ction B. Total Support   |                       |                       |                       |                     |                      |            |
| Cale | ndar year (or fiscal year beginning in)  | <b>(a)</b> 2018       | <b>(b)</b> 2019       | (c) 2020              | (d) 2021            | (e) 2022             | (f) Total  |
| 9    | Amounts from line 6  | 293,028.              | 274,799.              | 177,764.              | 248,327.            | 256,635.             | 1,250,553. |
| 10a  | dross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                 | 16,169.               | 18,697.               | 13,517.               | 24,145.             | 20,245.              | 92,773.    |
| b    | Unrelated business taxable income  |                       |                       |                       |                     |                      |            |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                       |                       |                       |                     |                      |            |
| c    | Add lines 10a and 10b  | 16,169.               | 18,697.               | 13,517.               | 24,145.             | 20,245.              | 92,773.    |
| 11   | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>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.)   | 309,197.              | 293,496.              | 191,281.              | 272,472.            | 276,880.             | 1,343,326. |
| 14   | First 5 years. If the Form 990 is for the  | e organization's firs | st, second, third, fo | ourth, or fifth tax y | ear as a section 50 | 01(c)(3) organizatio | n,         |
|      | check this box and stop here   |                       |                       |                       |                     |                      |            |
|      | ction C. Computation of Publi  |                       |                       |                       |                     | T                    | 02.00      |
|      | Public support percentage for 2022 (li   | , (,,                 | ,                     | olumn (f))            |                     | 15                   | 93.09 %    |
| _    | Public support percentage from 2021  |                       |                       |                       |                     | 16                   | 93.12 %    |
|      | ction D. Computation of Inves  |                       |                       | 10 1 (0)              |                     | 4=                   | 6 91 0/    |
|      | Investment income percentage for 20  |                       |                       |                       |                     | 17                   | 6.91 %     |
|      | Investment income percentage from 2  |                       |                       | n line 14 and line    |                     | 18                   | 6.88 %     |
| 198  | 33 1/3% support tests - 2022. If the   |                       |                       |                       |                     |                      | is not     |
| Į.   | more than 33 1/3%, check this box an 33 1/3% support tests - 2021. If the  |                       |                       |                       |                     |                      | ·····      |
| £.   | line 18 is not more than 33 1/3%, che  |                       |                       |                       |                     |                      |            |
| 20   | Private foundation If the organization   |                       | •                     | •                     |                     | -                    | H          |

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Schedule A (Form 990) 2022

### 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

|     | Yes | No |
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|     | Continued)  |           |     | $\overline{}$ |
|-----|---|-----------|-----|---------------|
|     |   |           | Yes | No            |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |           |     | 1             |
| 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>—</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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported |           |     |               |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |           |     |               |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1         |     |               |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |           |     | 1             |
|     | 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).  | 1         |     |               |
| 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  |           | 100 |               |
| •   | 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  |           |     |               |
| 2   | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |           |     |               |
|     | · ·   | 2         |     |               |
| 3   | the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2, above, did the organization's supported organizations have a                                  |           |     |               |
| 3   |   |           |     |               |
|     | 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  |           |     |               |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations  | 3         |     |               |
|     |   |           |     |               |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  | •         |     |               |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |           |     |               |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |               |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in   | struction |     |               |
| 2   | Activities Test. Answer lines 2a and 2b below.  |           | Yes | No            |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of  |           |     |               |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in 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.  | 2a        |     |               |
| 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.  | 2b        |     |               |
| 3   | Parent of Supported Organizations. Answer lines 3a and 3b below.  |           |     |               |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   |           |     |               |
|     | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.   | 3a        |     |               |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |           |     |               |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b        |     | ı             |

| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | ng Organi      | izations                     |                                |
|------|---|----------------|------------------------------|--------------------------------|
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust on N  | Nov. 20, 1970 ( explain in I | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must    | st complete    | Sections A through E.        |                                |
| Sect | ion A - Adjusted Net Income   |                | (A) Prior Year               | (B) Current Year<br>(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              |                              |                                |
| Sect | ion B - Minimum Asset Amount  |                | (A) Prior Year               | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |                |                              |                                |
|      | instructions for short tax year or assets held for part of year):               |                |                              |                                |
| а    | Average monthly value of securities   | 1a             |                              |                                |
| b    | Average monthly cash balances   | 1b             |                              |                                |
| С    | Fair market value of other non-exempt-use assets                                | 1c             |                              |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d             |                              |                                |
| е    | Discount claimed for blockage or other factors                                  |                |                              |                                |
|      | (explain in detail in 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-functional  | ally integrate | d Type III supporting orga   | nization (see                  |
|      | instructions).  |                |                              |                                |

