Short Form Return of Organization Exempt From Income Tax

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

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Α	For th	e 2023 calendar year, or tax year beginning 7/01 , 2023, and ending 6/30	, 2024
В	Check if		loyer identification number
	Address	change TANGENDIE MONTEDEN	-0400760
	Name c	hange D110 D110 D10 110 110 D10 D10 D10 D10 D	phone number
	Initial re	MONTEREY, CA 93942	31-238-2431
<u></u>		rn/terminated .	
-	Amende	i Ni.	up Exemption nber
누		tion pending	if the organization is not
G	Webs		ttach Schedule B
j J		empt status (check only one) — X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 (Form 990).	
		of organization: X Corporation Trust Association Other:	
L	Add li	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total s (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	\$ 182,929.
Ð.	a3301	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	
3	41.4	Check if the organization used Schedule O to respond to any question in this Part I	X
	1	Contributions, gifts, grants, and similar amounts received	1 135,476.
	2	Program service revenue including government fees and contracts	2 43,882.
	3	Membership dues and assessments	3
	4	Investment income	938.
	5a	Gross amount from sale of assets other than inventory	
	l b	less: cost or other basis and sales expenses	
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c 408.
	6	Gaming and fundraising events:	
9	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a	
ē	b	Gross income from fundraising events (not including \$ of contributions	
Revenue		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	C	Less: direct expenses from gaming and fundraising events	
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
		Gross sales of inventory, less returns and allowances	er et T
	b	Less: cost of goods sold	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a).	7c
	8	Other revenue (describe in Schedule O)	8 2,225.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, /c, and 8	9 182,929. 10
	10	Grants and similar amounts paid (list in Schedule O)	11
	11	Benefits paid to or for members	
ės	12	Salaries, other compensation, and employee benefits	12 76, 954. 13 4, 069.
SUE	13	Professional fees and other payments to independent contractors	
Expenses	14	Occupancy, rent, utilities, and maintenance	14 8,745. 15 14.025.
Ш	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O). SEE SCHEDULE O	
	16	Other expenses (describe in Schedule O)	16 42,858. 17 146,651.
_	17	Total expenses. Add lines 10 through 16	18 36,278.
U	, 18		2804
Not Accete	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	7,934.
Ā	É 20	Other changes in net assets or fund balances (explain in Schedule O)	20
Ž	20	Net assets or fund balances at end of year. Combine lines 18 through 20.	21 44,212.
_	21	Net assets of fullu balances at end of year. Combine these to though 25	Form 990-F7 (2023)

