nt of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

٠	Fort	the 2022 calendar year, or tax year beginning 9/01 , 2022, and ending 8/31	, 2023									
9	Oteck	₩ applicable: C D E	mployer identification number									
	Addre:	ss change										
	Name		94-6102848									
	iniBat	MONTEDEY CA 03040	Telephone number									
	Final rel	hura/terminated PONTEIGET, CA 95940	331-372-6098									
9	ž.		roup Exemption									
			umber									
_		unting Method: X Cash Accrual Other (specify): H Check	if the organization is not									
I.	Web:		attach Schedule B									
J	Tax-e	Azimpt status (clieck dilly dile) — [A] object(c) [object (c) [objec										
K	Form	of organization: X Corporation Trust Association Other:										
L	Add	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total										
C		ts (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ										
Pa	Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)											
		Check if the organization used Schedule O to respond to any question in this Part I										
	1	Contributions, gifts, grants, and similar amounts received										
	2	Program service revenue including government fees and contracts										
	3	Membership dues and assessments										
	4	Investment income	4 2,561.									
ne	5a											
	b	Less: cost or other basis and sales expenses										
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c									
	6	Gaming and fundraising events:										
	I .	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a										
ē	b	Gross income from fundraising events (not including \$ of contributions										
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)										
	С	Less: direct expenses from gaming and fundraising events										
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d									
	7a	Gross sales of inventory, less returns and allowances										
	1	Less: cost of goods sold	1									
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c									
	8	Other revenue (describe in Schedule O)	h									
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8										
	10	Grants and similar amounts paid (list in Schedule O)										
	11	Benefits paid to or for members	11									
ý	12	Salaries, other compensation, and employee benefits	12 129,906.									
Expenses	13	Professional fees and other payments to independent contractors	13 60.									
	14	Occupancy, rent, utilities, and maintenance	14									
	15		15 132.									
	16	Printing, publications, postage, and shipping. Other expenses (describe in Schedule O). SEE SCHEDULE O	16 61,044.									
	17	Total expenses. Add lines 10 through 16.	17 191,142.									
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18 -35,400.									
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	337 100:									
it A	20	Other changes in net assets or fund balances (explain in Schedule O)	19 243,293.									
ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u> </u>									
D^	1	r Paperwork Reduction Act Notice, see the separate instructions.	207,893. Form 990-EZ (2022)									
DH	м го	FURN 330"E& (2022)										

	Enames Sheets (see the inst	ructions for Part II)	estion in this Part II			X
	S S S S S S S S S S S S S S S S S S S	date o to respond to dify qu	COLIGIT III LIIIO I CIC II	(A) Beginning of ye		(B) End of year
	and investments			236,183	$\overline{}$	211,221.
				49,766		48,628.
	and buildings	SEE SCHEDULI	E.O	1,321		929.
1500	Total accets		Γ	287,270		260,778.
	Total Eabilities (describe in Schedule O)	SEE SCHEDULI	3. O	43,977	_	52,885.
-	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	243,293		207,893.
3					1	Expenses
	Check if the organization used Sci	nedule O to respond to any	question in this Part	III 🗓	(Rea	uired for section 501
Signi .	s the organization's primary exempt purpose? SEE.	SCHEDULE O		-	(c)(3)) and 501(c)(4)
Jesc	ribe the organization's program service as	complishments for each of	its three largest prog	ram services, as	orgai	nizations; optional
7825	ribe the organization's program service as sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the service ach program title	ces provided, the nui	mber of persons	TOT O	thers.)
	SEE SCHEDULE O	don program acc.		•		
30	355 3CHEDORE 0				1	
					1	
	(Grants \$) If thi	s amount includes foreign g	rants check here		28a	169,366.
29	(Cirants y) it till				Lou	109,300.
23					1	
	(Grants \$) If thi	s amount includes foreign g	rants check here		29a	
30	(Grants 5) if the	s amount includes loreign g	idita, check ficie		230	
3 0					1	
	(Grants \$) If thi	s amount includes foreign g	rante check here		30a	
31	Other program services (describe in Sch				Sua	
31		s amount includes foreign g			31a	
20	(Grants \$) If thi Total program service expenses (add lir				32	160 266
						169,366.
rar	List of Officers, Directors, Check if the organization used Sci				see the	instructions for Part IV)
	Oncor is the organization about our	locate o to respend to any t				
		MA Assess basses and	I (c) Reportable compensat	ion (d) Health benefi	ts,	
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensat (Forms W-2/1099-MIS/ 1099-NFC)	ion (d) Health benefi contributions to emp benefit plans, and de	ls, loyee ferred	(e) Estimated amount of other compensation
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensat (Forms W-2/1099-MIS/ 1099-NEC) (if not paid, enter -0-)	ion (d) Health benefi contributions to emp benefit plans, and de compensation	ts, loyee ferred	(e) Estimated amount of other compensation
CHR	(a) Name and title ISTINE WESTBROOK	week devoted to	1099-NEC)	benefit plans, and de	ts, loyee ferred	
		week devoted to	(if not paid, enter -0-)	benefit plans, and de	ts, loyee ferred	
TRE MAR	ISTINE WESTBROOK ASURER IA OWEN	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation	ferred	O.
TRE MAR DIR	ISTINE WESTBROOK ASURER IA OWEN ECTOR	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
TRE MAR DIR LUC	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation	O.	O .
TRE MAR DIR LUC DIR	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation	O.	O .
TRE MAR DIR LUC DIR	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O . O .	0. 0.	0.
TRE MAR DIR LUC DIR ELA VP/	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation	O.	0.
TRE MAR DIR LUC DIR ELA VP/ GAE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O . O .	0. 0.	0. 0. 0.
TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O . O .	0. 0.	0.
TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O.	0. 0. 0.	0. 0. 0. 0.
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TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT UCCA GERA	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O. O.	0. 0. 0.	0. 0. 0. 0.
TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT UCCA GERA	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O. O.	0. 0. 0.	0. 0. 0. 0.
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TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT UCCA GERA	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O. O.	0. 0. 0.	0. 0. 0. 0.
TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT UCCA GERA	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O. O.	0. 0. 0.	0. 0. 0. 0.
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TRE MAR DIR LUC DIR ELA VP/ GAE PRE	ISTINE WESTBROOK ASURER IA OWEN ECTOR ILLE STANDIFER ECTOR INE HERRMANN SECRETARY IL MERAUD SIDENT UCCA GERA	week devoted to	(if not paid, enter -0-)	benefit plans, and de compensation O. O. O.	0. 0. 0.	0. 0. 0. 0.

94-6102848

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THE LYCEUM OF MONTEREY COUNTY

	EZ (2022) THE LYCEUM OF MONTEREY COUNTY		94-61028	48	Р	age 3
	Dther Information (Note the Schedule A and personal benefit contract statement remainstructions for Part V.) Check if the organization used Schedule O to respond to an	equirements in ny question in t	his Part V	SEE :	SCH	о . П
	The organization engage in any significant activity not previously reported to the IRS?			-	Yes	No
	were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			t 33	#10200A	X
	as change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			34	217 2572 72.5	Х
Œ1	Did the organization have unrelated business gross income of \$1,000 or more during the year from			53,634,7	tu grana.	(10/8)768)
	(such as those reported on lines 2, 6a, and 7a, among others)?			35a 35b		X
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to secreporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part			302/98/22/3	31372105N	100000000
		III		35c	37456643	X
12.1	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			36	200 - F42 X (2)	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37 a	0	. 37b	W. 1940	v
	Did the organization file Form 1120-POL for this year?		• • • • • • • • • • • •	3/10	#1000000	X
	any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return?		38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38 b	0		15000000	3571-655
	Section 501(c)(7) organizations. Enter:	STANDAR .				
	Initiation fees and capital contributions included on line 9		0	1995 1000 1000		
	Gross receipts, included on line 9, for public use of club facilities	39 b	0	-		
40a	section 4911: 0 ; section 4912: 0 ; section 495	-	0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an benefit transaction during the year, or did it engage in an excess benefit transaction in a pri			19.459		igerele G
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			40b	eveske	X
Ç	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organiz managers or disqualified persons during the year under sections 4912, 4955, and 4958		0			100
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbur by the organization.	sed	0			
е	All organizations. At any time during the tax year, was the organization a party to a prohibite shelter transaction? If "Yes," complete Form 8886-T	ed tax		40-		X
41	List the states with which a copy of this return is filed: NONE			40e		Λ.
-,	around and around a second aro					
		•				
42a	a The organization's books are in care of: JOYCE BRECKENRIDGE Telephone no. 831-3				098	
	Located at: 1073 6TH STREET MONTEREY CA ZIP + 4 93940					
b	At any time during the calendar year, did the organization have an interest in or a signature or other	r authority over	a -N2	401	Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other f If "Yes," enter the name of the foreign country:	manciai accou	ш.с	42b	**************************************	X
	a res, enter the hance of the foreign country.				0.000	
_	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial At any time during the calendar year, did the organization maintain an office outside the Unit			42-		Χ
Ç	If "Yes," enter the name of the foreign country:	ieu Siales!		42c	i	21.
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — C and enter the amount of tax-exempt interest received or accrued during the tax year				∐	N/A N/A
	and effer the amount of tax-exempt merest received of accided during the tax year		[-79]		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be of Form 990-EZ	completed inst	ead	44a	317310	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 mus instead of Form 990-EZ	t be completed		AAL	ONWESTING PLANT	v
c	Did the organization receive any payments for indoor tanning services during the year?			44b 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44d	6/650/0	256,20
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	g of section 512(b)	(13)? If "Yes,"	45b	100	Х

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