Schedule A (Form 990) 2022

| Par       | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                               |                                |    |                                  |
|-----------|--|-------------------------------|--------------------------------|----|----------------------------------|
| Secti     | on D - Distributions   |                               | ·                              | ·  | Current Year                     |
| 1         | Amounts paid to supported organizations to accomplish exer                                 | mpt purposes                  |                                | 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                                  | es of supported organizations | s                              | 3  |                                  |
| 4         | Amounts paid to acquire exempt-use assets  |                               |                                | 4  |                                  |
| 5         | Qualified set-aside amounts (prior IRS approval required - provide 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                            | ne 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 |                                  |
|           |  | (i)                           | (ii)                           |    | (iii)                            |
| Secti     | on E - Distribution Allocations (see instructions)   | Excess Distributions          | Underdistributions<br>Pre-2022 | •  | Distributable<br>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  |                               |                                |    |                                  |
| b         | From 2018  |                               |                                |    |                                  |
| c         | From 2019  |                               |                                |    |                                  |
| d         | From 2020  |                               |                                |    |                                  |
| <u>e</u>  | From 2021  |                               |                                |    |                                  |
| f         | Total of lines 3a through 3e   |                               |                                |    |                                  |
| g         | Applied to underdistributions of prior years   |                               |                                |    |                                  |
| <u>h</u>  | Applied to 2022 distributable amount   |                               |                                |    |                                  |
| <u>_i</u> | Carryover from 2017 not applied (see instructions)   |                               |                                |    |                                  |
| <u>j_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                     |                               |                                |    |                                  |
| 4         | Distributions for 2022 from Section D,   |                               |                                |    |                                  |
|           | line 7: \$   |                               |                                |    |                                  |
| a         | Applied to underdistributions of prior years   |                               |                                |    |                                  |
| b         | Applied to 2022 distributable amount   |                               |                                |    |                                  |
| <u>c</u>  | 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                              |                               |                                |    |                                  |
|           | 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, explain in                               |                               |                                |    |                                  |
|           | Part VI. See instructions.   |                               |                                |    |                                  |
| 7         | Excess distributions carryover to 2023. Add lines 3j                                       |                               |                                |    |                                  |
|           | and 4c.  |                               |                                |    |                                  |
| _8_       | Breakdown of line 7:   |                               |                                |    |                                  |
|           | Excess from 2018   |                               |                                |    |                                  |
|           | b Excess from 2019   |                               |                                |    |                                  |
|           | Excess from 2020   |                               |                                |    |                                  |
|           | Excess from 2021   |                               |                                |    |                                  |
| <u>e</u>  | Excess from 2022   |                               |                                |    |                                  |

Schedule A (Form 990) 2022

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;   |
|---------|---|
|         | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
|         | (See instructions.)   |
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## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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** 

Employer identification number

| c   | HAMBER MUSIC MONTEREY BAY  | 23-7001657  |
|---|--|---|
| Organization type (check                                  | cone):   |   |
| Filers of:  | Section:   |   |
| Form 990 or 990-EZ  | X 501(c)( <sup>3</sup> ) (enter number) organization   |   |
|   | 4947(a)(1) nonexempt charitable trust <b>not</b> 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   |   |
|   | n is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru  | ule. See instructions.  |
|   | ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin<br>ny one contributor. Complete Parts I and II. See instructions for determining a contributor  |   |
| Special Rules   |  |   |
| sections 509(a)( <sup>-</sup><br>contributor, duri        | ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.   | nd that received from any one   |
| contributor, duri   | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (a) instead of the contributor name and address), II, and III.   | cientific,  |
| year, contributio<br>is checked, ente<br>purpose. Don't c | ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled no rehere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year | nore than \$1,000. If this box<br>us, charitable, etc.,<br>received <i>nonexclusively</i> |
| answer "No" on Part IV, li                                | that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).   | • •   |
| LHA For Paperwork Redu                                    | ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.  | Schedule B (Form 990) (2022)  |

