Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	he 2023 calendar year, or tax year beginning						, 20	23, and endi	ng	, 20			
В	Check if a	applicable:	С								D Emplo	yer identi	fication num	ber
	Addr	ess change	CARL C	HERRY	FOU	NDATION					94-	1207	693	
	Nam	e change	PO BOX								E Teleph			
	-	ıl return	CARMEL	, CA	9392	1					831	-624	-7491	
	-	return/terminated									001	021	7 1 7 1	
		nded return									G Gross	receints 5	,	194,379.
	-	ication pending	F Name a	nd address	of princi	nal officer:				H(a) Is this	a group retu			Yes X No
	ДАРРІ	leation pending	Same A							` '	subordinate attach a lis			Yes No
$\overline{}$	Tay ov	empt status:	X 501(c)(3		501(c) ((insert no.)	4947(a)(1) or 527	If "No,	" attach a lis	t. See ins	tructions.	
<u>'</u>	Webs	-					(IIISELL IIU.)	4347(a)(1) 01 327	-				
_					_	ter.org	 				exemption n			
K		f organization:	X Corpora	tion	Trust	Association	Other		L Year of forma	tion: 194	8 INI	State of le	egal domicile	: CA
Pa	rt I	Summar	у											
	1 B	riefly descri	be the org	anizatio	n's mis	sion or mos	st significant	activities:	See Sche	<u>dule 0</u>				
e	_	. – – – – .												
Activities & Governance	_													
ē	<u> </u>			£ 11						tl O	TO(- 4 :1-			
Ś		theck this bo							isposed of m				seis.	20
∘∀									line 1b)			4		20 0
<u>e</u> s									2a)			5		2
≅												6		76
Act	7 a ⊤	otal unrelate	ed busines	s reveni	ue from	n Part VIII, c	column (C), I	ine 12				7a		0.
_	b N	let unrelated	d business	taxable	incom	e from Form	990-T, Part	I, line 11.				7b		0.
									. 1	P	rior Year		Curre	ent Year
4	8 C	ontributions	and grant	ts (Part '	VIII, lin	ne 1h)				711	62,	647.		89,585.
Ĕ	9 P	rogram serv	ice revenu	ue (Part	VIII, lir	ne 2g)						849.		72,099.
Revenue	10 Ir	nvestment in	ncome (Pa	rt VIII, c	olumn	(A), lines 3,	, 4, and 7d).				4,	146.		4,190.
ď											33,			28,505.
), line 12)		130,	309.	,	194,379.
14 Benefits paid to or for members (Part IX, column (A), line 4)														
.	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 76, 627.											86,291.	
Expenses	16a P	rofessional	fundraisin	g fees (F	art IX,	, column (A)), line 11e)							
ber	b T	otal fundrais	sina expen	ises (Pa	rt IX. c	olumn (D). I	line 25)		30,192.					
X											0.0	916.		115 012
			•	-	• • •)		167,			$\frac{115,013.}{201,304.}$
									·					
- S		everiue iess	exhelises	s. Jubile	act iiiie	10 110111 11116	5 12				-37,		End	-6,925.
ts o		ntal accete 1	(Part Y lir	na 16)							ng of Curre			of Year 444,692.
Net Assets Fund Balanc			-								449, 80,			77,185.
et A			•	-						-	•			
				nces. Si	ubtract	line 21 from	n line 20				369,	709.		367,507.
	rt II	Signatur												
Unde	er penaltie: olete. Decl	s of perjury, I de laration of prepa	eclare that I har arer (other tha	ave examir n officer) is	ned this re s based o	eturn, including a on all information	accompanying son of which prepare	chedules and ser has any kno	tatements, and to wledge.	the best of m	ny knowledge	and belie	ef, it is true,	correct, and
		1												
C !		Signature of	officer							Date				
Siç He	gn ro													
пе	re		r REESE t name and tit							Executi	Lve Di	recto	r	
			oreparer's nan			Droposos!	rianatura		Doto		T	1 1	DTINI	
		, ,	•			Preparer's s	•		Date		Check	⊣ "	PTIN	
Pa			Herrera				Herrera CE				self-employ	/ed	P0174392	28
	eparer		<u>AJ</u>	HOUSTO	N FIN	ANCIAL SE	RVICES INC							
US	e Only	1ly Firm's address 225 CANNERY ROW STE 21							Firm's EIN	88-	2857711			
				TEREY,							Phone no.	(831)	373-38	
May	the IP	S discuss th	is return v	vith the	nrenar	er shown ah	ove? See in	structions				· <u></u>	Y Voc	. No

Par	t III	Statement of Program S							3.7
	D : (1	Check if Schedule O contains		to any line in this P	art III				X
1	-	describe the organization's mis	SSION:						
	see_	Schedule 0							
2	Did the	e organization undertake any signi	ficant program servic	es during the year w	hich were not list	ed on the prior			
							. П ү	es X	No
	If "Yes	s," describe these new services on						15-51	
3		e organization cease conducting		nt changes in how i	it conducts, any	program services?	. Y	es X	No
	If "Yes	," describe these changes on Sch	edule O.				_		
4	Section	ibe the organization's program son 501(c)(3) and 501(c)(4) organevenue, if any, for each progran	nizations are require	nents for each of its ed to report the amo	s three largest pount of grants ar	rogram services, as n nd allocations to other	neasured rs, the tot	by expe al expen	nses. ises,
4a	(Code	:) (Expenses \$	100,658.	including grants of	\$) (Revenue	\$)
		ALOGUING, RECORDING						SPLAY	S.
		ITIONALLY, CO-PRODUC							
		ENCE AND ART SHOWS.							
						11			
4b	(Code	:) (Expenses \$	i	including grants of	\$) (Revenue	\$)
				$-\iota\Omega\Lambda$					
				MU'					
			117						
4c	(Code	:) (Expenses \$	i	including grants of	\$) (Revenue	\$)
	<u> </u>								
4d		program services (Describe on							
	(Expe		including grants) (F	Revenue \$)	
4e	Total	program service expenses	100,	658.					

Form 990 (2023) CARL CHERRY FOUNDATION 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
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 Revenue Procedure 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 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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
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? If "Yes," complete Schedule D, Part IV.	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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)? <i>If "Yes," complete Schedule D, Part X</i>	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		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		Х

Form 990 (2023) CARL CHERRY FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
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? <i>If "Yes," complete Schedule J.</i>	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV	28b		X
С	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 noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
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? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	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		162	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		
ВΛΛ	(gambling) winnings to prize winners?	1c	990 ((0000

Form 990 (2023) CARL CHERRY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	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?	5b		X
	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?	6a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		X
	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 to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			1,,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
·	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		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	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?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	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 10b			
	Section 501(c)(12) organizations. Enter:			
а.	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b		
15	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?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	TEEA0105L 08/23/23	Form	990	2023)

Form 990 (2023) CARL CHERRY FOUNDATION 94-1207693 Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent.... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Χ of officers, directors, trustees, or key employees to a management company or other person?..... Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official..... 15a **b** Other officers or key employees of the organization...See .Schedule..Q..... X 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records.

SUITE 21 MONTEREY CA 93940

(831)

HOUSTON FINANCIAL SERVICES 225 CANNERY ROW,

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average	box,	Position (do not check moox, unless personal difference and a direction)			ion nore than one son is both an		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1) ROBERT REESE	40							4		
Executive Dir.	0	Χ		Χ				44,050.	0.	0.
(2) VIRGINIA CRAPO	2						. 1	V DIF		
Director	0	Χ		1		1	N	0.	0.	0.
(3) KENNETH PARKER	22									
Director	0	X				1		0.	0.	0.
(4) RON BAXTER	2									
Director	0	X						0.	0.	0.
(5) RICHARD CANNON	2									
Director	0	Х						0.	0.	0.
(6) LAURENT GABRIEL	2									
Director	0	Х						0.	0.	0.
(7) JIM DULTZ	2									
Director	0	Х						0.	0.	0.
(8) ANNE MITCHELL	2									
Director	0	Х						0.	0.	0.
(9) BIFF SMITH	2									_
Director	0	Х						0.	0.	0.
(10) ROBIN MCKEE	2									
Director	0	Х						0.	0.	0.
(11) ELLEN OSBORNE	2									_
Director	0	Х						0.	0.	0.
(12) KRIS SWANSON	2									_
Director	0	Х						0.	0.	0.
(13) CAMILLE d'AVENAS	2									_
Director	0	Х			L			0.	0.	0.
(14) ANA SOARES	2									
Treasurer	0	Χ						0.	0.	0.

Form 990 (2023) CARL CHERRY FOUNDATION											
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) per week O ザード ロース 同 エコ				s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated all of othe compensatio	mount r	
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-Z/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the organiz and relat organizati	ted
(15) CANDACE CHRISTIANSEN	2										
Director	2	Х						0.	0.		0.
(16) ARLEEN KREBS Director	$-\frac{2}{0}$	X						0.	0.		0.
(17) ROY MUSTELIER	10	Λ						0.	0.		0.
Treasurer	10-	Х						0.	0.		0.
(18) BOB WALKER	2										
Director	0	Х						0.	0.		0.
(19) BARBARA WARREN	22										
Director	0	X						0.	0.		0.
(20) RICHARD WARREN	2							_	_		
Director	0	X						0.	0.		0.
C21) ROBIN WINFIELD Director	2	Χ						0.	0.		0.
(22) CATHY PRAGER	20	Λ						0.	0.		0.
ADMINISTRATIVE	$-\frac{20}{0}$				Х			0.	0.		0.
(23)											
(24)					1						
(25)	—	N	1								
1b Subtotal								44,050.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A							0.	0.		0.
d Total (add lines 1b and 1c)								44,050.	0.		0.
2 Total number of individuals (including but not limited from the organization 0	I to those I	isted	abo	ve) v	who	receiv	/ed	more than \$100,00	0 of reportable comp	ensation	
2 5:11										Yes	s No
3 Did the organization list any former officer, direct on line 1a? If "Yes, "complete Schedule J for suc	ch individu	e, ке al	ey e		оуеє 	e, or r	iigi	nest compensated	· employee	. 3	Х
4 For any individual listed on line 1a, is the sum o the organization and related organizations greate such individual	er than \$1	50,0	00?	If "	Yes,	" con	nple	ete Schedule J for	•	. 4	Х
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Ye	e comper	nsatio	on fr Sche	om <i>dule</i>	any <i>J f</i> o	unrel or suc	ate	ed organization or	individual	. 5	Х
Section B. Independent Contractors	·									<u> </u>	
1 Complete this table for your five highest comper compensation from the organization. Report comper	sated indessation for	epen the c	dentalen	t coi dar	ntrad vear	ctors endir	tha ng w	it received more the title of the contract of	han \$100,000 of ganization's tax year		
(A) Name and business add					<i>y</i>		.5	(B) Description ((C) Compensat	ion
										•	
2. Total number of independent contractors Controlled	hut net liv-	i+0~l 1	م الم	200 1	liota :	1 0	(0)	who received to	thon		
2 Total number of independent contractors (including \$100,000 of compensation from the organization		ited t	o tho	ose I	usted	ı abov	/e) \	wno received more	ırıan		

		Check if Schedule O contains a response or note to any	line in this Part V	III		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants, r Amounts	1a c	Federated campaigns				
Contributions, Gifts, Grants, and Other Similar Amounts	e f	Government grants (contributions) 1e 24,992. All other contributions, gifts, grants, and similar amounts not included above 1f 64,593. Noncash contributions included in				
Cont	h	Ines 1a-1f.	89,585.			
		Business Code	03/0001			
Program Service Revenue	2a b	PLAYS, THEATRE & CONCERTS OTHER ART EVENTS, RENTS	46,889. 25,210.	46,889. 25,210.		
vice	c					
ı Ser	d					
gran	f	All other program service revenue				
Pro	g	Total. Add lines 2a-2f	72,099.			
	3	Investment income (including dividends, interest, and other similar amounts)	2,235.			2,235.
	4	Income from investment of tax-exempt bond proceeds	2,233.			2,233.
	5	Royalties (i) Real (ii) Personal				
	6a	Gross rents		NAIL		
		Less: rental expenses 6b		11-1-1		
		Rental income or (loss) 6c 26,549.				
		Net rental income or (loss)	26,549.			26,549.
	/a	sales of assets				
	b	ther than inventory Less: cost or other basis and sales expenses 7a				
		Gain or (loss)				
		Net gain or (loss)	1,955.			1,955.
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
er F	h	See Part IV, line 18 8a Less: direct expenses 8b				
Oth		Net income or (loss) from fundraising events				
•	9a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities	1,340.			1,340.
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold 10b				
10	С	Net income or (loss) from sales of inventory Business Code				
9 8 8	11a	State Tax Refund	616.	616.		
scellaneous Revenue	b			<u></u>		
	C	All all and a second a second and a second an				
ZIE R	-	All other revenue	616.			
-	12	Total revenue. See instructions.	194,379.	72,715.	0.	32,079.

Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundráising 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, trustees, and key employees 44,050. 22,025. 15,417. 6,608. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 33,572 16,786 11,750 5,036. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... 1,898 949 664 285. 10 6,771 3,386 015. 2,370 Fees for services (nonemployees): c Accounting..... 7,200 3,600 2,520 1,080. **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column 2,450. 225 858 367. (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 385 193 134. 58. 13 716 1 858 301 557. 14 Information technology..... 15 Royalties 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 Payments to affiliates..... 21 2,119. Depreciation, depletion, and amortization. . . . 14,127. 7,064 4,944. 23 393. 275. 786. 118. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)..... TALENT FEES 16,296 8,148 5,704 2,444. SALE OF ART-ARTIST PORTION 14,663 7,332 5,132 2,199. 5,060 c MAINTENANCE & REPARIS 14,457 7,229 2,168. 5,620 3,934 11,240 <u>UTILITIES</u> 1,686. e All other expenses...See..Sch...O. 29,693. 14,850. 10,391 4,452. **25** Total functional expenses. Add lines 1 through 24e. 201,304. 100,658. 70,454 30,192. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any line	in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash — non-interest-bearing			72,789.	1	67,424.			
	2	Savings and temporary cash investments		58,498.	2	67,390.				
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net				4				
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per		5						
	_	Loans and other receivables from other disqualified po				3				
	6	section 4958(f)(1)), and persons described in section	•			6				
	7	Notes and loans receivable, net		7						
G	7	Inventories for sale or use		L		<u> </u>				
ě	8					8				
Assets	9	Prepaid expenses and deferred charges	1 1			9				
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		547,209.						
	b	Less: accumulated depreciation		265,664.	295,672.	10c	281,545.			
	11	Investments — publicly traded securities		l l		11				
	12	Investments — other securities. See Part IV, line 11		•		12				
	13	Investments – program-related. See Part IV, line 11.			13					
	14	Intangible assets			14					
	15	Other assets. See Part IV, line 11		22,958.	15	28,333.				
	16	Total assets. Add lines 1 through 15 (must equal line	33)		449,917.	16	444,692.			
	17	Accounts payable and accrued expenses		- 1	17 18					
	18		Grants payable							
	19	Deferred revenue		MIL	19					
	20	Tax-exempt bond liabilities				20				
es	21	Escrow or custodial account liability. Complete Part I				21				
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35	5%		22				
_	23	Secured mortgages and notes payable to unrelated th		L		23				
	24	Unsecured notes and loans payable to unrelated third				24				
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relat plete Par	ed third parties, t X of Schedule D.	80,208.	25	77,185.			
	26	Total liabilities. Add lines 17 through 25			80,208.	26	77,185.			
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	<u> </u>	K						
3	27	Net assets without donor restrictions			346,795.	27	344,593.			
m	28	Net assets with donor restrictions		<u></u>	22,914.	28	22,914.			
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here							
ō	29	Capital stock or trust principal, or current funds			29					
ets	30	Paid-in or capital surplus, or land, building, or equipm	nent fund.			30				
SS	31	Retained earnings, endowment, accumulated income,	or other	funds		31				
t A	32	Total net assets or fund balances			369,709.	32	367,507.			
ž	33	Total liabilities and net assets/fund balances			449,917.	33	444,692.			
RΔ	Λ		TEEA0111L	08/23/23	·		Form 990 (2023)			

Form **990** (2023)

_	V V V OINE CHERT TOURSHITON						
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	94,3	379.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	01,3	304.		
3	Revenue less expenses. Subtract line 2 from line 1	-		-6,9	25.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	69,7	709.		
5	Net unrealized gains (losses) on investments.	5		4,7	23.		
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	3	67,5	<u> </u>		
Par	TXII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain						
_	on Schedule O.						
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ed on a					
	Separate basis, Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis						
h	Were the organization's financial statements audited by an independent accountant?		2b		Х		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate of the year were audited on the year were also not the year were audited on a separate of the year were also not year.	ato.	20		Λ		
	basis, consolidated basis, or both.	ale					
	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 audi	t.					
	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						
2-	on Schedule O. As a result of a foderal award, was the argenization required to and tree on audit or audit as a set forth in the	Liniform					
5 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Χ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
BAA	TEEA0112L 08/23/23		Form	990 ((2023)		