#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MONTEREY COUNTY YOUTH MUSEUM 77-0394488 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 425 WASHINGTON STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions MONTEREY, CA 93940 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LAUREN COHEN The books are in the care of ► 425 WASHINGTON STREET - MONTEREY, CA 93940 Telephone No.  $\blacktriangleright$  (831) 649-6444 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🔛 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or  $\underline{\hspace{0.5cm}}$  , and ending  $\underline{\hspace{0.5cm}}$   $\underline{\hspace{0.5cm}}$  JUN  $\underline{\hspace{0.5cm}}$  30 ,  $\underline{\hspace{0.5cm}}$  2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

PUBLIC DISCLOSURE COPY \*\*

## 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.

OMB No. 1545-0047

Department of the Treasury

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

2023 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change MONTEREY COUNTY YOUTH MUSEUM Name change 77-0394488 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 425 WASHINGTON STREET (831)649-6444625,596. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return MONTEREY, CA 93940 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: LAUREN COHEN Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: HTTP://WWW.MYMUSEUM.ORG/ H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1995 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE AN ENVIRONMENT WHERE **Activities & Governance** CURIOSITY AND CREATIVITY FLOURISH, WHILE BOTH CHILDREN AND ADULTS if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 489,777. 137,962. Contributions and grants (Part VIII, line 1h) 8 209,053. 346,483. Program service revenue (Part VIII, line 2g) 1,317.1,333. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 17,025. 106,697. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 717,172. 592,475. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 225,724. 292,387. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 197,352. 227,441. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 423,076. 519,828. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 294,096. 72,647. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 2,529,730. 2,572,670. Total assets (Part X, line 16) 744,859. 715,152. 21 Total liabilities (Part X, line 26) 三年 784,871. 857,518 Net assets or fund balances. Subtract line 21 from line 20 .... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROBERT LEE, TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 07/30/24 P01323216 RAE GULARTE RAE GULARTE self-employed Paid Firm's EIN 41-0746749CLIFTONLARSONALLEN LLP Firm's name Preparer Firm's address 1188 PADRE DRIVE, **STE 101** Use Only Phone no. (831) 759-6300 SALINAS, CA 93901 X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Page 2

rai	Otalement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROVIDE AN ENVIRONMENT WHERE CURIOSITY AND CREATIVITY FLOURISH	<u></u>
	WHILE BOTH CHILDREN AND ADULTS LEARN TOGETHER THROUGH EXPERIENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	]v [ <del>v</del> ]
		Yes X No
_	If "Yes," describe these new services on Schedule O.	]., [ <del>V</del> ].,
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expe	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expens	ses, and
	revenue, if any, for each program service reported.	
4a		57,995.
	HANDS-ON INTERACTIVE EXHIBITS WITH IDENTIFIED EDUCATIONAL PURPOSES	<del>3;</del>
	WORKSHOPS AND PROGRAMS FOR CHILDREN, FAMILIES AND EDUCATORS	
4b	(Code:) (Expenses \$	<u> </u>
	/ Code / Code	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
		-
4d	Other program services (Describe on Schedule O.)	
<del>-t</del> u		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 291,903.	
4e		orm <b>990</b> (2022)
	Г	UIIII = = = (2U22)

### 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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			7,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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		X
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,			_ <del>-</del>
	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	110		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Δ.
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) MONTEREY COUNTY YO
Part IV Checklist of Required Schedules (continued)

	, and the state of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		<u> X</u>
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%	00		v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		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		<u>X</u>
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		<u> </u>
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	05.		
26	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?	26		х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<del>"</del>		_ <del></del>
<b>3</b> 3	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	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 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	4 12-13-22	Form	990	(2022)

MONTEREY COUNTY YOUTH MUSEUM 77-0394488 Page 5 Form 990 (2022) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 ..... Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a 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 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N.

Form **990** (2022)

17

X

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

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

Sec	tion A. Governing Body and Management			21						
	alon 711 do ronning 2001, until management		Yes	No						
10	Enter the number of voting members of the governing body at the end of the tax year	5	162	NO						
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	4								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	5								
b		4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77						
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
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		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(The sector 2 registes the manual sector sector sector sector sector sector)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a										
b		12b	Х							
С										
	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	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?									
9	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	X							
J	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130								
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iva		16a		Х						
<b>h</b>	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104								
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
		16b								
Sec	exempt status with respect to such arrangements? tion C. Disclosure	100								
	<b>6.5</b>									
17 18	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	le only	availal							
10	for public inspection. Indicate how you made these available. Check all that apply.	jo UHIY)	avalidi	ЛE						
10	(**************************************	d fin -	oic!							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu iinan	uai							
00	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records LAUREN COHEN - (831)649-6444									
	425 WASHINGTON STREET, MONTEREY, CA 93940									

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	itior		nne	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	rson i	is bot	n an	compensation	compensation	amount of	
	week	-	officer and a director.			Tuus	(66)	from	from related	other	
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	9e or (	stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al tru		yee	nd mc		1099-NEC)	10001120,	and related	
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations	
41)	line)	lpul	lust	Officer of the other of the oth	Key	E H	For				
(1) LAUREN COHEN	40.00	-		,,				110 005	0		
EXECUTIVE DIRECTOR	0.00			Х		┝		110,805.	0.	0.	
(2) LINDSEY BERG-JAMES DIRECTOR	1.00							0.	0.	_	
(3) KRISTIN DEMARIA	1.00	Х	$\vdash$			$\vdash$		0.	U •	0.	
DIRECTOR	0.00	X						0.	0.	0.	
(4) VALERIE JOSEPHSON	1.00	Λ				$\vdash$		<u> </u>	0.	<u></u>	
DIRECTOR	0.00	x						0.	0.	0.	
(5) ROBERT LEE	1.00							•			
TREASURER	0.00	х		x				0.	0.	0.	
(6) KEILY SAVUKINAS	1.00								<u> </u>	<u> </u>	
DIRECTOR	0.00	Х						0.	0.	0.	
(7) MONICA SCIUTO	1.00										
DIRECTOR	0.00	Х						0.	0.	0.	
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Name and title  Average hours per week  Week  Average hours per week  Name and title  Average hours per week  Name and title  Average hours per hours per week  Name and title  Average hours per hours per week  Name and title  Average hours per hours per box, unless person is both an order and a director/trustee)  The provided Head of the compensation of the person is both and a director/trustee)  The provided Head of the compensation of the person is both and a director/trustee)  The provided Head of the compensation of the person is both and a director/trustee)  The provided Head of the compensation of the person is both and a director/trustee)  The provided Head of the compensation of the person is both and a director/trustee of the person is both and a director of the pe	Part	art VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
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Total from continuation sheets to Part VIII, Section A   110 , 805 .		Name and title	1	(do					one	Reportable	Reportable		Es	timate	∍d
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Total (add lines 1b and 1c)	י מו	Total from continuation charts to Bort VIII	Coation A						•						0.
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)													2		х
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the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C)		<u> </u>	managatad ind	lono		a+ aa	+		, +h	nat reasily ad mare than t	100 000 of comm		tion fro		
(A) (B) (C)			•	•							•	ensai	tion tro	orm	
			ne calendar ye	eare	enair	ig w	ith C	or wi	<u>tnin</u>		ear.				
NONE SOME			address	NIC	NIE	7					ervices	С	<b>ں</b> comper	r <b>)</b> nsatio	n
				11/	JIVI				$\dashv$	2 2 2 2 3 7 2 1 2 1	5. 1.000				-
									-						
									$\dashv$						
									$\dashv$						
									$\dashv$						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0				ot lir	nited	to t	_		ted	above) who received mo	ore than				