Name of organization

Employer identification number

CHAMBER MUSIC MONTEREY BAY

23-7001657

| Part I       | Contributors (see instructions). Use duplicate copies of Part I if addi | tional space is needed.  |                    |
|--------------|---|--|--------------------|
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       |  | (d)<br>ontribution |
| 1            |   | Person Payroll Noncash (Complete F noncash co  | art II for         |
| (a)          | (b)   |  | (d)                |
| No. 2        | Name, address, and ZIP + 4  | Total contributions Type of c  Person Payroll Noncash (Complete F noncash co                         | art II for         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       |  | (d)<br>ontribution |
| 3            |   | Person Payroll Noncash (Complete F noncash co  | X                  |
| (a)          | (b)   |  | (d)                |
| No. 4        | Name, address, and ZIP + 4  | Total contributions Type of contributions  Person Payroll Noncast (Complete Finoncash contributions) | art II for         |
| (a)          | (b)   |  | (d)                |
| <b>No.</b> 5 | Name, address, and ZIP + 4  | Person Payroll Noncash (Complete F noncash co  | art II for         |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                       |  | (d)<br>ontribution |
| 6            | Hullio, audi 655, aliu Alf T T  | Person Payroll Noncash (Complete F   | X                  |

Name of organization

CHAMBER MUSIC MONTEREY BAY

23-7001657

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if a | dditional space is needed. |  |
|------------|--|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |  | \$\$                       | Person X Payroll  Noncash  (Complete Part II for noncash contributions.) |
| (a)        | (b)  | (c)                        | (d)  |
| No. 8      | Name, address, and ZIP + 4   | \$ 5,000.                  | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d) Type of contribution   |
| 9          |  | \$\$                       | Person X Payroll Noncash (Complete Part II for noncash contributions.)   |
| (a)        | (b)  | (c)                        | (d)  |
| 10         | Name, address, and ZIP + 4   | * 9,456.                   | Person X Payroll   |
| (a)        | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d)  |
| No.        | ivalile, audi ess, allu ZIF + 4                                      | \$                         | Person Payroll Occupate Part II for noncash contributions.               |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                    | (c) Total contributions    | (d) Type of contribution   |
| 140.       | Name, add 655, and Air + 4   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)     |

Name of organization

Employer identification number

CHAMBER MUSIC MONTEREY BAY

23-7001657

| Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. |  |   |  |  |  |
|---|--|---|--|--|--|
| (b) Description of noncash property given   | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | \$   |   |  |  |  |
| (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | \$   |   |  |  |  |
| (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | \$   |   |  |  |  |
| (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | \$   |   |  |  |  |
| (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | \$   |   |  |  |  |
| (b)  Description of noncash property given  | (c) FMV (or estimate) (See instructions.)  | (d)<br>Date received  |  |  |  |
|   | <br>   |   |  |  |  |
|   | (b) Description of noncash property given  (b) Description of noncash property given | (b) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.)  (h) Description of noncash property given  (g) FMV (or estimate) (See instructions.) |  |  |  |

| iame or or                | ganization   |   | Employer identi                               | nication number |  |  |
|---------------------------|--|---|---|-----------------|--|--|
| Part III                  | MUSIC MONTEREY BAY  Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) |   |   |                 |  |  |
|                           | completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s       | haritable, etc., contributions of \$1,000 or le | ess for the year. (Enter this info. once.) \$ |                 |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                 | (d) Description of how gi                     | ft is held      |  |  |
|                           |  | (e) Transfer of gift                            | t   |                 |  |  |
| -                         | Transferee's name, address, a  | nd ZIP + 4                                      | Relationship of transferor to transfe         | eree            |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                 | (d) Description of how gi                     | ft is held      |  |  |
|                           |  |   |   |                 |  |  |
|                           | (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee                  |   |   |                 |  |  |
|                           |  |   |   |                 |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                 | (d) Description of how gi                     | ft is held      |  |  |
|                           |  | (e) Transfer of gift                            |   |                 |  |  |
|                           | Transferee's name, address, a  | Relationship of transferor to transfe           | eree  |                 |  |  |
|                           |  |   |   |                 |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift                                 | (d) Description of how gi                     | ft is held      |  |  |
|                           |  | (e) Transfer of gift                            |   |                 |  |  |
|                           | Transferee's name, address, a  | Relationship of transferor to transfe           | eree  |                 |  |  |
|                           |  |   |   |                 |  |  |

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

**Employer identification number** 

Name of the organization

CHAMBER MUSIC MONTEREY BAY 23-7001657

| Par |  |   | or Accounts. Complete if the           |  |  |  |  |
|-----|--|---|--|--|--|--|--|
|     | organization answered "Yes" on Form 990, Part IV, line   | e 6. (a) Donor advised funds                |  |  |  |  |  |
|     |  | (b) Funds and other accounts                |  |  |  |  |  |
| 1   | Total number at end of year  |   |  |  |  |  |  |
| 2   | Aggregate value of contributions to (during year)  |   |  |  |  |  |  |
| 3   | Aggregate value of grants from (during year)   |   |  |  |  |  |  |
| 4   | Aggregate value at end of year   |   |  |  |  |  |  |
| 5   | Did the organization inform all donors and donor advisors in w   | _   |  |  |  |  |  |
| _   | are the organization's property, subject to the organization's e   |   |  |  |  |  |  |
| 6   | Did the organization inform all grantees, donors, and donor ad   |   |  |  |  |  |  |
|     | for charitable purposes and not for the benefit of the donor or  | , , , , , ,                                 |  |  |  |  |  |
| Par |  | anization answered "Ves" on Form 990 E      |  |  |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organization  |   | arriv, mie 7.                          |  |  |  |  |
| •   | Preservation of land for public use (for example, recreati   | `   | a historically important land area     |  |  |  |  |
|     | Protection of natural habitat  | · —   | a certified historic structure         |  |  |  |  |
|     | Preservation of open space   | i reservation or                            | a certified historic structure         |  |  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a qualifie   | ed conservation contribution in the form o  | of a conservation easement on the last |  |  |  |  |
| _   | day of the tax year.   |   | Held at the End of the Tax Year        |  |  |  |  |
| а   | Total number of conservation easements   |   | 2a                                     |  |  |  |  |
| b   |  |   |  |  |  |  |  |
|     | Number of conservation easements on a certified historic structure.  |   |  |  |  |  |  |
|     | Number of conservation easements included in (c) acquired af   |   |  |  |  |  |  |
|     | historic structure listed in the National Register   | 2d  |  |  |  |  |  |
| 3   |  |   |  |  |  |  |  |
|     | year   |   |  |  |  |  |  |
| 4   | Number of states where property subject to conservation ease   | ement is located                            |  |  |  |  |  |
| 5   | Does the organization have a written policy regarding the period   | odic monitoring, inspection, handling of    |  |  |  |  |  |
|     | violations, and enforcement of the conservation easements it I   | holds?                                      | Yes No                                 |  |  |  |  |
| 6   | Staff and volunteer hours devoted to monitoring, inspecting, h   | nandling of violations, and enforcing conse | ervation easements during the year     |  |  |  |  |
|     |  |   |  |  |  |  |  |
| 7   | Amount of expenses incurred in monitoring, inspecting, handli  | ing of violations, and enforcing conservati | ion easements during the year          |  |  |  |  |
| _   |  |   | ) (A) (D) (I)                          |  |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) above  |   |  |  |  |  |  |
| •   |  |   |  |  |  |  |  |
| 9   | In Part XIII, describe how the organization reports conservation   |   |  |  |  |  |  |
|     | balance sheet, and include, if applicable, the text of the footnot   | ote to the organization's imancial stateme  | his that describes the                 |  |  |  |  |
| Par | organization's accounting for conservation easements.  † III Organizations Maintaining Collections of  | Art. Historical Treasures. or Otl           | ner Similar Assets.                    |  |  |  |  |
|     | Complete if the organization answered "Yes" on Form 9  | ·   |  |  |  |  |  |
| 1a  | If the organization elected, as permitted under FASB ASC 958   |   | nd halance sheet works                 |  |  |  |  |
| ·u  | , .  | •   |  |  |  |  |  |
|     | 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   | 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  |   | \$                                     |  |  |  |  |
|     |  |   | <u> </u>                               |  |  |  |  |
| 2   | If the organization received or held works of art, historical treas  |   |  |  |  |  |  |
|     | the following amounts required to be reported under FASB AS  |   |  |  |  |  |  |
| а   | Revenue included on Form 990, Part VIII, line 1  |   | \$ <u></u>                             |  |  |  |  |
|     |  |   | <u> </u>                               |  |  |  |  |
| LHA | For Paperwork Reduction Act Notice, see the Instructions   | for Form 990.                               | Schedule D (Form 990) 2022             |  |  |  |  |

232051 09-01-22

| Par        | rt III   Organizations Maintainin   | g Coll    | ections of Ar      | t, Hist    | orical Tre             | asures, or     | Other       | Simila    | r Assets         | (conti           | nued)   |      |
|------------|---|-----------|--------------------|------------|------------------------|----------------|-------------|-----------|------------------|------------------|---------|------|
| 3          |   |           |                    |            |                        |                |             |           |                  |                  |         |      |
|            | collection items (check all that apply):  |           |                    |            |                        |                |             |           |                  |                  |         |      |
| а          | Public exhibition   |           | c                  |            | Loan or exc            | hange progra   | m           |           |                  |                  |         |      |
| b          | Scholarly research  |           | e                  |            | Other                  |                |             |           |                  |                  |         |      |
| С          | Preservation for future generations   | 5         |                    |            |                        |                |             |           |                  |                  |         |      |
| 4          | Provide a description of the organization   |           | ctions and explair | n how th   | ey further th          | ne organizatio | n's exem    | pt purpo  | se in Part       | XIII.            |         |      |
| 5          | During the year, did the organization soli  | cit or re | ceive donations    | of art, hi | storical treas         | sures, or othe | r similar a | assets    |                  |                  |         |      |
|            | to be sold to raise funds rather than to b  | e mainta  | ained as part of t | he orgar   | nization's col         | llection?      |             |           |                  | Yes              |         | No   |
| Par        | rt IV Escrow and Custodial Ar   | rangei    | ments. Comple      | ete if the | organizatio            | n answered "   | Yes" on F   | Form 990  | D, Part IV,      | ine 9, or        |         |      |
|            | reported an amount on Form 990  |           |                    |            |                        |                |             |           |                  |                  |         |      |
| 1a         | Is the organization an agent, trustee, cus  | stodian ( | or other intermed  | iary for   | contributions          | s or other ass | ets not in  | ncluded   |                  |                  |         |      |
|            | on Form 990, Part X?  |           |                    |            |                        |                |             |           |                  | Yes              |         | No   |
| b          |   |           |                    |            |                        |                |             |           |                  |                  |         |      |
|            |   |           |                    |            |                        |                |             |           |                  | Amoun            | t       |      |
| С          | Beginning balance   |           |                    |            |                        |                |             | 1c        |                  |                  |         |      |
| d          | Additions during the year   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| е          | Distributions during the year   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| f          | Ending balance  |           |                    |            |                        |                |             | 1f        |                  |                  |         |      |
| <b>2</b> a |   |           |                    |            |                        |                |             | y?        | $\square$        | Yes              |         | No   |
| b          | If "Yes," explain the arrangement in Part   | XIII. Ch  | eck here if the ex | planatio   | n has been             | provided on F  | Part XIII   |           |                  |                  |         |      |
| Par        | rt V   Endowment Funds. Comp  | ete if th | e organization an  | swered     | "Yes" on Fo            | rm 990, Part   | IV, line 10 | 0.        |                  |                  |         |      |
|            |   | (8        | a) Current year    | (b) F      | Prior year             | (c) Two year   | s back (    | d) Three  | years back       | <b>(e)</b> Fou   | r years | back |
| 1a         | Beginning of year balance   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| b          | Contributions   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| С          | Net investment earnings, gains, and loss  | es        |                    |            |                        |                |             |           |                  |                  |         |      |
| d          | Grants or scholarships  |           |                    |            |                        |                |             |           |                  |                  |         |      |
| е          | Other expenditures for facilities   |           |                    |            |                        |                |             |           |                  |                  |         |      |
|            | and programs  |           |                    |            |                        |                |             |           |                  |                  |         |      |
| f          | Administrative expenses   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| g          | •   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| 2          | Provide the estimated percentage of the   | current   | year end balance   | e (line 1  | g, column (a)          | ) held as:     |             |           |                  |                  |         |      |
| а          | Board designated or quasi-endowment   |           |                    | _%         |                        |                |             |           |                  |                  |         |      |
| b          | Permanent endowment   |           | %                  |            |                        |                |             |           |                  |                  |         |      |
| С          | Term endowment  | %         |                    |            |                        |                |             |           |                  |                  |         |      |
|            | The percentages on lines 2a, 2b, and 2c   |           | •                  |            |                        |                |             |           |                  |                  |         |      |
| 3a         | Are there endowment funds not in the pe   | ossessio  | on of the organiza | ation tha  | t are held ar          | nd administere | ed for the  | 9         |                  | 1                |         |      |
|            | organization by:  |           |                    |            |                        |                | Yes         | No        |                  |                  |         |      |
|            | (i) Unrelated organizations   |           |                    |            |                        | 3a(i)          |             |           |                  |                  |         |      |
|            | (ii) Related organizations  |           |                    |            |                        |                |             |           |                  | 3a(ii)           |         |      |
| b          | <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?   |           |                    |            |                        |                | 3b          |           |                  |                  |         |      |
| 4          |   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| Pai        | Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. |           |                    |            |                        |                |             |           |                  |                  |         |      |
|            |   | verea "1  | 1                  | -          | i i                    | i i            |             |           |                  |                  |         |      |
|            | Description of property   |           | (a) Cost or o      |            |                        | or other       |             | cumulat   |                  | ( <b>d</b> ) Boo | k valu  | ie   |
|            |   |           | basis (investr     | nent)      | Sized                  | (other)        | аер         | reciation |                  |                  |         |      |
| _          | Land  |           |                    |            |                        |                |             |           |                  |                  |         |      |
| b          | 9   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| C          |   |           |                    |            |                        |                |             |           |                  |                  |         |      |
| d          |   |           |                    |            |                        |                |             |           |                  |                  |         |      |
|            | Other   |           | 15 000 5           |            | (5) "                  |                |             |           | <del>-  </del> - |                  |         | 0.   |
| rota       | al. Add lines 1a through 1e. (Column (d) mi   | ıst equa  | u ⊦orm 990, Part   | x, colun   | <u>nn (B), line 10</u> | UC.)           |             |           | Schedule         | D (Form          | n 990   |      |

| Schedule D (Form 990) 2022 CHAMBER MUSIC MON  | TEREY BAY                  | 2   | 3-7001657        | Page 3   |
|---|----------------------------|---|------------------|----------|
| Part VII Investments - Other Securities.  |                            |   |                  |          |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.       |                  |          |
| (a) Description of security or category (including name of security)                    | (b) Book value             | (c) Method of valuation: Cost or en       | d-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  | on 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 en       | d-of-year market | value    |
| (1)   |                            |   |                  |          |
| (2)   |                            |   |                  |          |
| (3)   |                            |   |                  |          |
| (4)   |                            |   |                  |          |
| (5)   |                            |   |                  |          |
| (6)   |                            |   |                  |          |
| (7)   |                            |   |                  |          |
|   |                            |   |                  |          |
| (8)   |                            |   |                  |          |
| (9)   |                            |   |                  |          |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets. |                            |   |                  |          |
|   | Faure 000 David IV line    | 11d Con Farm 000 Dark V line 15           |                  |          |
| Complete if the organization answered "Yes" o   |                            | Tita. See Form 990, Part X, line 15.      | (L) D            | 1        |
|   | Description                |   | (b) Book         |          |
| (1) CFMC STEWARDSHIP FUND   |                            |   | -                | 576,143. |
| (2) CFMC CMMB FUND  |                            |   | <u> </u>         | 22,084.  |
| (3)   |                            |   |                  |          |
| (4)   |                            |   |                  |          |
| (5)   |                            |   |                  |          |
| (6)   |                            |   |                  |          |
| (7)   |                            |   |                  |          |
| (8)   |                            |   |                  |          |
| (9)   |                            |   |                  |          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                           | 15 )                       |   | !                | 598,227. |
| Part X Other Liabilities.   | 70.,                       |   |                  |          |
| Complete if the organization answered "Yes" of  | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 25 | j.               |          |
| . (a) Description of liability  | , , ,                      | ,   | (b) Book         | value    |
| <u></u>   |                            |   | (2) 2001.        |          |
| (1) Federal income taxes  |                            |   | +                |          |
| (2)   |                            |   | +                |          |
| (3)   |                            |   | +                |          |
| (4)   |                            |   |                  |          |
| (5)   |                            |   |                  |          |
| (6)   |                            |   |                  |          |
| (7)   |                            |   |                  |          |
| (8)   |                            |   |                  |          |
| (9)   |                            |   |                  |          |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line                           | 25.)                       |   |                  |          |
| 2. Liability for uncertain tax positions. In Part XIII, provide                         |                            | the organization's financial statements t | hat reports the  |          |

232053 09-01-22

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

Schedule D (Form 990) 2022

| Par                  | t XI Reconciliation of Revenue per Audited Financial S   | Statements with Revenue              | per neturn.    |  |
|----------------------|--|--------------------------------------|----------------|--|
|                      | Complete if the organization answered "Yes" on Form 990, Part I  | V, line 12a.                         |                |  |
| 1                    | Total revenue, gains, and other support per audited financial statements   |                                      | 1              |  |
| 2                    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                                      |                |  |
| а                    | Net unrealized gains (losses) on investments   | 2a                                   |                |  |
| b                    | Donated services and use of facilities   |                                      |                |  |
| С                    | Recoveries of prior year grants  |                                      |                |  |
| d                    | Other (Describe in Part XIII.)   | 4.1                                  |                |  |
| е                    | Add lines 2a through 2d  |                                      | 2e             |  |
| 3                    | Subtract line 2e from line 1   |                                      | 3              |  |
| 4                    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                                      |                |  |
| а                    | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                                   |                |  |
| b                    | Other (Describe in Part XIII.)   | 4b                                   |                |  |
| С                    | Add lines 4a and 4b  |                                      | 4c             |  |
| 5                    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line   | 2 12.)                               | 5              |  |
| Pa                   | T XII Reconciliation of Expenses per Audited Financial   | Statements With Expense              | es per Return. |  |
|                      | Complete if the organization answered "Yes" on Form 990, Part I  |                                      |                |  |
| 1                    | Total expenses and losses per audited financial statements   |                                      | 1              |  |
| 2                    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 1 1                                  |                |  |
| а                    | Donated services and use of facilities   | 2a                                   |                |  |
| b                    | Prior year adjustments   | 2b                                   |                |  |
| С                    | Other losses   | 2c                                   |                |  |
| d                    | Other (Describe in Part XIII.)   | 2d                                   |                |  |
| е                    | Add lines 2a through 2d  |                                      |                |  |
| 3                    | Subtract line 2e from line 1   |                                      | 3              |  |
| 4                    | Amounts included on Form 990, Part IX, line 25, but not on line 1:   | 1.1                                  |                |  |
| a                    | Investment expenses not included on Form 990, Part VIII, line 7b   |                                      |                |  |
| b                    | Other (Describe in Part XIII.)   |                                      | 4.             |  |
| С                    | Add lines 4a and 4b  |                                      | 4c             |  |
| _                    | Total synapses Add lines 2 and 4s (T):   | 40.)                                 |                |  |
| 5<br>Pai             | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIIII Supplemental Information.        | ne 18.)                              |                |  |
| Pa                   | t XIII Supplemental Information.   |                                      | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information.   | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |
| <b>Pa</b> i<br>Provi | t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | and 4; Part IV, lines 1b and 2b; Par | 5              |  |

#### **SCHEDULE 0** (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Inspection

Name of the organization **Employer identification number** CHAMBER MUSIC MONTEREY BAY 23-7001657 PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES THAT ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: A COPY IS PROVIDED TO BOARD MEMBERS ANNUALLY. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL INFORMATION CAN BE OBTAINED BY WRITTEN REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING FEES: PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 13,329. TOTAL EXPENSES 13,329. ARTISTIC FEES: PROGRAM SERVICE EXPENSES 51,650 MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 51,650. OTHER FEES: PROGRAM SERVICE EXPENSES 7,897. MANAGEMENT AND GENERAL EXPENSES 0.

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

Schedule O (Form 990) 2022

| Name of the organization  CHAMBER MUSIC MONTEREY BAY   |         | Employer identification number 23-7001657 |
|--|---------|---|
| FUNDRAISING EXPENSES                                   | 0.      |   |
| TOTAL EXPENSES   | 7,897.  |   |
| COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 72,876. |   |
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