Par	Balance Sheets (see the Instruction Check if the organization used Sche	fuctions for Part II) dule 0 to respond to any que	stion in this Part II				X
					Beginning of year		(B) End of year
22	Cash, savings, and investments				9,796.		44,001.
23	Land and buildings Other assets (describe in Schedule O)	CEE CCUENII E				23	
24	Other assets (describe in Schedule O)	SEE SCHEDOLE	1			24	1,048.
25	Total assets	CEE CCHEDILE			9,796.	25	45,049.
26	Total liabilities (describe in Schedule O)	SEE SCHEDOLE			1,862.	26	837.
27	Net assets or fund balances (line 27 of o	column (B) must agree with I	ine 21)		7,934.	27	44,212.
Pai	t III Statement of Program Service Ac	complishments (see the instr	uctions for Part III))	X		Expenses
110	Check if the organization used Sch		uestion in this Pan			(Regu	ired for section 501 and 501(c)(4)
wnat	is the organization's primary exempt purpose? SEE	SCHEDULE O	te three largest pro	aram	services as	organ	izations; optional
mea	oribe the organization's program service ac sured by expenses. In a clear and concise fited, and other relevant information for e	manner, describe the service	es provided, the n	umbe	r of persons		hers)
	efited, and other relevant information for e	ach program title.	OR DADELY III	77.00			
28	ENSEMBLE MONTEREY PRESENT	ED EIGHT CONCERTS	OF KAKELY HE	TAKT			
	CLASSICAL MUSIC AS WELL A	S CONTEMPORARY COM	BOSEKS DOKT	<u> 1</u>	HE LISCAL	İ	
	YEAR.	s amount includes foreign gr	ants check here			28a	112,513.
	(Grants \$) If thi	s amount includes loveigh gr	arts, creck riere			204	112,515.
29							
	(Grants \$) If thi	is amount includes foreign gr	ants, check here			29a	
30	(Grants \$) if the	s amount morages releign gr	<u>,</u>				
50							
	(Grants \$) If th	is amount includes foreign gr	ants, check here.			30a	
31	Other program services (describe in Sch	edule O)					
	(Grants \$) If th	is amount includes foreign gi	rants, check here			31a	
32	Total program service expenses (add lin	nes 28a through 31a)				32	112,513.
Pa	It IV List of Officers, Directors,	Trustees, and Key Emp	loyees (list each one	e even	if not compensated — se	ee the i	nstructions for Part IV)
	Check if the organization used Sc	hedule O to respond to any o	question in this Par	t IV.			
		(b) Average hours per	(c) Reportable compens (Forms W-2/1099-MI	ation	(d) Health benefits contributions to emplo	vee l	(e) Estimated amount of
	(a) Name and title	week devoted to position	1099-NEC) (if not paid, enter -0	1	benefit plans, and defe	erred	other compensation
	ANATO DATITIVATED		(II Hot para, enter a	' 			
	ANNE_FAULKNER	1		0.		o.l	0.
_	ARD MEMBER B KLEVAN			- 			
	ARD MEMBER	1		o.l		0.	0.
	SLIE FOOTE						
	CE PRESIDENT	2		0.	İ	0.	0
	RI SCHULMAN						
	VANCEMENT DIR	10	6,2	60.		0.	0
	NDRA SCHULLER						
	MIN DIRECTOR	_ 25	11,2	50.		0.	0
	VID GATWOOD						
	ARD MEMBER	1		0.		0.	0
	ISTINA TEMPLEMAN						
DI	R MKTG/COMM	10	11,2	<u>50.</u>		0.	0
CI	AIRE HORN						_
BC	ARD MEMBER	1		0.		0.	0
	RK MATHEW						
	CRETARY	2	2	0.		0.	0
	HN ANDERSON					_	
	TISTIC DIR	15	<u> </u>	0.		0.	00
GF	ANT ROSEN			^		^	_
	ARD MEMBER	1		0.		0.	0
PE	TER C LEMBERG			_		0	1
BC	ARD MEMBER	2	2	0.		0.	0
\perp_{I}	RRY WHITNEY			^		0	0
PF	RESIDENT		4	0.		0.	ļ <u> </u>
			00/07/03		<u> </u>		Form 990-EZ (2023)
RΔ	٨	TEEA0812L	U0/U/123				1 OHH 330-EZ (2023)