232008 12-13-22

Part VIII   Statement of Revenue	art VIII	art VII
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		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
		Crock in Corregate C Corregation a respective		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns 1a					
ir oui		Membership dues 1b					
δ,ς Am	(	Fundraising events	8,548.				
# Z	(	Related organizations 1d					
s, o	•	Government grants (contributions)					
Sign	1	All other contributions, gifts, grants, and					
he		similar amounts not included above 1f	129,414.				
걸		Noncash contributions included in lines 1a-1f	,				
Son		Total. Add lines 1a-1f		137,962.			
<u> </u>		Total Add in cortain	Business Code				
		ADMISSIONS & MEMBERSHI	713990	334,963.	334,963.		
ice		OUTREACH	713990	11,520.	11,520.		
Program Service Revenue			713990	11,320.	11,520.		
n S	•	•					
ran Sev	•						
og F		•					
Ē	1	All other program service revenue					
		Total. Add lines 2a-2f		346,483.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		1,333.			1,333.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		` '	(ii) Other				
	/ 6		(ii) Other				
	_	assets other than inventory 7a					
		Less: cost or other basis					
Jue		and sales expenses					
ķ	(	Gain or (loss)7c					
her Revenue		Net gain or (loss)					
þe	8 8	Gross income from fundraising events (not					
₽		including \$8 , 548 . of					
		contributions reported on line 1c). See					
		Part IV, line 188a	111,558.				
	ı	Less: direct expenses 8b	16,373.				
		Net income or (loss) from fundraising events		95,185.			95,185.
		Gross income from gaming activities. See					
		Part IV, line 19 <u>9a</u>					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
	10 6		28,260.				
			16,748.				
		•	11 510	11 510			
_		Net income or (loss) from sales of inventory	B	11,512.	11,512.		
SI			Business Code				
Miscellaneous Revenue	11 a	·					
an epr	ŀ						
cel Sev	(						
Ais	(	All other revenue					
	•	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		592,475.	357,995.	0.	96,518.

# Form 990 (2022) MONTEREY COUNTY YOUTH MUSEUM Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	444 455	24 242	45 504	24 242
	trustees, and key employees	114,477.	34,343.	45,791.	34,343.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	150 660	00 004	20 165	15 065
7	Other salaries and wages	152,668.	99,234.	38,167.	15,267.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 040	1 077	7.1	204
9	Other employee benefits	3,042.	1,977.	761.	304.
10	Payroll taxes	22,200.	14,430.	5,550.	2,220.
11	Fees for services (nonemployees):				
а	Management				
b	•	0 100		0 100	
С	Accounting	9,100.		9,100.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6 500	4 005	1 605	650
	column (A), amount, list line 11g expenses on Sch 0.)	6,500.	4,225.	1,625.	650.
12	Advertising and promotion	4,257.	2,767.	1,064.	426.
13	Office expenses	24,588.	15,982.	6,147.	2,459.
14	Information technology	1,940.	1,261.	485.	194.
15	Royalties	21 400	00.415		2 4 4 4
16	Occupancy	31,408.	20,415.	7,852.	3,141.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	622	400	4.50	
19	Conferences, conventions, and meetings	630.	409.	158.	63.
20	Interest	47,111.	30,622.	11,778.	4,711.
21	Payments to affiliates	F.C. 000	26 504	14 051	F (00
22	Depreciation, depletion, and amortization	56,283.	36,584.	14,071.	5,628.
23	Insurance	10,098.	6,563.	2,525.	1,010.
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 0.)				
а	EXHIBIT EXPENSES	15,874.	10,318.	3,969.	1,587.
b	SUPPLIES	7,708.	5,010.	1,927.	771.
c	OUTREACH	7,514.	4,884.	1,879.	751.
d	PARKING PERMITS AND FEE	2,600.	1,690.	650.	260.
-	All other expenses	1,830.	1,189.	458.	183.
25	Total functional expenses. Add lines 1 through 24e	519,828.	291,903.	153,957.	73,968.
26	Joint costs. Complete this line only if the organization	,	,	,	. ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					000

Fai	ιλ	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			524,266.	1	807,149.
	2	Savings and temporary cash investments			305,232.	2	121,572.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ontributor, or 35%				
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,573,347.	4 500 050		1 (12 212
	b	Less: accumulated depreciation		1,929,398.	1,700,078.	10c	1,643,949.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	1 - 4	13			
	14	Intangible assets	154.	14			
	15	Other assets. See Part IV, line 11		I	0 500 530	15	0 570 670
	16	Total assets. Add lines 1 through 15 (must equa			2,529,730.	16	2,572,670.
	17	Accounts payable and accrued expenses		13,691.	17	12,265.	
	18	Grants payable		18			
	19	Deferred revenue		I		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
ĕ		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela			728,026.	23	702,887.
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	720,020	24	102,007
	25	Other liabilities (including federal income tax, pa					
	20	parties, and other liabilities not included on lines					
		of Schedule D	11 27)	. Complete Fart X	3,142.	25	0.
	26	Total liabilities. Add lines 17 through 25		·····	744,859.	26	715,152.
		Organizations that follow FASB ASC 958, che			. = = / 0 00 .		. = 3 7 = 3 = 3
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions				27	
Bala	28	Net assets with donor restrictions				28	
힏		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
, o	29	Capital stock or trust principal, or current funds			0.	29	0.
sets	30	Paid-in or capital surplus, or land, building, or ed		0.	30	0.	
As	31	Retained earnings, endowment, accumulated in			0.	31	0.
Net Assets or Fund Balances	32	Total net assets or fund balances			1,784,871.	32	1,857,518.
_	33	Total liabilities and net assets/fund balances		I	2,529,730.	33	2,572,670.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 , 4 9 , 8:				
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	1,78	2,6				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
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			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,85	7,5	18.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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 Scho	edule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		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)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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

Employer identification number MONTEREY COUNTY YOUTH MUSEUM 77-0394488

Pá	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.					
The	orgar	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	า 990).)							
3		A hospital or a cooperative		•		(b)(1)(A)(ii	ii).					
4	$\Box$	A medical research organiz					=	the hospital's name,				
		city, and state:	•				(	•				
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental unit describe	ed 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).										
7	Ħ	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.)										
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)							
9	同	An agricultural research org			•	ed in coniu	inction with a land-grant	college				
		or university or a non-land-g				-	-	-				
		university:	,			···-,	,					
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns. membership fees. an	d aross receipts from				
		activities related to its exem										
		income and unrelated busir		· ·				-				
		See section 509(a)(2). (Con		,		•	, ,	•				
11		An organization organized a	•	vely to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.					
á		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ipporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
k	, [	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ring				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.								
C	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,				
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.					
C	ı L		integrated. A supp	orting organization oper	ated in cor	nnection v	vith its supported organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness				
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.					
•	. L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, or	* *	nally integrated supporting	ng organiz	ation.						
1	Ent	er the number of supported o	organizations									
		vide the following information			I (iv) Is the oraș	anization listed	L ( ) A	( A				
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		Organization		above (see instructions))	Yes	No	support (see matructions)	support (see instructions)				
_												
Tot	al						I	1				

(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.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010	(13) 2010	(0) 2020	(u) 2021	(0) 2022	(1) 10141
	Gross income from interest,						
·	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
	business is regularly carried on						
40	* *						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
11 12		etc (see instruction	nne)			12	
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax			
10	organization, check this box and stop	•		•	•		
Sec	ction C. Computation of Publi		_				
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021		•	* * * * * * * * * * * * * * * * * * * *		15	%
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies	· ·		•		•	
b	33 1/3% support test - 2021. If the		•				
	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		•	•		viriow the organiz	
h	10% -facts-and-circumstances test	-	-	*			
	more, and if the organization meets the	ū				,	. 5,0 0.
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-		• • •		
		5.100K W		,,	,		(Form 990) 2022

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

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

Sec	etion A. Public Support	ciow, picase comp	ioto i uit ii.j				
	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	(3) = 2 + 2	(12) = 2 + 2	(5) = 1 = 5	(5)	(5) = = =	(,)
	include any "unusual grants.")	124,787.	166,928.	222,681.	489,777.	138,362.	1142535.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	389,745.	243,251.	102,467.	220,795.	357,995.	1314253.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	514,532.	410,179.	325,148.	710,572.	496,357.	2456788.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	39,500.	35,000.	40,000.	37,500.	20,000.	172,000.
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.
С	Add lines 7a and 7b	39,500.	35,000.	40,000.	37,500.	20,000.	
	Public support. (Subtract line 7c from line 6.)						2284788.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total 2456788.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,122.	1,204.	325,148. 1,799.	710,572. 1,317.	496,357. 1,333.	6,775.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	1,122.	1,204.	1,799.	1,317.	1,333.	6,775.
	activities not included on line 10b, whether or not the business is regularly carried on	67,972.	18,208.	10,130.	5,283.	95,185.	196,778.
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.)	583,626.	429,591.	337,077.	717,172.	592,875.	2660341.
14	First 5 years. If the Form 990 is for the	•		•		. , . ,	on,
800	check this box and stop here	o Support Dor					
	etion C. Computation of Publi			-1 (6)		45	85.88 %
	Public support percentage for 2022 (li		•	.,,		15	
	Public support percentage from 2021 etion D. Computation of Inves					16	85.59 %
	Investment income percentage for 20			ne 13 column (f))		17	.25 %
	Investment income percentage from 2					18	.22 %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualif	ies as a publicly su	upported organizat	ion	X
O	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
	<b>Private foundation.</b> If the organization		-			-	

Van Na

### 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.)

	162	140
1		
2		
3a		
3b		
3c		
_		
4a		
4b		
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5a		
5b		
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8		
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9a		
9b		
9c		
23		
10a		
, - 4		
10b		<u> </u>

Par	rt IV   Supporting Organizations (continued)			
	Test a serv		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	ers,		
	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 suppo	rted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t			
	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			
	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			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
Sec	Stion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	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	2		
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			
	supported organizations played in this regard.	3		
Sec	stion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions).		
a		,.		
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instruction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	(000 11.00 000.01	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.	<b>2</b> a		
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				
	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			

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 MONTEREY COUNTY YOUTH M			77-0394488 Page <b>6</b>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
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			

Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

2022

Name of the organization **Employer identification number** MONTEREY COUNTY YOUTH MUSEUM 77-0394488 Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (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 Rule. See instructions.					
General Rule						
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)( contributor, duri	cion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.					
contributor, duri literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify					

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## MONTEREY COUNTY YOUTH MUSEUM

77-0394488

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,829.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$8,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$10,000.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## MONTEREY COUNTY YOUTH MUSEUM

77-0394488

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

## MONTEREY COUNTY YOUTH MUSEUM

77-0394488

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$	Cabadala P. (Farm 000) (0000)				

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** MONTEREY COUNTY YOUTH MUSEUM 77-0394488 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Schedule B (Form 990) (2022)

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **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

Name of the organization

MONTEREY COUNTY YOUTH MUSEUM

**Employer identification number** 77-0394488

Par	t I Organizations Maintaining Donor Advised Fund	ds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exclusive	e legal control?	Yes No
6	$\mbox{\rm Did}$ the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose o	conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the organization	on answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (for example, recreation or e	education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
_			
b			
С.	Number of conservation easements on a certified historic structure in	. ,	2c
d	Number of conservation easements included in (c) acquired after July		
_			
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the	organization during the tax
	year	- 1 t- d	
4	Number of states where property subject to conservation easement i		
5	Does the organization have a written policy regarding the periodic mo		Yes No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling	a of violations, and enforcing cons	
U	Stan and volunteer hours devoted to monitoring, inspecting, nanding	g of violations, and emorcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and enforcing conservat	ion easements during the year
•	7 thount of expenses incurred in monitoring, inspecting, harding of t	iolations, and officing conservat	ion casements daring the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(r	n)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to the	ne organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	· ·	
Par	t III Organizations Maintaining Collections of Art, F	listorical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public exhil	oition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its financial star	tements that describes these items	S.
b	If the organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public exhibiti	on, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, $% \left( 1\right) =\left( 1\right) \left( 1\right) \left$	or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB ASC 958 $$	relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
<u>b</u>	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for For	m 990.	Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Ar				r Other			Continu	Page Z
	•								(CONTINUE	<u>ea)</u>
3	Using the organization's acquisition, accession	n, and other record	s, check	any or the	iollowing tha	t make sigi	illicant u	se or its		
	collection items (check all that apply):		. —		la					
а	Public exhibition	c			hange progr					
b	Scholarly research	e	• '	Other						
С	Preservation for future generations									
4	Provide a description of the organization's col							e in Part	XIII.	
5	During the year, did the organization solicit or								7	
D :	to be sold to raise funds rather than to be mai								<b>」Yes</b>	No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on F	orm 990	, Part IV,	ine 9, or	
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia								7	
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liability	/?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. (									
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo						
	L	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (d	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre		e (line 1a	ı. column (a	)) held as:	<u> </u>				
а	Board designated or quasi-endowment	•	%	,, (	,,					
b	Permanent endowment	%	<b>—</b> /~							
	Term endowment 9/									
•	The percentages on lines 2a, 2b, and 2c shou	=								
32	Are there endowment funds not in the posses	•	ation that	t are held ar	nd administe	red for the				
Ou	organization by:	Sion of the organize	ation that	are neid ai	ia administo	ica ioi tiic			Y	es No
									3a(i)	110
	(i) Unrelated organizations								3a(ii)	
h	(ii) Related organizations	iono liotod ao roquir	od on S	shadula D2					3b	
4	Describe in Part XIII the intended uses of the								SD	
Par	t VI Land, Buildings, and Equipme	ent.	willent it	urius.						
1 0.11	Complete if the organization answered		). Part IV	. line 11a. S	See Form 990	). Part X. lir	ne 10.			
	Description of property	(a) Cost or o			or other	<u> </u>	cumulate	<u>d</u>	(d) Book v	value.
	Description of property	basis (investr			(other)		eciation	٠	(u) book	value
	Land	· · ·			3,000.	асрі	20.4011		<b>483</b>	,000.
	Land				4,897.	6	37,49	7	$\frac{403}{1,137}$	
	Buildings			<b>1</b> ,//	<del>-</del> ,031•	- 0	<i>J 1</i> , 43	, , •	<u> </u>	, 400.
	Leasehold improvements	I								
	Equipment			1 21	E 1E0	1 2	01 00	11	12	E40
	Other				5,450.		91,90			<u>,549.</u>
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990. Part	X. colum	nn (B). line 1	0c.)				1,643	,949.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MONTEREY CC	UM HTUOY YTMU	SEUM	77-0394488 Page <b>3</b>
Part VII Investments - Other Securities.	5 000 B 1 N 1	441 O E 000 B 1 V II 40	
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-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"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

		Reconciliation of Revenue per Audited Financial Statemer	nts With R	Revenue per Returr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Totalı	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b	Donat	red services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes <b>2a</b> through <b>2d</b>			
3		act line <b>2e</b> from line <b>1</b>		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b		(Describe in Part XIII.)	4b		
С		nes <b>4a</b> and <b>4b</b>			
5 <b>D</b> 21	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nte With	Evnonces per Pet	ırn
Pai	LAII	Reconciliation of Expenses per Audited Financial Stateme	iite witii	Expenses per neu	II I I .
_	<b>.</b>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Τ,	T
1		expenses and losses per audited financial statements			
2		nts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		
a		ted services and use of facilities	2a		
b		year adjustments	2b		
C		losses	2c 2d		
d		(Describe in Part XIII.) nes 2a through 2d		2e	
3					
4		act line <b>2e</b> from line <b>1</b>			
a		ment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)			
		nes <b>4a</b> and <b>4b</b>		4c	
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			
Pa	rt XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	nd 2b; Part V, line 4; Par	t X, line 2; Part XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional informa	ation.	

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	<u> </u>					Employer ide	ntification number
MONTEREY COUNTY YOUTH MUSEUM						77-0394488	
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais     a	sed funds through any of the followin  e Solicitat  f Solicitat  g Special  or oral agreement with any individual  art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		•					
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CONCOURSE	SPRING		` '
			TICKETS	ONLINE AUCTI	6	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne			, ,,,	( ),	,	
Revenue	1	Gross receipts	60,104.	20,018.	39,984.	120,106.
н					0 E40	0 540
	2	Less: Contributions			8,548.	8,548.
	_	0 ' " 1 ' " 0	60,104.	20 010	21 126	111 550
	3	Gross income (line 1 minus line 2)	00,104.	20,018.	31,436.	111,558.
	4	Cash prizes				
	_					
	5	Noncash prizes				
Direct Expenses						
oeu	6	Rent/facility costs				
EX						
ect	7	Food and beverages				
ΡĘ						
	8	Entertainment				
	9	Other direct expenses			16,373.	16,373.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			16,373.
	11	Net income summary. Subtract line 10 from line	ne 3, column (d)			95,185.
Pa	rt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue						
Ж	1	Gross revenue				
S	2	Cash prizes				
Jse						
bei	3	Noncash prizes				
Direct Expenses						
.ec	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No ——	No —	No —	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
~						
	_					
10a	\//c	ere any of the organization's gaming licenses re	woked suspended orte	rminated during the tay w	rear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·		ou.,	
J	"	. 55, Одріші і.				
	_					_

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 MONTEREY COUNTY YOUTH MUSEUM //-	139440	o Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	es 🔲 No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		es No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Calming manager compensation		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandaton, distributions		
	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Ye	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule Gifform 990) MONTEREY COUNTY YOUTH MUSEUM 77-0394458 Page 4 Part IV Supplemental Information (continued)	Schedule G	(Form 990)	MONTEREY	COUNTY	YOUTH	MUSEUM	77-0394488	Page 4
	Part IV	Supplemental Infor	mation (continue	ed)				
			,	/				
	_							
	-							
	-							

#### SCHEDULE O (Form 990)

Department of the Treasury

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.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

MONTEREY COUNTY YOUTH MUSEUM

Employer identification number 77-0394488

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEARN TOGETHER THROUGH EXPERIENCE.
FORM 990, PART VI, SECTION A, LINE 1A:
THE BOARD, BY RESOLUTION, ADOPTED BY A MAJORITY OF THE DIRECTORS THEN IN
OFFICE, MAY CREATE ONE OR MORE COMMITTEES, EACH CONSISTING OF ONE OR MORE
DIRECTORS, TO SERVE AT THE PLEASURE OF THE BOARD. APPOINTMENTS TO
COMMITTEES OF THE BOARD SHALL BE BY MAJORITY VOTE OF THE DIRECTORS THEN IN
OFFICE. THE BOARD MAY APPOINT ONE OR MORE DIRECTORS AS ALTERNATE MEMBERS
OF ANY SUCH COMMITTEE, WHO MAY REPLACE AN ABSENT MEMBER AT ANY MEETING. ANY
SUCH COMMITTEE, TO THE EXTENT PROVIDED IN THE RESOLUTION OF THE BOARD,
SHALL HAVE ALL THE AUTHORITY OF THE BOARD, EXCEPT THAT NO COMMITTEE,
REGARDLESS OF THE BOARD RESOLUTION MAY:
(A) FILL VACANCIES ON THE BOARD OR IN ANY COMMITTEE WHICH HAS THE AUTHORITY
OF THE BOARD;
(B) AMEND OR REPEAL ANY BYLAWS OR ADOPT NEW BYLAWS:
(C) AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS
IS NOT SO AMENDABLE OR REPEALABLE;
(D) CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF THE
COMMITTEE OF THE BOARD;
(E) APPROVE ANY CONTRACT OR TRANSACTION TO WHICH THE CORPORATION IS A PARTY
AND IN WHICH ONE OR MORE OF ITS DIRECTORS HAS A MATERIAL FINANCIAL
INTEREST.

MEETINGS AND ACTIONS OF THE COMMITTEES OF THE BOARD SHALL BY,

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

HELD AND

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization MONTEREY COUNTY YOUTH MUSEUM

Employer identification number 77-0394488

TAKEN IN ACCORDANCE WITH THE BYLAWS, CONCERNING MEETINGS AND OTHER ACTIONS

OF THE BOARD, EXCEPT THAT THE TIME FOR REGULAR MEETINGS OF SUCH COMMITTEES

AND THE CALLING OF SPECIAL MEETINGS THEREOF MAY BE DETERMINED EITHER BY

RESOLUTION OF THE BOARD OR, IF THERE NO BOARD RESOLUTION, BY RESOLUTION OF

THE COMMITTEE OF THE BOARD. MINUTES SHALL BE KEPT OF EACH MEETING OF ANY

COMMITTEE OF THE BOARD AND SHALL BE FILED WITH THE CORPORATE RECORDS. THE

BOARD MAY ADOPT RULES FOR THE GOVERNMENT OF ANY

COMMITTEE NOT INCONSISTENT WITH THE PROVISIONS OF THE BYLAWS OR IN THE

ABSENCE OF RULES ADOPTED BY THE BOARD, COMMITTEE MAY ADOPT SUCH RULES.

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

LINE 11B EXPLANATION - FORM 990 REVIEWED BY EXECUTIVE DIRECTOR AND FINANCE COMMITTEE PRIOR TO FILING.

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

THE ORGANIZATION HAS A FORMAL WRITTEN CONFLICT OF INTEREST POLICY AND A

FORMAL CONFLICT OF INTEREST ANNUAL DISCLOSURE. THE FORMS ARE SIGNED

ANNUALLY BY BOTH THE MEMBERS OF THE BOARD OF TRUSTEES AND ALL EMPLOYEES.

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

WHEN DETERMINING THE ANNUAL COMPENSATION ARRANGEMENT IT IS APPROVED BY

INDEPENDENT MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS THAT IS

COMPOSED OF PERSONS WHO DO NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO

THE COMPENSATION ARRANGEMENT.

BEFORE MAKING THE REASONABLE COMPENSATION DETERMINATION, THE BOARD OF

DIRECTORS RELIED UPON COMPARABILITY DATA (COMPARABILITY DATA INCLUDES

COMPENSATION PAID BY COMPARABLE AND SIMILARLY SITUATED ENTITIES) IN

Schedule O (Form 990) 2022	Page 2
Name of the organization MONTEREY COUNTY YOUTH MUSEUM	Employer identification number 77 – 0394488
DECIDING WHETHER TO APPROVE THE COMPENSATION.	
THE BOARD OF DIRECTORS DOCUMENTS ITS BASIS FOR MAKING A RE	ASONABLE
COMPENSATION DETERMINATION, THE TERMS OF THE APPROVED COMP	ENSATION AND THE
DATE APPROVED BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST	

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS													
3	BUILDING	11/01/08	SL	40.00	16	1,127,151.				1,127,151.	385,113.		28,179.	413,292.
5	BUILDING ADDITIONS	11/01/08	SL	40.00	16	8,801.				8,801.	3,007.		220.	3,227.
7	BLDG IMPROV-WASHINGTON ST	11/01/08	SL	40.00	16	41,861.				41,861.	14,309.		1,047.	15,356.
10	BLDG IMPROV-WASHINGTON ST	11/01/08	SL	40.00	16	77,662.				77,662.	26,540.		1,942.	28,482.
13	BLDG IMPROV-WASHINGTON ST	11/01/08	SL	40.00	16	348,659.				348,659.	119,119.		8,716.	127,835.
16	BLDG IMPROV-WASHINGTON ST	11/01/08	SL	40.00	16	116,331.				116,331.	39,743.		2,908.	42,651.
23	MURAL	08/19/09	SL	10.00	16	471.				471.	471.		0.	471.
39	BATHROOM REMODEL	11/30/18	SL	40.00	16	53,961.				53,961.	4,834.		1,349.	6,183.
	* 990 PAGE 10 TOTAL BUILDINGS					1,774,897.				1,774,897.	593,136.		44,361.	637,497.
	FURNITURE & FIXTURES													
1	FURNITURE & FIXTURES	01/01/99	SL	10.00	16	2,042.				2,042.	2,042.		0.	2,042.
2	FURNITURE & FIXTURES	01/01/00	SL	10.00	16	4,427.				4,427.	4,427.		0.	4,427.
19	OFFICE FURNITURE	11/01/08	SL	10.00	16	1,567.				1,567.	1,567.		0.	1,567.
20	SOFTWARE	11/01/08	SL	5.00	16	4,200.				4,200.	4,200.		0.	4,200.
21	COMPUTERS	11/01/08	SL	5.00	16	3,549.				3,549.	3,549.		0.	3,549.
22	OTHER	11/01/08	SL	5.00	16	522.				522.	522.		0.	522.
27	COMPUTER-MAC	05/11/10	SL	5.00	16	1,489.				1,489.	1,489.		0.	1,489.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	C o D	_ine No. (	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
30	COMPUTER	03/19/12	SL	5.00	1	L 6	970.				970.	970.		0.	970.
31	COMPUTER SERVER	03/19/12	SL	5.00	1	L6	851.				851.	851.		0.	851.
40	KONICA MINOLTA BIZHUB COP	12/19/18	SL	5.00	1	L6	3,528.				3,528.	2,471.		706.	3,177.
41	TELCO 6 PHONE SYSTEM	11/01/19	SL	5.00	1	L 6	980.				980.	523.		196.	719.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						24,125.				24,125.	22,611.		902.	23,513.
	LAND														·
4	LAND	01/01/04	L				483,000.				483,000.			0.	
	* 990 PAGE 10 TOTAL LAND						483,000.				483,000.	0.		0.	0.
	OTHER						,				200,000				
6	EXHIBITS-WASHINGTON ST	11/01/08	Сī	10.00	1	L6	70,135.				70,135.	70,135.		0.	70,135.
8															
	WHEELIE MOBILE	11/01/08		10.00		L6	57,000.				57,000.	57,000.		0.	57,000.
9	EXHIBITS-WASHINGTON ST	11/01/08	SL	10.00		L6	33,461.				33,461.	33,461.		0.	33,461.
11	EXHIBITS-WASHINGTON ST	12/31/06	SL	10.00	1	L6	4,909.				4,909.	4,909.		0.	4,909.
12	EXHIBITS-WASHINGTON ST	11/01/08	SL	10.00	1	L6	10,054.				10,054.	10,054.		0.	10,054.
14	EXHIBITS-WASHINGTON ST	11/01/08	SL	10.00	1	L 6	294,023.				294,023.	294,023.		0.	294,023.
15	WHEELIE MOBILE	11/01/08	SL	10.00	1	L6	76,223.				76,223.	76,223.		0.	76,223.
17	EXHIBITS-WASHINGTON ST	11/01/08	SL	10.00	1	L 6	611,381.				611,381.	611,381.		0.	611,381.
18	EXHIBIT-WHEELIE MOBILE	11/01/08	SL	10.00	1	L6	3,135.				3,135.	3,135.		0.	3,135.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
24	EXHIBITS-STORY SPINNER	09/03/09	SL	10.00	1	.6	400.				400.	400.		0.	400.
25	EXHIBITS-EYE CHART	09/03/09	SL	10.00	1	.6	669.				669.	669.		0.	669.
26	EXHIBITS-ATM	04/08/10	SL	10.00	1	.6	3,645.				3,645.	3,645.		0.	3,645.
28	EXHIBITS	01/04/11	SL	10.00	1	.6	10,000.				10,000.	10,000.		0.	10,000.
29	EXHIBITS	09/27/11	SL	10.00	1	.6	5,700.				5,700.	5,700.		0.	5,700.
32	LOAN FEES, UNION BANK	02/14/13	197	120M	ну4	.3	2,706.				2,706.	2,552.		154.	2,706.
33	EXHIBIT-PINSCREEN	06/18/13	SL	10.00	1	.6	4,200.				4,200.	3,780.		420.	4,200.
34	WHEELIE MOBILEE-WRAP	12/17/12	SL	10.00	1	.6	3,864.				3,864.	3,667.		193.	3,860.
35	EXHIBITS-AMAZING AIRWAYS	12/13/13	SL	10.00	1	.6	28,451.				28,451.	24,420.		2,845.	27,265.
36	NEW EXHIBITS	02/05/16	SL	10.00	1	.6	32,048.				32,048.	20,565.		3,205.	23,770.
37	NEW HVAC	06/06/16	SL	10.00	1	.6	21,242.				21,242.	12,921.		2,124.	15,045.
38	NEW EXHIBIT	12/31/16	SL	10.00	1	.6	20,785.				20,785.	11,434.		2,079.	13,513.
	* 990 PAGE 10 TOTAL OTHER					1,	294,031.				1,294,031.3	,260,074.		11,020.	L,271,094.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT					3,	576,053.				3,576,053.3	,875,821.		56,283.	1,932,104.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

MOI	NTEREY COUNTY YOUTH	MUSEUM		FORM 99	90 PA	GE 10		77-0394488
Pa	rt   Election To Expense Certain Proper	rty Under Section 17	79 Note: If you have	any listed pro	operty, co	omplete Part	V before y	ou complete Part I.
1 1	Maximum amount (see instructions)						4	1,080,000.
	Fotal cost of section 179 property place							, ,
	Threshold cost of section 179 property							2,700,000.
	Reduction in limitation. Subtract line 3						1	
	Pollar limitation for tax year. Subtract line 4 from line						5	
6	(a) Description of pr			ost (business use o		(c) Elected o		
7 1	isted property. Enter the amount from	line 29			7			
	Total elected cost of section 179 prope			-			8	
	Tentative deduction. Enter the <b>smaller</b>							
	Carryover of disallowed deduction from							
	Business income limitation. Enter the s							
	Section 179 expense deduction. Add li							
	Carryover of disallowed deduction to 2			Г	13			
	: Don't use Part II or Part III below for				10			
	rt II Special Depreciation Allowa	-		include listed	property	/.)		
14 5	Special depreciation allowance for qua		•			-		
	he tax year			• • •		ū	14	
	Property subject to section 168(f)(1) ele						·	
							16	56,129.
	rt III MACRS Depreciation (Don't		perty. See instructi				10	30,2230
	(	· ·	Section					
17 N	MACRS deductions for assets placed in	n service in tax ve	ars beginning befor	e 2022			17	
	MACRS deductions for assets placed in service of you are electing to group any assets placed in service.	•	0 0				17	
	f you are electing to group any assets placed in serv	ice during the tax year ir	nto one or more general as	set accounts, chec	k here .			em
	f you are electing to group any assets placed in serv  Section B - Assets	Placed in Servic (b) Month and	e During 2022 Tax  (c) Basis for depreci	Year Using to	k here . he Gene	ral Depreciat	tion Syste	
	f you are electing to group any assets placed in serv	ice during the tax year in	nto one or more general as	Year Using to	k here .			(g) Depreciation deduction
18 #	f you are electing to group any assets placed in serv  Section B - Assets  (a) Classification of property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to	k here he Gene	ral Depreciat	tion Syste	
18 h	f you are electing to group any assets placed in serv  Section B - Assets  (a) Classification of property  3-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to	k here he Gene	ral Depreciat	tion Syste	
18 h	f you are electing to group any assets placed in serv  Section B - Assets  (a) Classification of property  3-year property  5-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to	k here . he Gene	ral Depreciat	tion Syste	
18 h	Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to the state of the	k here . he Gene	ral Depreciat	tion Syste	
18 h	f you are electing to group any assets placed in serv  Section B - Assets  (a) Classification of property  3-year property  5-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to the state of the	k here . he Gene	ral Depreciat	tion Syste	
19a b c d	syou are electing to group any assets placed in servent Section B - Assets  (a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to the state of the	k here . he Gene	ral Depreciat	tion Syste	
18 h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to the state of the	k here he Genee	ral Depreciat	tion Syste	
19a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using to Year Using the Ye	k here he Gene Recovery Period  5 yrs.	ral Depreciat	(f) Method	
19a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	Year Using the street accounts, check Year Using the street accounts and street accounts accounts and street accounts accounts and street accounts accounts and street accounts accounts accounts accounts account accounts accounts accounts account accounts account accounts account account accounts account account accounts account accounts account accounts account accounts account accounts account account accounts account account accounts account account account accounts account	k here . he Gene Recovery heriod  5 yrs. 5 yrs.	ral Depreciat  (e) Convention	(f) Method	
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	year Using thation (d) F (s) (s) (d) F (s) (d)	he Gene Recovery Period  5 yrs. 5 yrs.	(e) Convention  MM  MM	(f) Method  S/L S/L S/L	
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property	ice during the tax year in  Placed in Servic  (b) Month and year placed	e During 2022 Tax  (c) Basis for depreci (business/investmen	year Using thation (d) F (s) (s) (d) F (s) (d)	k here . he Gene Recovery heriod  5 yrs. 5 yrs.	ral Depreciat  (e) Convention	(f) Method	
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	year Using thation truse (d) F (s) (	he Gene Recovery For yrs. Syrs. Syrs. Syrs. Syrs.	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
19a b c d e f g h	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	year Using thation truse (d) F (s) (	he Gene Recovery For yrs. Syrs. Syrs. Syrs. Syrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d e f	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	Year Using the state of the sta	he Gene Recovery Fig. 5 yrs. Fig. 5 yrs. Fig. 5 yrs. Fig. 6 yrs. Fig. 7 yrs. F	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	Year Using the state of the sta	he Gene Recovery For yrs. Syrs. Syrs. Syrs. Syrs.	(e) Convention  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b b	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	year Using the trush of the tru	he Gene Recovery Fig. 5 yrs. Fig. 5 yrs. Fig. 6 yrs. Fig. 7 yrs. F	mal Depreciation (e) Convention MM	S/L	(g) Depreciation deduction
19a b c d e f g h i 20a b c d	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year	ice during the tax year in Placed in Servic  (b) Month and year placed in service  // // // //	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	year Using the trush of the tru	he Gene Recovery Fig. 5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	mal Depreciat  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d d e e f g b c d d Pa	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  Summary (See instructions.)	ice during the tax year in Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction	year Using the trush of the tru	he Gene Recovery Fig. 5 yrs. 5 yrs. 5 yrs. 9 yrs. 2 yrs. 0 yrs.	mal Depreciat  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d b c d d Pa 201 l	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  Tt IV Summary (See instructions.)	Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	to one or more general as  e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction  During 2022 Tax Y	year Using the tuse (d) F (s) (a) (d) F (s) (d	he General According to the General According	mal Depreciat  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d e f g h c d Pa 20a 21 1 22 1	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  Summary (See instructions.)	Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction of the control of the contr	year Using the state of the sta	he Genee Recovery Figure 1. So yrs. Figure 2. So	mal Depreciat  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction
19a b c d e f g h c d 20a b c d 21 1 22 1 E	Section B - Assets  (a) Classification of property  3-year property  5-year property  10-year property  20-year property  Residential rental property  Nonresidential real property  Section C - Assets F  Class life  12-year  30-year  40-year  **T IV Summary (See instructions.)  Listed property. Enter amount from line  Total. Add amounts from line 12, lines	Placed in Service  (b) Month and year placed in service  // // // // // // // // // // // // /	e During 2022 Tax  (c) Basis for depreci (business/investmen only - see instruction of the control of the contr	year Using the state of the sta	he Genee Recovery Figure 1. So yrs. Figure 2. So	mal Depreciat  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L	(g) Depreciation deduction

Form 4562	(2022)		MO	NIEKEI	COOL	A.T. X	10
Part V	Liste	d Property	(Include	automobiles	, certain	other	vehic

cles, certain aircraft, and property used for entertainment, recreation, or amusement.)

			of Section A, a						e expense	, comp	lete only	24a,		
	Section A -	Depreciation	on and Other Inf	ormation (Caut	ioi	n: See t	ne instru	ctions for li	mits for pa	sseng	er automol	biles.)		
248	Do you have evidence to s	support the bu	siness/investment	use claimed? [		Yes	☐ No	24b If "Y	es," is the	evider	nce written	ı? 🗌	Yes [	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis		Basis for (business	(e) depreciation /investment only)	(f) Recovery period	(g) Meth Conver	od/	(h) Deprecia deduct	ation	Elec sectio cc	n 179
25	Special depreciation allo	wance for q	ualified listed pro	perty placed in	se	rvice du	ring the t	ax year and	d					
	used more than 50% in	a qualified be	usiness use							25				
26	Property used more than	n 50% in a q	ualified business	use:										
		: :	%											
		: :	%											
		: :	%											
27	Property used 50% or le	ss in a qualit	ied business use	e:										
		: :	%						S/L -					
		: :	%						S/L -					
		: :	%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on li	ne	21, page	e 1			28				
29	Add amounts in column	(i), line 26. E	nter here and or	line 7, page 1								29		
			Sed	ction B - Inform	ati	ion on U	se of Ve	hicles						
Cor	mplete this section for ve	hicles used I	ov a sole proprie	tor, partner, or o	oth	er "more	than 5%	owner." o	r related p	erson.	If you prov	vided v	ehicles	
	our employees, first answ													

30 Total business/investment miles driven during the year (don't include commuting miles)	1 '	(a) Vehicle		<b>(b)</b> Vehicle		(c) Vehicle		(d) Vehicle		e) icle	(1 Veh	•
<ul> <li>31 Total commuting miles driven during the year</li> <li>32 Total other personal (noncommuting) miles driven</li> </ul>												
<ul><li>33 Total miles driven during the year.</li><li>Add lines 30 through 32</li><li>34 Was the vehicle available for personal use during off-duty hours?</li></ul>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<ul><li>35 Was the vehicle used primarily by a more than 5% owner or related person?</li><li>36 Is another vehicle available for personal use?</li></ul>												

# Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization	·					<u> </u>
(a) Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	(d) Code section	(e) Amortizat period or pero		<b>(f)</b> Amortization for this year
42 Amortization of costs that begins during your 2	022 tax year	r:				
	: :					
	: :					
43 Amortization of costs that began before your 2	022 tax year		SI	гмт 1	43	154.
44 Total. Add amounts in column (f). See the instr	uctions for w	vhere to report			44	154.

Form **4562** (2022) 216252 12-08-22

FORM 4562	PART VI	- AMORTIZA	STATEMENT 1			
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
LOAN FEES, UNION BANK	02/14/13	2,706.	197	120M	2,552.	154.
TOTAL TO FORM 4562, LINE	43					154.

#### - CURRENT YEAR FEDERAL -MONTEREY COUNTY YOUTH MUSEUM

Asset No.	Description	Da Acqu	ite Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS												
3	BUILDING	110	108	SL	40.00	16	1127151.			1127151.	385,113.		28,179.
	BUILDING ADDITIONS BLDG	110	108	SL	40.00	16	8,801.			8,801.	3,007.		220.
7	IMPROV-WASHINGTON S	110	108	SL	40.00	16	41,861.			41,861.	14,309.		1,047.
10	BLDG IMPROV-WASHINGTON S	110	108	SL	40.00	16	77,662.			77,662.	26,540.		1,942.
13	BLDG IMPROV-WASHINGTON S	110	108	SL	40.00	16	348,659.			348,659.	119,119.		8,716.
	BLDG IMPROV-WASHINGTON S	110	108	SL	40.00	16	116,331.			116,331.	39,743.		2,908.
23	MURAL	081	909	SL	10.00	16	471.			471.	471.		0.
39		113	018	SL	40.00	16	53,961.			53,961.	4,834.		1,349.
	* 990 PAGE 10 TOTAL BUILDINGS						1774897.		0.	1774897.	593,136.		44,361.
	FURNITURE & FIXTURES												
		010	199	SL	10.00	16	2,042.			2,042.	2,042.		0.
2	FURNITURE & FIXTURES	010	100	SL	10.00	16	4,427.			4,427.	4,427.		0.
19	OFFICE FURNITURE	110	108	SL	10.00	16	1,567.			1,567.	1,567.		0.
20	SOFTWARE	110	108	SL	5.00	16	4,200.			4,200.	4,200.		0.
21	COMPUTERS	110	108	SL	5.00	16	3,549.			3,549.	3,549.		0.
22	OTHER	110	108	SL	5.00	16	522.			522.	522.		0.
27	COMPUTER-MAC	051	110	SL	5.00	16	1,489.			1,489.	1,489.		0.

# - CURRENT YEAR FEDERAL - MONTEREY COUNTY YOUTH MUSEUM

Asset No.	Description	Da Acqu	ite iired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
30	COMPUTER	031	912	SL	5.00	16	970.			970.	970.		0.
		031	912	SL	5.00	16	851.			851.	851.		0.
40		121	918	SL	5.00	16	3,528.			3,528.	2,471.		706.
41		110	119	SL	5.00	16	980.			980.	523.		196.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURE						24,125.		0.	24,125.	22,611.		902.
	LAND												
4	LAND * 990 PAGE 10 TOTAL	010	104	L			483,000.			483,000.			0.
	LAND						483,000.		0.	483,000.	0.		0.
	OTHER EXHIBITS-WASHINGTON												
		110	108	SL	10.00	16	70,135.			70,135.	70,135.		0.
	WHEELIE MOBILE EXHIBITS-WASHINGTON	110	108	SL	10.00	16	57,000.			57,000.	57,000.		0.
9		110	108	SL	10.00	16	33,461.			33,461.	33,461.		0.
11		123	106	SL	10.00	16	4,909.			4,909.	4,909.		0.
12		110	108	SL	10.00	16	10,054.			10,054.	10,054.		0.
		110	108	SL	10.00	16	294,023.			294,023.	294,023.		0.
	WHEELIE MOBILE EXHIBITS-WASHINGTON	110	108	SL	10.00	16	76,223.			76,223.	76,223.		0.
17		110	108	SL	10.00	16	611,381.			611,381.	611,381.		0.
		110	108	SL	10.00	16	3,135.			3,135.	3,135.		0.

# - CURRENT YEAR FEDERAL - MONTEREY COUNTY YOUTH MUSEUM

MONTEREY	COLLYLLA	<b>VOITHU</b>	MITCUIL
1911 / 1/11	C.COOKER T	TUULI	141 いっぱいし

Asset No.	Description	Date Acquire		hod	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	EXHIBITS-STORY SPINNER	0903	09SL	1	10.00	16	400.			400.	400.		0.
25	EXHIBITS-EYE CHART	0903	09SL	1	10.00	16	669.			669.	669.		0.
26	EXHIBITS-ATM	0408	10sL	1	10.00	16	3,645.			3,645.	3,645.		0.
28	EXHIBITS	0104	11SL	1	10.00	16	10,000.			10,000.	10,000.		0.
		0927	11SL	1	10.00	16	5,700.			5,700.	5,700.		0.
	LOAN FEES, UNION BANK	0214	13197	7 1	20M	43	2,706.			2,706.	2,552.		154.
	EXHIBIT-PINSCREEN WHEELIE	0618	13SL	1	10.00	16	4,200.			4,200.	3,780.		420.
34		1217	12SL	1	10.00	16	3,864.			3,864.	3,667.		193.
		1213	13SL	1	10.00	16	28,451.			28,451.	24,420.		2,845.
36	NEW EXHIBITS	0205	16SL	1	10.00	16	32,048.			32,048.	20,565.		3,205.
37	NEW HVAC	0606	16SL	1	10.00	16	21,242.			21,242.	12,921.		2,124.
	NEW EXHIBIT * 990 PAGE 10 TOTAL	1231	16SL	1	10.00	16	20,785.			20,785.	11,434.		2,079.
	OTHER * GRAND TOTAL 990						1294031.		0.	1294031.	1260074.		11,020.
	PAGE 10 DEPR & AMOR						3576053.		0.	3576053.	1875821.		56,283.

# - NEXT YEAR FEDERAL -

# MONTEREY COUNTY YOUTH MUSEUM

Asset No.	Description	Date Acquire		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS									
3	BUILDING	1101	80	SL	40.00	1127151.		1127151.	413,292.	28,179.
5	BUILDING ADDITIONS	1101			40.00	8,801.		8,801.	3,227.	220.
7	BLDG IMPROV-WASHINGTON ST	1101			40.00	41,861.		41,861.	15,356.	1,047.
10	BLDG IMPROV-WASHINGTON ST	1101	380	SL	40.00	77,662.		77,662.	28,482.	1,942.
13	BLDG IMPROV-WASHINGTON ST	1101	80	SL	40.00	348,659.		348,659.	127,835.	8,716.
16	BLDG IMPROV-WASHINGTON ST	1101	38	SL	40.00	116,331.		116,331.	42,651.	2,908.
23	MURAL	0819	9	SL	10.00	471.		471.	471.	0.
39	BATHROOM REMODEL	1130	18	SL	40.00	53,961.		53,961.	6,183.	1,349.
	* 990 PAGE 10 TOTAL BUILDINGS					1774897.		1774897.	637,497.	44,361.
	FURNITURE & FIXTURES									
1	FURNITURE & FIXTURES	0101			10.00	2,042.		2,042.	2,042.	0.
2	FURNITURE & FIXTURES	0101			10.00	4,427.		4,427.	4,427.	0.
19	OFFICE FURNITURE	1101			10.00	1,567.		1,567.	1,567.	0.
20	SOFTWARE	1101			5.00	4,200.		4,200.	4,200.	0.
21	COMPUTERS	1101	380	SL	5.00	3,549.		3,549.	3,549.	0.
22	OTHER	1101	38		5.00	522.		522.	522.	0.
27	COMPUTER-MAC	0511			5.00	1,489.		1,489.	1,489.	0.
30	COMPUTER	0319			5.00	970.		970.	970.	0.
31	COMPUTER SERVER	0319			5.00	851.		851.	851.	0.
	KONICA MINOLTA BIZHUB COP	1219			5.00	3,528.		3,528.	3,177.	351.
41	TELCO 6 PHONE SYSTEM	1101	19	SL	5.00	980.		980.	719.	196.
	* 990 PAGE 10 TOTAL FURNITURE &									
	FIXTURES					24,125.		24,125.	23,513.	547.
	LAND									
4	LAND	0101	)4	L		483,000.		483,000.		0.
	* 990 PAGE 10 TOTAL LAND					483,000.		483,000.	0.	0.
	OTHER									
6	EXHIBITS-WASHINGTON ST	1101			10.00			70,135.	70,135.	0.
8	WHEELIE MOBILE	1101			10.00			57,000.	57,000.	0.
	EXHIBITS-WASHINGTON ST	1101			10.00			33,461.	33,461.	0.
	EXHIBITS-WASHINGTON ST	1231	06	SL	10.00			4,909.		0.
	EXHIBITS-WASHINGTON ST	1101			10.00			10,054.	10,054.	0.
14	EXHIBITS-WASHINGTON ST	1101	8(	SL	10.00	294,023.		294,023.	294,023.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

# - NEXT YEAR FEDERAL -

# MONTEREY COUNTY YOUTH MUSEUM

Asset No.	Description	Dat Acqui		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
15	WHEELIE MOBILE	1101			10.00	76,223.		76,223.	76,223.	0.
17	EXHIBITS-WASHINGTON ST	1101				611,381.		611,381.	611,381.	0.
18		1101			10.00			3,135.	3,135.	0.
24		0903			10.00			400.		0.
25		0903			10.00			669.		0.
26		0408			10.00			3,645.	3,645.	0.
28	EXHIBITS	0104			10.00			10,000.		0.
_	EXHIBITS	0927			10.00			5,700.		0.
32	LOAN FEES, UNION BANK	0214			120M	2,706.		2,706.		0.
	EXHIBIT-PINSCREEN	0618			10.00				4,200.	0.
34	WHEELIE MOBILEE-WRAP	1217			10.00			3,864.		0.
35	EXHIBITS-AMAZING AIRWAYS	1213			10.00			28,451.	27,265.	
	NEW EXHIBITS	0205			10.00			32,048.		
37	NEW HVAC	0606			10.00			21,242.		
38	NEW EXHIBIT	1231	L 16	$\mathtt{SL}$	10.00			20,785.		
	* 990 PAGE 10 TOTAL OTHER					1294031.		1294031.	1271094.	8,594.
	* GRAND TOTAL 990 PAGE 10 DEPR &									
	AMORT					3576053.		3576053.	1932104.	53,502.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone