Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/Form990 for instructions and the latest information.

Open to Public

Α	For the	2022 calend	ar year, or tax year begii	nning	10-	·01 , 2022 , a	ınd endi	ing	0	9-30,20	23
В	Check if ap	oplicable:	C Name of organization MC	NTEREY HISTO	RY AND ART AS	SOCIATION	LTD		D Emp	loyer identifica	tion number
	Address ch	nange	Doing business as							94-151	7208
	Name chai	hange Number and street (or P.O. box if mail is not delivered to street address) Room/suite				ite	E Teler	phone number			
П	Initial retur	turn PO BOX 1082							(831)3	72-2608	
ī	Final returr	n/terminated	City or town, state or province	. country, and ZIP or forei	an postal code				G Gros	ss receipts	
Ī	Amended i	return	Monterey, CA						\$	·	396,774
二	Application		F Name and address of principa		SPRADLIN			H(a) Is this a		for subordinates?	Yes X No
ш	приоспол								tes included?	Yes No	
	Tax-exemp	st atatus: X	501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527				ist. See instructi	
	Website:		MONTEREYHISTORY		4947(a)(1) 01	321					JIIS
_				_			101	H(c) Group 6	_		
		ganization:	Corporation Trust X Ass	sociation Other		L Year of formati	on: 193	3	state of le	gal domicile:	CA
Pa	rt I	Summar	•								
			ibe the organization's miss			TEREY HIS					
ø			ROMOTES THE HISTO				_				S IN
anc		MONTEREY	'S PAST, AND CONT	TINUES NOW TO	SHAPE THE FU	TURE HIST	ORY O	F MONTE	REY,	CA.	
ž										_	
Governance			ox if the organization of								
	3	Number of v	oting members of the gove	erning body (Part VI	, line 1a)			$\cdot \cdot \cdot \cdot \cdot \cdot$	3		9
Se	4	Number of ir	ndependent voting member	rs of the governing b	oody (Part VI, line 1b)		, .	4		9
įŧį	5	Total numbe	r of individuals employed in	n calendar year 202	2 (Part V, line 2a)				5		0
Activities &	6	Total numbe	r of volunteers (estimate if	necessary)					6		
۹	7a	Total unrelat	ed business revenue from	Part VIII, column (C	c), line 12		/.		7a		0
	b	Net unrelate	d business taxable income	e from Form 990-T, I	Part I, line 11				7b		0
								Prior Year		Curr	rent Year
	8	Contributions and grants (Part VIII, line 1h)							,752		134,646
ne	9							53	3,874		116,109
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)									0
Re	11	Other revenu	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10	c, and 11e)			179	,339		104,922
	12	Total revenue	e - add lines 8 through 11	(must equal Part VII	l, column (A), line 12)			1,965		355,677
			similar amounts paid (Part								0
			to or for members (Part I								0
			er compensation, employe			0)					0
es			fundraising fees (Part IX,		. ,	•					0
Expenses			sing expenses (Part IX, co		,	0					
Ϋ́			ses (Part IX, column (A), li		e)			244	1,010		416,671
_			ses. Add lines 13-17 (mus						1,010		416,671
		•	s expenses. Subtract line		, ,				,955		(60,994)
							Begi	nning of Curre		End	of Year
t Assets or	E 20	Total assets	(Part X, line 16)					2,014			1,781,248
Asse	21		` - · · · · · · · · · · · · · · · · · ·					_,,-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0
Net.	22		or fund balances. Subtract	line 21 from line 20				2,014	- 906		1,781,248
	rt II		re Block						7200		
			clare that I have examined this retu	urn, including accompanyi	ng schedules and statemer	nts, and to the best	of my know	wledge and bel	lief, it is		
true	, correct, a	nd complete. De	claration of preparer (other than of	ficer) is based on all inforr	nation of which preparer ha	as any knowledge.					
		SIISA	N MAR							06-22	-2024
Sig	n	Signature of office							D;	ate	
He		SIISA	N MAR, TREASURER								
	-	Type or print nar	•								
		Print/Type pre		Preparer's signature		Date		Check	X if	PTIN	
Pai	d		CONNELL CPA		T. CDA	06-22-20	24			P0003	9276
	u parer			ROB McCONNEL		pu-22-20		self-em	pioyeu	F0003	<i>721</i> 0
	e Only	Firm's name		ONNELL CPA &	ASSOCIALES			Firm's EIN			
U31	Cilly	Firm's addres		arder Road				hone no.	021	000 150	
Max	4h - IDC	diaguag thia	return with the preparer sl	FL 34711					03I-	·809-1583 √ √	Yes No