Par	Other Information (Note the Schedule A and personal benefit contract statement re		EE S	CII($^{\prime}$ \square
	the instructions for Part V.) Check if the organization used Schedule O to respond to any	question in this Part v	· · · · · ·	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS?		early **	100 m	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	If "Yes " provide a detailed description of each activity in Schedule O		33		X
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		34	***	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from to (such as those reported on lines 2, 6a, and 7a, among others)?	ousiness activities	35a	The second	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an	explanation in Schedule O	35b		
0	We the examination a section $501(c)(A)$, $501(c)(5)$, or $501(c)(6)$ organization subject to sect	ion 6033(e) notice.		120014	all boot year.
•	reporting, and proxy tax requirements during the year? If "Yes," complete Scriedule C, Part	11	35 c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	36	17.272.50	Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year?	37a 0.	37b	- 136	X
200	and the experiencian borrow from or make any loans to any officer director trustee or key employ	ee: or were	2713	1000	Address.
	any such loans made in a prior year and still outstanding at the end of the tax year covered	by this return:	38a	4500	X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b 0.	STATE OF	- 915x	dille.
39	Section 501(c)(7) organizations. Enter:			2502.234	2000 2000 2000 2000 2000 2000 2000 200
ā	Initiation fees and capital contributions included on line 9	39a 0.	CARDAP CONTRACTOR	476.	mangar Marana
	Gross receipts, included on line 9, for public use of club facilities	39b 0.			1000 1000 2000
40 a	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the	e year under:	tor.		Titles
	section 4911: 0.; section 4912: 0.; section 495	5: <u>0.</u>	DAGE.	64	- 4
ŧ	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in a benefit transaction during the year, or did it engage in an excess benefit transaction in a pri	ny section 4958 excess or year that has not been	7.40	22	10/20/07
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b		X
	Section 501(a)(3) 501(a)(4) and 501(a)(29) organizations. Enter amount of tax imposed on organizations.	zation		785. 11. co	100000 10000 10000
	managers or disqualified persons during the year under sections 4912, 4955, and 4956	· · · · · · · · · · · · · · · · · · ·			T. austin
(d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbul by the organization	sed 0.	1956.6		
	e All organizations. At any time during the tax year, was the organization a party to a prohibit shelter transaction? If "Yes," complete Form 8886-T	ed tax	40e		X
	shelter transaction? It "Yes." complete Form 8880-1				
	State of the state of the section is filed.				
41	and the state of the second this material is filled.				
41	List the states with which a copy of this return is filed:				
41	a The organization's books are in care of: SANDY SCHULLER	Telephone no. <u>831–2</u> ZIP + 4 <u>93924</u>			
42	a The organization's books are in care of: Located at: 2 LAZY OAKS CARMEL VALLEY CA	Telephone no. <u>831</u> –2 ZIP + 4 <u>93924</u>		431 Yes	No
42	a The organization's books are in care of: Located at: 2 LAZY OAKS CARMEL VALLEY CA	Telephone no. <u>831</u> –2 ZIP + 4 <u>93924</u>			No X
42	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other	Telephone no. <u>831</u> –2 ZIP + 4 <u>93924</u>			+
42	a The organization's books are in care of: Located at: 2 LAZY OAKS CARMEL VALLEY CA	Telephone no. <u>831</u> –2 ZIP + 4 <u>93924</u>			+
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42:	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the United States of San San San San San San San San San San	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)?	42b		X
42	a The organization's books are in care of: Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Urit "Yes," enter the name of the foreign country:	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)?	42b	Yes	X
42:	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of C At any time during the calendar year, did the organization maintain an office outside the Urit "Yes," enter the name of the foreign country: Section 4947(a)(1) poneyempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — C	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States?	42b	Yes	X X
42	a The organization's books are in care of: Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Urit "Yes," enter the name of the foreign country:	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States?	42b	Yes	X X N/A N/A
41 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMET VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of the Calendar year, did the organization maintain an office outside the Urili "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — or and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831-2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States? Check here	42b 42c	Yes	X X N/A N/A N/A
41 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMET VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other if "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of the Atlany time during the calendar year, did the organization maintain an office outside the Unif "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — or and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831-2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States? Check here	42b	Yes	X X N/A N/A
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41 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMET VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Urit "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States? Check here 43 er completed instead	42b 42c	Yes	X X N/A N/A N/A N/A
41 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or other financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unif "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States? Check here 43 43 44 45 45 45 45 45	42b 42c	Yes	X X N/A N/A N/A N/A X X
42 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unit "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). hited States? Check here 43 er completed instead	42b 42c 44c 44c 44c	Yes	X N/A N/A N/A N/A X X
42 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMET VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial c At any time during the calendar year, did the organization maintain an office outside the Ur If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). inted States? Check here 43	42b 42c 42c	Yes	X N/A N/A N/A N/A X X
42 42 43	a The organization's books are in care of: SANDY SCHULLER Located at: 2 LAZY OAKS CARMEL VALLEY CA b At any time during the calendar year, did the organization have an interest in or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial of At any time during the calendar year, did the organization maintain an office outside the Unit "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — (and enter the amount of tax-exempt interest received or accrued during the tax year	Telephone no. 831–2 ZIP + 4 93924 er authority over a financial account)? Accounts (FBAR). inted States? Check here 43	42b 42c 42c	Yes	X N/A N/A N/A N/A X X X