Form 990 (2022) MONTEREY B

· u.c	V	Check if Schedule O contains a respons	e or no	te to any line in thi	e Part VIII			
		CHECK II SCHEDUIE O COILIAITS à l'ESPOIS	e oi no	ne to any ine in the	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
-	1a	Federated campaigns	1a					
	b		1b	10,951				
nts nts	C	Fundraising events	1c	10,331				
Contributions, Gifts, Grants and Other Similar Amounts	d		1d					
fts, An	e		1e					
عَ تَقَ	f	All other contributions, gifts, grants,	10					
Sir	'	and similar amounts not included above	1f	123,695				
her jut	_ ~		-"-	123,093				
혈률	g	lines 1a-1f	1g	¢				
a Co	h				124 646			
	h	Total. Add lines ra-11			134,646			
	20	MIGHIN ADVIGATONA	ļ	Business Code	04 020	04 020		
ø		MUSEUM ADMISSIONS		711190	84,930	84,930		
Program Service Revenue		SPECIAL EVENTS REVENUE	— F	711190	31,179	31,179		
Se	C							
am Seve	d							
go R	е)
<u>~</u>		All other program service revenue						
		Total. Add lines 2a-2f			116,109			
	3	Investment income (including dividends, intended other similar amounts)						
	4	Income from investment of tax-exempt bond	d proce	eds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a		, 329					
		Less: rental expenses 6b	, ,					
		· · · · · · · · · · · · · · · · · · ·	,329					
		Net rental income or (loss)			34,329	34,329		
		` ′		(ii) Other	34,323	34,323		
	/a	Gross amount from (i) Securition sales of assets	103	(ii) Other				
		other than inventory 7a						
	h	Less: cost or other basis	$\neg \neg$					
•	"			· ·				
en ne		and sales expenses 7b						
		Gain or (loss)						
Other Re		Net gain or (loss)						
<u>ş</u>	8a	Gross income from fundraising						
ŏ		events (not including \$	-					
		of contributions reported on line						
		1c). See Part IV, line 18	8a	49,722				
		Less: direct expenses	8b	41,097				
		Net income or (loss) from fundraising event	ts		8,625			8,625
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities	·					
	10a	Gross sales of inventory, less						
		returns and allowances	10a	38,610				
	b	Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of inventory	y <u>.</u>		38,610	38,610		
				Business Code				
छ	11a	PROPERTY TAX REFUND	į	531120	23,358	23,358		
Miscellanous Revenue	b				•	•		
ella ven	C							
sce Re		All other revenue						
Ξ		Total. Add lines 11a-11d			23,358			
		Total revenue See instructions			355 677	212 406	0	8 625

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal....... Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 109,372 109,372 12 Advertising and promotion 13 Office expenses 12,522 12,522 14 15 16 75,122 56,344 18,778 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 129,074 129,074 23 43,328 43,328 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.) REPAIRS / MAINTENANCE 22,250 22,250 b **EVENT EXPENSES** 2,141 2,141 778 778 C STORAGE d EXHIBIT EXPENSES 5,306 5,306 All other expenses 6,679 е 16,778 10,099 Total functional expenses. Add lines 1 through 24e. . 25 416,671 248,840 167,831 0 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)

MONTEREY HISTORY AND ART ASSOCIATION LTD

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 96,958 49,895 2 2 3 Pledges and grants receivable, net 3 4 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 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 7 7 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,126,990 10b 1,917,948 10c b Less: accumulated depreciation 3,956,303 1,170,687 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 560,666 2,014,906 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 1,781,248 17 17 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 0 0 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 1,598,908 1,365,885 28 415,998 28 415,363 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 32 2,014,906 1,781,248

EEA

33

1,781,248 Form 990 (2022)

2,014,906

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Earm	$\alpha\alpha\alpha$	(2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		355,	677
2	Total expenses (must equal Part IX, column (A), line 25)	2		416,	671
3	Revenue less expenses. Subtract line 2 from line 1	3		(60,	994)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	014,	906
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(172 <u>,</u>	<u>664)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	40	_		
Do	32, column (B))	10	1,	781,	248
Pa					
	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:			res	NO
'	If the organization changed its method of accounting from a prior year or checked "Other," explain on	+			
	Schedule O.				
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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000 /	(0000)
EEA			Form	990 (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

Name	Name of the organization Employer identification number							
MONT	ONTEREY HISTORY AND ART ASSOCIATION LTD 94-1517208							
Par	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
The o	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches,	or association of c	hurches described in se	ction 170(b)(1)(A)(i)		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).		
4		A medical research organization op	perated in conjunct	tion with a hospital descr	ibed in se	ction 170((b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the be	•	r university owned or ope	erated by a	a governme	ental unit described in	
_		section 170(b)(1)(A)(iv). (Complet	,		4=0(1)(43/43/		
6	Н	A federal, state, or local governme	-					
7	Ш	An organization that normally received	•		overnmen	tal unit or f	rom the general public	
_		described in section 170(b)(1)(A)(•				
8	Ц	A community trust described in sec						
9	Ш	An agricultural research organization						ege
		or university or a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
		university:						
10	X	An organization that normally receive receipts from activities related to its support from gross investment inco acquired by the organization after a	exempt functions, me and unrelated b	subject to certain except ousiness taxable income	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	SS
11		An organization organized and ope		, , , , ,			l).	
12		An organization organized and open	rated exclusively fo	or the benefit of, to perform	n the func	tions of, or	to carry out the purpos	es of
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	B). Check
		the box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving
		the supported organization(s) tl	ne power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the	
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B				
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g
		control or management of the s	upporting organiza	tion vested in the same p	ersons tha	at control o	r manage the supporte	d
		organization(s). You must cor	nplete Part IV, Se	ctions A and C.				
С		☐ Type III functionally integrate	ed. A supporting or	ganization operated in o	onnection	with, and	functionally integrated	with,
		its supported organization(s) (s	see instructions). Y	ou must complete Par	IV, Section	ons A, D,	and E.	
d		Type III non-functionally inte	grated. A supporti	ng organization operate	d in conne	ction with	its supported organizat	tion(s)
		that is not functionally integrate	d. The organization	generally must satisfy a	distributio	n requirem	ent and an attentivenes	S
		requirement (see instructions).						
е		Check this box if the organization					I, Type II, Type III	
		functionally integrated, or Type	III non-functionally	integrated supporting or	ganization	۱.		
f	Е	inter the number of supported organ						
g	P	rovide the following information about	ut the supported or	ganization(s).				
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)	с)							
(D)	D)							
(E)								
Total								

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	72,125	39,906	49,490	251,752	134,646	547,919
2	Gross receipts from admissions, merchandise	-	-	_	-	_	
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	73,300	39,100	75,521	53,874	116,109	357,904
3	Gross receipts from activities that are not an	,5,500	33,100	,5,522	33,071	220,203	337,7301
•	unrelated trade or business under section 513					38,610	38,610
4	Tax revenues levied for the					30,010	30,010
7	organization's benefit and either paid to						
	or expended on its behalf						
-	· · · · · · · · · · · · · · · · · · ·						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5	145,425	79,006	125,011	305,626	289,365	944,433
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000					, and the second	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						_
	line 6.)						944,433
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	145,425	79,006	125,011	305,626	289,365	944,433
10a	Gross income from interest, dividends, .			- ,		,	•
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						-
	section 511 taxes) from businesses						
_	Add lines 10a and 10b						
C 11							
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	145,425	79,006	125,011	305,626	289,365	944,433
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	:)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2022 (line 8	, column (f), di	vided by line 1	3, column (f))		15	100.00 %
16	Public support percentage from 2021 Scho	edule A, Part I	II, line 15 .			16	100.00 %
Secti	on D. Computation of Investment Inc	come Percer	ntage				
17	Investment income percentage for 2022 (I	ine 10c, colum	n (f), divided b	y line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2021			-		18	0.00 %
19a	33 1/3% support tests - 2022. If the orga					ore than 33 1/3	
-	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2021. If the organizati	-	-	-			
	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization did	-	-			-	
	a.o ioaniaation ii tilo organization at	a not oncon a t	70 X 011 1110 1 1 ,	.54, 5, 155, 6	TOOK THIS DOX E	555 11151146	

EEA Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization				Employer identification number		
MONTE	EREY	HISTORY AND ART ASSOCIATION LTD	94-1517208			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.			
			(a) Donor advised funds	(b) Funds and other accounts		
1	Total	number at end of year				
2	Aggre	egate value of contributions to (during year)				
3	Aggre	egate value of grants from (during year)				
4 Aggregate value at end of year						
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advised			
funds are the organization's property, subject to the organization's exclusive legal control? 🗌 Yes 📋						
6		e organization inform all grantees, donors, and donor a				
	only f	or charitable purposes and not for the benefit of the dor	nor or donor advisor, or for any other purpos			
_		rring impermissible private benefit?		Yes No		
Par	t II	Conservation Easements.				
		Complete if the organization answered "Yes" of				
1		se(s) of conservation easements held by the organizat				
		eservation of land for public use (for example, recreation	, — ,	historically important land area		
	=	otection of natural habitat	☐ Preservation of a	certified historic structure		
		eservation of open space				
2		lete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	a conservation		
		nent on the last day of the tax year.		Held at the End of the Tax Year		
а	Total	number of conservation easements		<u>2a</u>		
b		acreage restricted by conservation easements				
С		per of conservation easements on a certified historic str		<u>2</u> c		
d		per of conservation easements included in (c) acquired				
		c structure listed in the National Register	· ·	2d		
3	Numb	per of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the		
	tax ye					
4		per of states where property subject to conservation ea				
5		the organization have a written policy regarding the pe				
•		ons, and enforcement of the conservation easements it				
6	Stan	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserv	ation easements during the year		
7	Λmoi	int of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	o cocomonte during the year		
•	AIIIOC	int of expenses incurred in monitoring, inspecting, fiding	ing of violations, and emoreing conservation	reasonicins during the year		
8	Does	each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170/h)(4)(B)(i)		
•		ection 170(h)(4)(B)(ii)?				
9		rt XIII, describe how the organization reports conservat				
		ce sheet, and include, if applicable, the text of the footnot				
		ization's accounting for conservation easements.				
Par	_	Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.		
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.			
1a	If the	organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works		
	of art	historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furth	nerance of public		
	servic	e, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.			
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, hi	storical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,		
	provid	de the following amounts relating to these items:				
		evenue included on Form 990, Part VIII, line 1				
	(ii) A	ssets included in Form 990, Part X				
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide the		
	follow	ing amounts required to be reported under FASB ASC	958 relating to these items:			
а	Reve	nue included on Form 990, Part VIII, line 1		\$		
b	Asset	s included in Form 990, Part X		\$		

Par	t III Organizations Maintaining Co	llections of Art, His	storical Treasures	, or Other Similar As	ssets (co	ontinued
3	Using the organization's acquisition, accession, a	and other records, check	any of the following that	make significant use of its		
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exchange p	orogram		
b	Scholarly research	е	Other			
С	Preservation for future generations					 -
4	Provide a description of the organization's collection	ctions and explain how the	ev further the organization	in's exempt purpose in Part		
•	XIII.		,, .a.a.e. a.e e.gaaa	o oxompt parpood iii i art		
5	During the year, did the organization solicit or red	caive donations of art his	torical treasures or othe	r similar		
·	assets to be sold to raise funds rather than to be				. Tyes	s \square No
Par			organizations concelle			<u> </u>
ı aı	Complete if the organization ans		m 000 Part IV line	0 or reported an am	ount on	Eorm
	990, Part X, line 21.	sweled les dilloi	iii 990, Fait IV, iiile	s 9, or reported arrain	ount on	1 01111
				-11		
1a	Is the organization an agent, trustee, custodian o				□ v	N
					. Yes	s U No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following to	able:			
					nount	
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year				_	
f	Ending balance				4	
2a	Did the organization include an amount on Form					
b	If "Yes," explain the arrangement in Part XIII. Ch	neck here if the explanatio	n has been provided on	Part XIII		
Par						
	Complete if the organization ans	swered "Yes" on For	m 990, Part IV, line	10.		
	(a	a) Current year (b) P	rior year (c) Two year	s back (d) Three years back	(e) Four	years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) held as:			
а	Board designated or quasi-endowment	%				
b	Permanent endowment %					
С	Term endowment %					
	The percentages on lines 2a, 2b, and 2c should e	equal 100%.				
3a	Are there endowment funds not in the possession		are held and administer	ed for the		
	organization by:	Ŭ				Yes No
	(i) Unrelated organizations				. 3a(i)	
	(ii) Related organizations				. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization					
4	Describe in Part XIII the intended uses of the organization	•			. 0.0	
Par			urius.			
· ui	Complete if the organization ans		m 990 Part IV line	11a See Form 990	Part X	ine 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Bool	
	Description or property	(investment)	(other)	depreciation	(u) D00	n value
10	Land	((22.)			
1a	Land		4 050 015	2 007 200		170 605
b	Buildings		4,978,015	3,807,328	1,1	L70,687
C	Leasehold improvements		128,109	128,109		
d	Equipment		20,866	20,866		
<u>e</u>	Other		(0) " (2)			
Total.	Add lines 1a through 1e. (Column (d) must equa	ai Form 990, Part X, colur	nn (B), line 10c.)		1,1	L70 , 687

Part VII	Investments - Other Securities. Complete if the organization answered '	"Yes" on Form	990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Me	ethod of valuation: d-of-year market value
(1) Financial	derivatives				
(2) Closely-he	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.).				
Part VIII	Investments - Program Related.	\/	000 Dart IV II:a	. 44. Co. Form	000 Dart V. Erra 40
	Complete if the organization answered '	Yes on Form	990, Part IV, IIn	e 11c. See Form	1990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		7 7			
(9)	n /h) must squal Form 000. Part V sol /P) line 13.1				
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.). Other Assets.				
Tarrix	Complete if the organization answered		990, Part IV, lin	e 11d. See Form	
(1) T C T C T	(a) Desc	cription			(b) Book value
- ` '	IC ADOBES EY CITY LAND LEASE				38,83
	ARTIFACTS				315,00 206,83
(4)	SKIIFACIS				200,03
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.).				560,66
Part X	Other Liabilities.				300700
1 0.1171	Complete if the organization answered '	"Yes" on Form	990. Part IV. lin	e 11e or 11f. See	e Form 990. Part X.
	line 25.				
1.	(a) Description of liability	(b) Book value	•		
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.) .				
2. Liability for	uncertain tax positions. In Part XIII, provide the text of	of the footnote to th	e organization's fina	incial statements that	reports the

Part	XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per I	Return.
	Complete if the organization answered "Yes" on Form 990, P	art IV, 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	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
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 12.)		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 12a.	
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5
Part 1			
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1a and 4a and		Part X, line
2; Part	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.	
			<u> </u>

EEA Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization MONTEREY HISTORY AND ART ASSOCIATION LTD 94-1517208 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through LA MERRIENDA None col. (c)) (total number) (event type) (event type) Revenue Gross receipts Less: Contributions 2 3 Gross income (line 1 minus line 2) Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 7 8 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization **Employer identification number** 94-1517208 MONTEREY HISTORY AND ART ASSOCIATION LTD 01. Form 990 governing body review (Part VI, line 11) NO FINANCIAL STATEMENT REVIEW WAS OR WILL BE CONDUCTED. 02. Governing documents, etc, available to public (Part VI, line 19) GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA ORGANIZATION'S WEBSITE OR REQUEST. 03. "Other" or change in accounting method (Part XII, line 1) GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC VIA ORGANIZATION'S WEBSITE 04. Explanation of other changes in net assets or fund balances (Part XI, line 9) NET ASSETS WERE INADVERTENTLY OVERSTATED ON THE 2021 (SEPT 2022) YEAR END ANNUAL FORM 990 THE ORGANIZATION'S PRIOR YEAR ACCOUNTING LISTED THE NET ASSETS AS \$1,842,877, BUT THE TAX RETURN OVERSTATED THE NET ASSETS WITH THE \$2,014,906 BALANCE LISTED ON PAGE 1. THE DIFFERENCE IN 2021'S NET ASSET BALANCE THAT SHOULD HAVE BEEN REPORTED IS \$(172,029). IN 2022, NET ASSETS HAD BOOK/TAX DIFFERENCES IN DEPRECIATION OF \$635. 05. List of other fees for services expenses (Part IX, line 11g) THE BOARD OF DIRECTORS HAS OPTED TO USE CONTRACT LABOR FOR STAFFING AT THEIR MUSEUM FOR 2022.

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return MONTEREY HISTORY AND ART ASSOCIA FORM 990 - 1 94-1517208 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 **10** Carryover of disallowed deduction from line 13 of your 2021 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . **Note:** Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 120,629 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 19a 3-year property b 5-year property 7,951 ΗY 200 DB 1,590 7-yeas paopeante/nt #567 6,591 d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. NMMS/I 27.5 yrs. MM S/L property MM S/L i Nonresidentialenal #568 39 yrs. 264 MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L **b** 12-year 12 yrs. c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 129,074 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Name(s) as shown on return		Federal Supporting Sta		2022 PG01 Tax ID Number
MONTEREY HIS	STORY AND A	ART ASSOCIATION LTI)	94-1517208
		Form 4562 - Line 1	.9c	Statement #5
Basis	RP	CV	Method	Deduction
8,822	7	HY	200 DB	4,119
1,848 5,453	7 7	HY HY	200 DB 200 DB	1,693 77 <u>9</u>
J, 1 JJ	,	111	200 DB	
		Form 4562 - Line 1	.9i	
Data		Co or b		Dodusti or
Date 01-2023		Cost 11,895		Deduction 216
09-2023		45,208		48
Total				264

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return		FEIN
MONTEREY HIS	TORY AND ART ASSOCIATION LTD	94-1517208

Description		Amount
GRANTS	<u> </u>	106,541
OTHER CONTRIBUTIONS / SUPPORT		17,154
	Total: \$	123,695

OFFICE EXP

Description		Amount
OFC SUPPLIES	25	3,366
POSTAGE		1,167
PRINTING		218
TELEPHONE		7,771
	Total: \$	12,522

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Social security number/EIN

Name(s) as shown on return 94-1517208 MONTEREY HISTORY AND ART ASSOCIATION LTD Basis Business Section Depreciable Prior Current Accumulated AMT Ronus Description Date Method Rate No. Adjustment percentage 179 Basis Depreciation Depreciation Depreciation depreciation Current 08112006 25,500 100.00 25,500 10 0 1 FENCE - MUSEUM 25,440 25,440 MUSEUM BLDG 11011992 3,823,649 100.00 3,823,649 40 SL 2.5 2,859,769 95,591 2,955,360 95,591 MM VARIOUS STRUCTURES 11011992 7,465 100.00 7,465 7,465 40 SL MM 2.5 7,465 3 BLDG LEASE 11011992 950,000 100.00 950,000 40 SL MM 2.5 710,521 23,750 734,271 23,750 09302002 100.00 EXT / INT PAINTING 28,960 28,960 40 MM 2.5 14,480 724 15,204 100.00 SLOAT EXHIBIT EXPANSI 09302006 17,985 17,985 10 17,985 17,985 11011992 31,647 100.00 31,647 10 0 31,649 31,649 FURN / FIXTURES 100.00 FURNITURE / FIXTURES 11011992 131,789 131,789 10 0 128,764 128,764 11011992 100.00 3,914 3,914 FURNITURE / FIXTURE 3,914 3,914 10 0 100.00 DISPLAY CASES 03302005 2,730 2,730 10 0 2,662 2,662 10 08012006 100.00 16,575 10 11 DOORS 16,575 0 16,575 16,575 100.00 CASA SERRANO BLDG 01151959 21,525 21,525 5 0 12 01151969 17,310 100.00 DOUD HOUSE BLDG 17,310 5 13 100.00 1 5 MAYO HAYES ODONNELL B 01151969 14 01151961 9,830 100.00 9,830 5 15 FREMONT HEADQUARTERS 80,851 11011992 100.00 16 OLD IMPROVEMENTS 80,851 5 0 80,851 80,851 01311997 26,420 100.00 26,420 20 0 26,420 26,420 17 DOUD ROOF REPAIRS 11011997 28,000 100.00 28,000 20 0 28,000 28,000 CS ROOF REPAIRS 18 12011999 WOODEN WALLS / DISPLA 7,822 100.00 7,822 10 0 7,822 7,822 19 09132000 3,113 100.00 3,113 10 ELECTRIC CONSUMER 0 3,113 3,113 20 21 ELECTRIC CONSUMER 08032000 4,208 100.00 4,208 10 0 4,208 4,208 CARPET 05242001 2,385 100.00 2,385 10 2,385 2,385 22 ELECTRIC CONSUMER 03082001 1,575 100.00 1,575 10 1,575 1,575 23 11092001 1,900 100.00 1,900 10 0 1,900 1,900 LIGHTING ELECTRICAL SIGNAGE 12312002 2,079 100.00 2,079 10 0 2,079 2,079 25 06182003 100.00 26 PAINTING DOUD HOUSE 7,100 7,100 10 0 7,100 7,100 PAINING MOHD 05282003 4,270 100.00 4,270 10 0 4,270 4,270 27 03162003 100.00 LIGHTING ELECTRICAL 3,437 3,437 10 0 3,437 3,437 28 29 FURNACE DOUD HOUSE 04302004 2,903 100.00 2,903 10 0 2,903 2,903 ELECTRICAL MHOD 11292005 3,970 100.00 3,970 10 3,970 3,970 30

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Name(s) as shown on return

Depreciation Detail Listing

Management & General

(This page is not filed with the return. It is for your records only.)

PAGE 2

Social security number/EIN

N	MONTEREY HISTORY AND AF	RT ASSOCIA	TION LTD									94	-1517208		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	CS ROOF GUTTER REPAIR	06142006	3,497		100.00			3,497	10		0	3,497		3,497	
32	CS STAIR REPAIR	08012006	2,800		100.00			2,800	10		0	2,800		2,800	
33	FREMONT ELECTRICAL	08012006	2,950		100.00			2,950	10		0	2,950		2,950	
34	WINDOW GUTTERS DOUD H	12142007	15,637		100.00			15,637	30	SL MM	3.333	8,229	521	8,750	521
35	BATHROOMS DOUD HOUSE	11082006	1,290		100.00			1,290	30	SL MM	3.333	684	43	727	43
36	PAINTING FREMONT	12012006	1,683		100.00			1,683	10		0	1,683		1,683	
37	FENCE DOUD HOUSE	08082006	6,462		100.00			6,462	10		0	6,462		6,462	
38	CS OVEN / ELECTRICAL	02282007	307		100.00			307	10		0	307		307	
39	COPIER	03302006	6,499	`	100.00			6,499	10		0	6,499		6,499	
40	COMPUTER	01232007	897		100.00			897	5		0	897		897	
41	SECURITY CAMERA	09302005	1,900	7.2	100.00			1,900	5		0	1,900		1,900	
42	SECURITY CAMERA	10312005	3,861		100.00			3,861	5		0	3,861		3,861	
43	THEATER VIDEO EQUIP	01022006	7,709		100.00			7,709	10		0	7,709		7,709	
44	BANNERS	06302005	3,928		100.00			3,928	5		0	3,928		3,928	
45	SIGNAGE - MUSEUM	08012006	5,213		100.00			5,213	5		0	5,213		5,213	
47	MUSEUM ROOF REPAIR	01282023	11,895		100.00			11,895	5	SL MM	1.816		216	216	216
48	DOUD HOUSE ROOF REPAI	09152023	45,208		100.00			45,208	5	SL MM	.107		48	48	48
49	THEATER EQUIPMENT	06152023	28,822		100.00			28,822	7	200 DB HY	14.29		4,119	4,119	4,119
50	DISPLAY CASES	07152023	11,848		100.00			11,848	7	200 DB HY	14.29		1,693	1,693	1,693
51	MC GIVES SCANNERS/EQU	03082023	7,951		100.00			7,951	5	200 DB HY	20		1,590	1,590	1,590
52	SIGNAGE	07102023	5,453		100.00			5,453	7	200 DB HY	14.29		779	779	779
	Totals		5,444,723					5,444,723				4,055,876	129,074	4,184,950	129,074

129,074