	Z (2023) ENSEMBLE MONTEREY			77-040	0760	Page 4
46 Did the candida	e organization engage, directly or indirect ates for public office? If "Yes," complete	ctly, in political campa e Schedule C, Part I.	aign activities on behalf o	f or in opposition to	46	Yes No
	Section 501(c)(3) Organizations All section 501(c)(3) organization for lines 50 and 51.	ons must answer o				
	Check if the organization used S	Schedule O to res	pond to any question	n in this Part VI	<u></u>	Yes No
comple	e organization engage in lobbying activities ete Schedule C, Part II				47	X
49a Did the	organization a school as described in se e organization make any transfers to an s," was the related organization a sectio	exempt non-charitablen 527 organization?	le related organization?		49a 49b	X
50 Comple	ete this table for the organization's five high	hest compensated empl 00 of compensation fror	loyees (other than officers, m the organization. If there	directors, trustees, and k is none, enter "None."	key	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp	
NONE						
		-				
		-				
f Total	number of other employees paid over \$	100.000				
51 Compl	lete this table for the organization's five hig ensation from the organization. If there	hest compensated inde is none, enter "None."	pendent contractors who e	ach received more than \$	\$100,000 of	
51 Compl compe	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent	hest compensated inde is none, enter "None."		ach received more than \$		pensation
51 Compl compe	lete this table for the organization's five hig ensation from the organization. If there	hest compensated inde is none, enter "None." contractor				pensation
51 Comple	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent or	hest compensated inde is none, enter "None." contractor				pensation
51 Comple	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent or	hest compensated inde is none, enter "None." contractor				pensation
51 Comple	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent or	hest compensated inde is none, enter "None." contractor				pensation
51 Comple	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent or	hest compensated inde is none, enter "None." contractor				pensation
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51 Comple	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent or	hest compensated inde is none, enter "None." contractor				pensation
NONE	lete this table for the organization's five hig ensation from the organization. If there (a) Name and business address of each independent of	hest compensated inde is none, enter "None."	(b) Type	of service		pensation
NONE d Total 52 Did th	lete this table for the organization's five highersation from the organization. If there (a) Name and business address of each independent of the control o	hest compensated inde is none, enter "None." contractor rs each receiving over	(b) Type (c)(3) organizations must	of service	(c) Comp	
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NONE d Total 52 Did th comp Under penaltie true, correct, a	number of other independent contracton of organization complete Schedule A? Independent complete Schedule A? Independent complete Schedule A. Signature of officer SANDRA SCHULLER Type or print name and title Print/Type preparer's name CYNTHIA E. DAVIS, CPA Firm's name BIANCHI, KASAV, Firm's address 1000 MUNRAS AV.	rs each receiving over Note: All section 501(contractor is based on all information is	the dules and statements, and to to not which preparer has any known batter and the dules and statements.	attach a he best of my knowledge and b wledge. Date ADMINISTRATIVI Check if self-employed Firm's EIN	(c) Comp X Ye	s
NONE d Total 52 Did th comp Under penaltie true, correct, a Sign Here Paid Preparer Use Only	number of other independent contractone organization complete Schedule A? Independent contractone organization contractone organizat	rs each receiving over Note: All section 501(contractor) In including accompanying scorer) is based on all information Preserved All section 501(contractor) Preserved All section 501(contractor) AN & POPE, LLF E STE 200 3940	(b) Type (b) Type (c) Type (c) Type (d) Type (e) Type (e) Type (f) Type (f) Type (g) Ty	attach a he best of my knowledge and b wledge. Date ADMINISTRATIVI (24 Check if self-employed if self-em	(c) Comp X Ye	s

SCHEDULE A (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2025

Open to Public Inspection

me o	f the	organization					Employer identificati	on number	
NSI	ΞMI	BLE MONTEREY					77-0400760		
art	10	Reason for Public Char	ity Status. (All or	ganizations must c	omplet	te this	part.) See instruct	ions.	
he o	rga	nization is not a private founda	ation because it is: (F	or lines 1 through 12, c	heck on	ly one b	ox.)		
1		A church, convention of churche)(1)(A)(i)	•		
2		A school described in section							
3		A hospital or a cooperative ho	ospital service organiz	zation described in sect	ion 170((b)(1)(A)	(iii).		
4		A medical research organizati	ion operated in conjur	nction with a hospital d	escribed	in sect	ion 170(b)(1)(A)(iii). En	ter the hospital's	
	_	name, city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gove							
7		An organization that normally re in section 170(b)(1)(A)(vi). (C	Complete Part II.)			ntal unit	or from the general publ	ic described	
8		A community trust described							
9	F	An agricultural research organiz	ation described in sect	ti on 170(b)(1)(A)(ix) opera	ited in co	njunctio	n with a land-grant collec	je	
-		or university or a non-land-gran university:	t college of agriculture	(see instructions). Enter	the name	e, city, a — – –	nd state of the college or 		
10	X	1	receives (1) more th xempt functions, subj ated business taxable	ject to certain exceptions income (less section 5					
11		An organization organized an	d operated exclusivel	ly to test for public safe	ty. See	section	509(a)(4).		
12		An organization organized an or more publicly supported or lines 12a through 12d that de	d operated exclusive	ly for the benefit of, to	perform	the fund	ctions of, or to carry ou	t the purposes of one (3). Check the box on	
а		Type I. A supporting organization organization (s) the power to recomplete Part IV, Sections A	on operated, supervised gularly appoint or elect a and B.	d, or controlled by its sup a majority of the director	ported or s or trust	ganization tees of the	on(s), typically by giving ne supporting organizatio		
b		Type II. A supporting organiz management of the supporting must complete Part IV, Secti	ation supervised or co organization vested in ons A and C.	the same persons that co	ontroi or i	manage	the supported organization	on(s). Tou	
c		Type III functionally integrated. organization(s) (see instruction	A supporting organizations). You must comp	ion operated in connection lete Part IV, Sections	n with, an A, D, and	id functio	nally integrated with, its s	supported	
d		Type III non-functionally integrated. The constructionally integrated. The constructions). You must com	rated. A supporting organization generally plete Part IV, Section	anization operated in cor must satisfy a distribute s A and D, and Part V.	nection v tion requ	with its s uirement	upported organization(s) t and an attentiveness	that is not requirement (see	
е	Γ	Oheals this hay if the organize	ation received a writte	en determination from t	he IRS t	that it is	a Type I, Type II, Type	e III functionally	
•	L	Tintograted or Type III non-fu	inctionally integrated :	supporting organization	١.				
f	E	nter the number of supported crovide the following information	وماحت مستنب والالان والا	d arganization(c)					
g			(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other	
	(i) N	lame of supported organization	(H) CNV	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)	
					Yes	No			
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(A)									
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(B)									
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Part IL Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization	failed to	gualify (under Part III. If the
(Complete only if you checked the box of time of 7, of o of that I of it also significant		q	
organization fails to qualify under the tests listed below, please complete Part II	1.)		

Sect	ion A. Public Support						
Caler begir	dar year (or fiscal year ning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization'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)					Contract of the contract of th	
6	Public support. Subtract line 5 from line 4	To the state of th	The Control of the Co	Section 200 Section Francis Commission 200 Section 200	And Was Company and Was Company and Company (II)	Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Constant of Cons	
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	AND SECURITY OF THE PERSON NAMED IN	40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Same Same	1000	
12	Gross receipts from related acti	vities, etc. (see in	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organizat	ion's first, second	l, third, fourth, or	fifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	ıblic Support I	Percentage				
14	Public support percentage for 2	023 (line 6, colum	n (f), divided by	line 11, column (f)))	14	<u> </u>
	Public support percentage from						
	33-1/3% support test—2023. If and stop here. The organization	n qualifies as a pu	ibliciy supported t	organization			
t	33-1/3% support test-2022. If t and stop here. The organizatio	he organization d n qualifies as a po	id not check a bo ublicly supported	x on line 13 or 16 organization	a, and line 15 is 3	33-1/3% or more, c	heck this box
	10%-facts-and-circumstances to or more, and if the organization the organization meets the fact	n meets the facts- s-and-circumstand	ces test. The orga	anization qualifies	as a publicly sup	ported organization	i
	or more, and if the organization organization meets the facts-are	n meets the facts- nd-circumstances	and circumstance test. The organiza	es test, check this ation qualifies as	a publicly support	ed organization	
18	Private foundation. If the organ	nization did not ch	eck a box on line	: 13, 16a, 16b, 17a	a, or 1/b, check to		
BA			TEEAOAOSI	08/14/23		Schedule	A (Form 990) 2023

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.)

	ion A. Public Support						
Calend	ar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include					ĺ	
	received. (Do not include					405 456	E CO 420
	any unusuai-grants.) [75,204.	97,656.	134,101.	118,002.	135,476.	560,439.
2	Gross receipts from admissions,					İ	
	merchandise sold or services performed, or facilities						
	furnished in any activity that is						
	related to the organization's					40.000	111 006
	tax-exempt purpose	18,279.	98.	20,163.	29,504.	43,882.	111,926.
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.	1,195.					1,195.
4	Tax revenues levied for the		·				
	organization's benefit and						
	either paid to or expended on its behalf						0.
5	The value of services or						
•	facilities furnished by a						
	governmental unit to the organization without charge						0.
_	•	04 670	07 754	154,264.	147,506.	179,358.	673,560.
	Total. Add lines 1 through 5 Amounts included on lines 1,	94,678.	97,754.	154,204.	147,300.	179,330.	075,500.
/a	2, and 3 received from					_	_
	disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or					ļ	
	1% of the amount on line 13	_		_			٥
	for the year	0.	0.	0.	0.	0.	0.
С	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support. (Subtract line					Aufter The Control	673,560.
	7c from line 6.)		100	300		Access to the same of the same	013,300.
Sec	tion B. Total Support	¥			4 15 0000	1 (1) 0000	(A) Tatal
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	94,678.	97,754.	154,264.	147,506.	179,358.	673,560.
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents, royalties, and income from						
	similar sources	3.	395.	197.	48.	938.	<u>1,581.</u>
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975.						0.
c	Add lines 10a and 10b	3.	395.	197.	48.	938.	1,581.
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include						
12	gain or loss from the sale of						
	capital assets (Explain in Part VI.) SEE PART VI				4,702.	2,633.	7,335.
12	Total support. (Add lines 9,						500 475
	10c 11 and 12)	94,681.	98,149.	154,461.	152,256.	182,929.	682,476.
14	First Evenue If the Form 000 is	for the organizati	ion's first second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	
	organization, check this box and	d stop here					
Sec	tion C. Computation of Pu	iblic Support I	Percentage				1
15	Public support percentage for 2	023 (line 8, colum	nn (f), divided by	line 13, column (1	7))		98.69 %
16	Public support percentage from	2022 Schedule A	, Part III, line 15		<u> </u>	16	99.11 %
	ction D. Computation of In						
	Investment income percentage	for 2023 (line 10c	. column (f). divid	ded by line 13, co	lumn (f))		0.23 %
17	Investment income percentage	from 2022 Sched	ule A Part III line	e 17			0.11 %
18		the even delice	did not chack the	hov on line 14 a	and line 15 is mor	e than 33-1/3%. ai	nd line 17
	ic not more than 33-1/3% chec	k this hox and Sto	ob nere. The olua	nization quannes	as a publicly sup	ported organization	
	20 4/20/	the ergonization	did not check a h	ox on line 14 or l	ine 19a. and line	16 is more than 33	5-1/5%, and
	line 18 is not more than 33-1/3	%. check this box	and stop nere.	ne organization q	uannes as a publ	iciy supported orga	**************************************
20	Private foundation. If the organ	nization did not ch	eck a box on line	14, 19a, or 19b,	check this box ar	id see instructions	
54			TEEA04031			Schedule	A (Form 990) 2023

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	۹. All	Supporting	g Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
 - **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Par	1 Supporting Organizations (continued)			
		90° 00 0000	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? 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	20年期间20°0	
Sec	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 or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported 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	35800 	
Sec	ction C. Type II Supporting Organizations			
		CR CONST	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		(A)
Sec	ction D. All Type III Supporting Organizations			
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	Yes	No
2	and the supported	2	And the second s	
3	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		
Se	ction 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 instructions).			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e inst	ructio	1s).
,			Yes	
2		300	en at "Vie	
	a 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.	28	3	
	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.	21	b	12
•	Parent of Supported Organizations. Answer lines 3a and 3b below.			4
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3:	a	Sec.
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3	b l	36

ENSEMBLE MONTEREY

Parl	▼ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain in st complete Sections A	inough E.
Sect	tion 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		
Sec	tion 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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):		Addition to the second	
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		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	100 TO 10	777
	Enter 0.85 of line 1.	2	79	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4		4	45 and the second part of the	in the state of th
5		5		(元) (本) (報)
6	temporary reduction (see instructions).	6		The state of the s
7	Check here if the current year is the organization's first as a non-functionally in (see instructions).	tegrat		
RΛ			Scl	nedule A (Form 990) 20

Part	▼ Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ons (continued	<u>) </u>	
	on D — Distributions		Current Year		
	Amounts paid to supported organizations to accomplish exempt pu			1	
	Amounts paid to perform activity that directly furthers exempt purposes on income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5_	Qualified set-aside amounts (prior IRS approval required - provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide o	letails 	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
	Distributable amount for 2023 from Section C, line 6	4 19 19 19 19 19 19 19 19 19 19 19 19 19	The second secon	Carlos Santa	
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.	And the second s	as zname.		Control of the Contro
3	Excess distributions carryover, if any, to 2023	A Company of the Comp			
а	From 2018	Secretary and the	Carlot Salaria	pade.	TOTAL CONTRACTOR OF THE PERSON
b	From 2019			. *********	The section of the se
С	From 2020	All the Control of th	Total Total		ACCES TO SECURITY OF SECURITY
d	From 2021	20,400 Sport 4000	100		STATE OF THE PARTY
е	From 2022		Street Committee	india.	45 (10 m)
	Total of lines 3a through 3e				A STATE OF THE STA
	Applied to underdistributions of prior years	-15 (10 m) (10 m		C.51.44	The second secon
_	Applied to 2023 distributable amount		The second secon		
	Carryover from 2018 not applied (see instructions)		100 mm		-1020p
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			Book as	15.04C
	Distributions for 2023 from Section D, line 7:	English State Control of the Control	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	20 20 20 20	and the second s
а	Applied to underdistributions of prior years			5782.080	
	Applied to 2023 distributable amount	The Part of the Pa	State of Sta	activities	
	Remainder. Subtract lines 4a and 4b from line 4.				70.000
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.	Control of the Contro		1000 N 1000	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	The property of the property o		ika Harr	
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		- 100 Marie 1		The state of the s
	Breakdown of line 7:	The state of the s	Transfer of the second		78 days (1984) 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Excess from 2019	AND THE PARTY OF T			TOTAL TENED TOTAL TOTAL TENED TO THE TENED TO THE TENED TO THE TENED TO THE TENED TO THE TENED TO THE TENED TO THE TENED TO THE TENED TENED TO THE TENED TENED TO THE TENED
	Excess from 2020	And the state of t	The second		April 1997 P. L.
	Excess from 2021	The second secon	and English	Approx.	The second secon
	Excess from 2022	THE PARTY OF THE P	Contract Con		
	Excess from 2023	STATES THE STATE OF THE STATE O	Service Annual Control of the Contro	illia Mila	Tables
				- 44-	Jula A (Farm 000) 2022

BAA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI

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

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
GAIN/LOSS ON SALE OF SEC	URITIES	\$ 3,052.			
ADVERTISING LT CAP GAIN FROM K-1	\$ 2,225. 408.	1,650.			
TOTAL	\$ 2,633.	\$ 4,702.	\$ 0.	\$ 0.	\$ 0.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ENSEMBLE MONTEREY

FORM 990-EZ, PART I, LINE 5C

Employer identification number

77-0400760

OTHER ASSETS	NINVENTORY SAL	LES	_		
DESCRIPTION: DATE ACQUIRED: HOW ACQUIRED: DATE SOLD:	LTCG - FORM	K-1 - R H	ARTMANN CRT		
TO WHOM SOLD: GROSS SALES PRICE:		408.			
COST OR OTHER BASIS: BASIS METHOD:	COST	0.		GAIN (LOSS)	408.
		TOTAL	GAIN (LOSS) OTHER ASSETS \$	408.
	TOTAL NET	GAIN (LOSS)	FROM NONI	NVENTORY SALES \$	408.
FORM 990-EZ, PART I, LINE OTHER REVENUE	8				
ADVERTISING				TOTAL \$	2,225. 2,225.
FORM 990-EZ, PART I, LINE OTHER EXPENSES	16				
TOTAL THE PROMOTE	T (NI			\$	8 212

ADVERTISING AND PROMOTION	\$	8,212. 1,539.
FUNDRAISING.		1,018.
INFORMATION TECHNOLOGY		203.
TNSHRANCE		7,069.
LICENSE & PERMITS		609.
MISCELLANEOUS		63.
MUSTC RENTAL		1,845.
OFFICE EXPENSES		435.
OTHER CONCERT EXPENSES		2,890.
PIANO RENTAL & TUNING		1,4/5.
WORLD PREMIERE EXPENSES	. s	42 858

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

	B	<u>EGINNING</u>	 ENDING
ACCOUNTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES	\$	0. 0.	\$ 700. 348.
TOTAL	\$	0.	\$ 1,048.

Name of the organization	Employer identification number
ENSEMBLE MONTEREY	77-0400760

FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES

	<u>BEGINNING</u>		<u>ENDING</u>	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES. PAYROLL TAX PAYABLE.	\$	726. 1,136.	\$	0. 837.
TOTAL	<u>ş</u>	1,862.	<u>Ş</u>	837.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENSEMBLE MONTEREY PRESENTS CONCERTS OF RARELY HEARD CLASSICAL MUSIC AS WELL AS CONTEMPORARY COMPOSERS.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO