8879-TF

IKS E-file Signature Authorization for a Tax Exempt Entity

, 2023, and ending $\,\,$ JUN $\,\,$ 30 $\,\,$, 20 $\,$ 24

2023

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. EIN or SSN Name of filer MONTEREY AUDUBON SOCIETY 94-2397544 ROBERT HORN Name and title of officer or person subject to tax TREASURER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b ____ 180,523. Form 990 check here 1a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______ 2b __ 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b 3a b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... 4a Form 8868 check here 5a b Balance due (Form 8868, line 3c) 5b Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 7a Form 4720 check here Form 5227 check here 8a b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here 9b 9a b Tax due (Form 5330, Part II, line 19) Form 8038-CP check here Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🛛 I am an officer of the above entity or 🔲 I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize CLIFTONLARSONALLEN LLP to enter my PIN Enter five numbers, but **ERO firm name** do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed es) regulating charities as part of the return. If I have indicated within this return that IRS Fed/State program, I will enter my PIN on the retu **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 77679055902 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 10/28/24 KIELY HOLCOMB, CPA ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2023)

LHA 302521 01-05-24

Return of Organization Exempt From Income Tax

VIC

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For th	e 2023 calendar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024			
В	Check if	C Name of organization	D Employer identif			
_	Addre					
F	chang Name	MONTEREY AUDUBON SOCIETY				
F	chang □Initial	Doing business as	94-23975			
F	return _Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s				
	∟return termir		831-540-			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code CARMEL, CA 93921	G Gross receipts \$	228,960.		
\vdash	return _Application		H(a) Is this a group r			
	pendi	SAME AS C ABOVE	for subordinates H(b) Are all subordinates in			
1 7	Гах-ех	empt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or		list. See instructions		
	Nebsi		H(c) Group exemption			
KF	orm of			M State of legal domicile; CA		
Pa	art I	Summary	roar or formation.	VI Otato di logal delimente.		
	1	Briefly describe the organization's mission or most significant activities: DEDICATE	D TO CONSERVI	NG AND		
Governance		CELEBRATING THE BIRDS AND WILDLIFE OF THE GRE				
rna	2	Check this box if the organization discontinued its operations or disposed of n				
ove	3	No. 1	3	10		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
es &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		1		
ξį	6	Total number of volunteers (estimate if necessary)	6	35		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
	273		Prior Year	Current Year		
و		Contributions and grants (Part VIII, line 1h)	0.	138,498.		
Revenue	0000	Program service revenue (Part VIII, line 2g)	0.	0.		
ě	A3570.00	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	42,025.		
-	6,7	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	180,523.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	6,000.		
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)	0.	54,506.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 15,620.	design and propositional control of the control of	en all the second of the second of the second		
Εχ		Total fundraising expenses (Part IX, column (D), line 25) 15,620. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0.	57,562.		
_		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	118,068.		
		Revenue less expenses. Subtract line 18 from line 12	0.	62,455.		
- Jos		nevertue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year		
sets o	20	Total assets (Part X, line 16)	340,782.	403,078.		
Asse	21	Total liabilities (Part X, line 26)	0.	0.		
Net,	22	Net assets or fund balances. Subtract line 21 from line 20	340,782.	403,078.		
	rt II	Signature Block				
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
		CHENT	JDV			
Sigr	1	Signature of officer	Date (2)	T70 2024		
Her	e	ROBERT HORN, TREASURER	00	101,000		
		Type or print name and title	I Data I	DTIN		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Paid		KIELY HOLCOMB, CPA KIELY HOLCOMB, CPA	10/28/24 self-employ			
Prep		Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 4	1-0746749		
Use Only Firm's address 1188 PADRE DRIVE, STE 101						
_		SALINAS, CA 93901	Phone no. (8	31) 759-6300		
May	the IF	S discuss this return with the preparer shown above? See instructions		X Yes No		

SEE SCHEDULE O FOR CONTINUATION(S)

85,209.

THE INTERNS CREATED A RESEARCH PROJECT FOR A FORMAL

0 .) (Revenue \$

4e

0.)

Form 990 (2023)

OF THE INTERNSHIP. SYMPOSIUM PRESENTATION. Other program services (Describe on Schedule O.)

Total program service expenses

11,655. including grants of \$

MONTEREY AUDUBON SOCIETY

Form 990 (2023) MONTEREY AUD
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			000000
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			100440
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	100000000	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.	MARK		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	اا		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	$\frac{x}{x}$
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
f				х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	-+	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
	Schedule D, Parts XI and XII	12a	\rightarrow	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-+	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
14a	Did the organization maritain an onice, employees, or agents outside of the office outside states. Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
a	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		X
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	- 1.3		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	3		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
2.5	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
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		<u>X</u> _
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		<u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u> _
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	1		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	200 :-	<u>x</u>

332003 12-21-23

01-2307511	

Form	990 (2023) MONTEREY AUDUBON SOCIETY 94-239	7544	Р	age 4
	rt 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
6	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
C	"Yes," complete Schedule L, Part IV	28c		X
20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30		Х
04	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	I: fm	32		х
00	Schedule N, Part II			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	10.18		
34	Part V, line 1	34		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
JOA L	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
30	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
3,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b)	4	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			10.00
٠	(gambling) winnings to prize winners?	1c	X	
222224	12.21.23	Form	990	(2023)

332004 12-21-23

MONTEREY AUDUBON SOCIETY

MONTEREY AUDUBON SOCIETY

(continued)

	990 (2023) MONTEREY AUDUBON SOCIETY 990 (2023) MONTEREY AUDUBON SOCIETY (continued)					
Pai	950 (2020)				Yes	No
-		1	1			4.20
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1			1
2a	Enter the number of employees reported on Form was, management of the calendar year ending with or within the year covered by this return	2a		2b	X	
	filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the calendar year ending the year end filed for the year end filed filed for the year end filed fi	ns?		3a		Х
b	If at least one is reported on line 2a, did the organization file all required rederation provide an explanation on Schedule. Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		
3a	Did the organization have unrelated business gross income of \$1,000 or more dating and year. If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule.	0		35		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of the standard through the calendar year, did the organization have an interest in, or a signature or other at any time during the calendar year, did the organization have an interest in, or a signature or other standard through the standard through the secondard through the sec	autho	rity over, a			x
4a	At any time during the calendar year, did the organization have an interest in, or a significant financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account).	accol	nt)?	4a	< 37 E	100
	financial account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account, social account in a foreign country (such as a bank account).			Chief		4
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 A	ccou	nts (FBAR).			v
	See instructions for filing requirements for FinCEN Form 114, Report of Forigin Examples. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Was the organization a party to a prohibited tax shelter transaction.			5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the barry but as but any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at any time during the barry but as a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a prohibited tax shelter transaction at a party to a party t	ction	?	5b		X
				5c		_
С	Did any taxable party notify the organization triat it was on to a party and the party of the party in the pa	e ora	anization solicit			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	-		6a		X
b	If "Ves " did the organization include with every solicitation an express statement that such continues	OH5 C	,, g.,, e	6b		
_	were not tax deductible?			100	18.3	Day of
7				7a		X
	Did the organization receive a navment in excess of \$75 made partly as a contribution and partly for goods and so.	vices	provided to the payor.	7b		
a				"		
D	If "Yes," did the organization notify the donor of the value of the goods of the goods. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired	7.		х
С	to file Form 8282?	1	The second secon	7c	100	3
	some 9282 filed during the year	7d				X
. d	If "Yes," indicate the number of Forms 6202 filed dating the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribution of the property of the payon o	ontra	ct?	7e		X
е				7f		
f			399 as required?	7 g		
g	If the organization received a contribution of qualified intellectual property, its attention of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of the organization o	tion f	ile a Form 1098-C?	7h	Top or other	STRIKE
h	If the organization received a contribution of cars, boats, amplified a donor advised fund maintained Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			etir.
8	Sponsoring organizations maintaining donor advised funds: See a device the sear?			8		
	sponsoring organization have excess business holdings at any time daring are year.					
9	Sponsoring organizations maintaining donor advised funds.			9a		
а				9b		
b	Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?				Apply Travers	1 SAME SAME
10	Section 501(c)(7) organizations. Enter:	10a	1		18 11 11	100
а	Initiation fees and capital contributions included on Part VIII, line 12	10b			4	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100				A S
11	Section 501(c)(12) organizations. Enter:	1444	1			1
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	١				
	to the expension from them	11b		10	CANT	4.000
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 I	? 	12a	S 804	1611
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
12	Section 501/cV29) qualified nonprofit health insurance issuers.			N. p. all	2.00	
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	SAL MINE	NAME OF
	Note: See the instructions for additional information the organization must report on Schedule O.					
h	Enter the amount of reserves the organization is required to maintain by the states in which the		i .			
D	organization is licensed to issue qualified health plans	13b		And	The state of the s	
С	Enter the amount of reserves on hand	130	:	Markey .		100
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
15	excess parachute payment(s) during the year?		South Assessed, Acade Brooking and	15		X
				1000	ALL DE	12/4
	If "Yes," see the instructions and file Form 4720, Schedule N.	inco	me?	16	1002147 (00%)	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment			1.0	Have	
	If "Yes," complete Form 4720, Schedule O.	+1, 11+1 ~	e	and the same	12,0,00	ALCO WAS
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	uvitle	•	,,		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	THE	
	If "Yes," complete Form 6069.			Paulth	900	10000
333005	12-21-23			Form	990	(2023)

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		415	
	If there are material differences in voting rights among members of the governing body, or if the governing			1
	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 1b 10			6
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	10 to	195	3
	officer, director, trustee, or key employee?	2	6 1 (42) (2) (1) (4) (4) (4)	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		1,1-14	
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Wille	STUB	B
а	The governing body?	8a	х	A CONTRACTOR OF THE PARTY OF TH
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This decitor b regards information about policies not regalied by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	7	Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		6.86	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	OPERATOR VIEW
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	が は は は は は は は は は に は に に に に に に に に に に に に に		8
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		10-10-1	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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	White the		
	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		Maria .	
	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	41	14.15
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA	- 1	V 1-11	
18	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) a	vailabl	е
	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	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT HORN - 831-540-8686			
	500 GLENWOOD CIRCLE #225, MONTEREY, CA 93940			

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

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

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

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

 See the instructions for the order in which to list the persons above.

X Check this box if neither the organization r	nor any related	orga	niza	tion	con	nper	ısat	ed any current officer, d	irector, or trustee.	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	///	(C) Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per	box			n an	compensation	compensation	amount of		
	week		cer ar	id a d	irecto	ector/trustee)		from	from related	other
	(list any	recto						the	organizations (W-2/1099-MISC/	compensation from the
	hours for related	or di	8			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ustee	trust		93	ubeu		1099-NEC)	1033-1120)	and related
	below	lual tr	tional		ng o	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			7.
(1) BLAKE MATHESON	10.00	<u> </u>	<u> </u>	_	_		_			
PRESIDENT		X		х				0.	0.	0.
(2) SHAWN WAGONER	5.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) ROBERT HORN	10.00		-							
TREASURER		X		X				0.	0.	0.
(4) JAN LOOMIS	10.00							1-	4	
SECRETARY		Х		X	10		1	0.	0.	0.
(5) JAN SCOTT	4.00							10		
MEMBERSHIP CHAIR		X		X				0.	0.	0.
(6) FRED HOCHSTAEDTER	5.00					-		E C	.29	
FIELD TRIP CHAIR		X					L	0.	0.	0.
(7) TAYLOR HONRATH	5.00				57		=		1 2	
DONATIONS/MARKETING/DEVELOPMENT		Х				n fil		0.	0.	0.
(8) KAI RUSSELL	2.00				-		-			
CONSERVATION/SPECIAL PROJECTS		Х	Ü					0.	0.	0.
(9) CAROL GREENSTREET	3.00		-	8	8			a to a figure		
MARKETING AND PUBLIC RELATIONS	1	X		1		1		0.	0.	0.
(10) PAMELA COLE	15.00		× .			11.11			100	
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Subtotal	Nam	ne and title		(do not check more than one							76 - 199				
Subtotal			1 3								The state of the s				
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation form the organization form the organization of services	compensation f	rom the organization								de la companya de la					
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3616		37	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes,	" complete Schedule J for s	uch individual										3	A	
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	\$100,000 of Cor	mpensation from the organiz	.4.1011								1,000	Fo	rm 990	(2023)	

332008 12-21-23

Form 990 (2023) MONTERE'
Part VIII Statement of Revenue

			Check if Schedule O contains a response or note	e to any line i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$ 2	4 1	а	Federated campaigns 1a					
Contributions, Gifts, Grants				,070.				
<u>a</u> 8					e granden te deservición de			
ifts	3	d						
9.5	Ĭ	е		,870.	A comment			
e c	7	f	All other contributions, gifts, grants, and	,				
E E				,558.				
ijċ	1	a	Noncash contributions included in lines 1a-1f	7000	A second			
0		h	Total. Add lines 1a-1f	423	138,498.			
		-		ness Code	130,130.	TO STATE OF THE ST	1771	HE STATE OF THE ST
ø.	١,	а		iooo oodo iiikki	八字のなけられるという ちゃっといる時	STREET, MARKET STREET,	A CONTROL OF THE PROPERTY OF THE PARTY OF TH	· 通過可能性性關係。例如於 · · · · · · · · · · · · · · · · · · ·
Š	~	b						
Ser	2	c						
Program Service	1	d						
gra	4	u						
S.		4	All other program conting revenue					
_	ı		All other program service revenue			2. (Galificial Alberta) (Alberta) (WERE CONTROLLED TO SECUL	
			Total. Add lines 2a-2f			2,000 10 200 10 10 10 10 10	Committee of the Commit	belist Europe Public
	3		Investment income (including dividends, interest, and		15 600			15,688.
	١.,		other similar amounts)		15,688.			13,000.
	4		Income from investment of tax-exempt bond proceed					
	5		Royalties	Dorognal		and a second of the second of the	4 3 5 10 10 10 10 10 10 10 10 10 10 10 10 10	SW SECTION STREET
				Personal	American continuous	and the second second		
			Gross rents 6a		As received to	distribution of the same	omina on a de a 44	
			Less: rental expenses 6b					
	ı		Rental income or (loss) 6c				5334466	
			Net rental income or (loss)		10000000	Marie Committee of Associates of the	disposition of the same base	to a contract of the second
	7	а	4. 555 4. 1. 54. 54. 54. 54. 54. 54. 54. 54. 54. 54	Other	Charles of the Maria Maria and the		semble on the first of the	
			assets other than inventory 7a 74,774.	to the second	and a surveyor brook or	Andrea de pela di conspessorale	and the second	bertalen alle bere side
		b	Less: cost or other basis					
ine			and sales expenses 7b 48,437.	1	ethorise por contract of the			
Other Revenue			Gain or (loss) 7c 26,337.	100	0.5 0.5			Salar Salar
æ		d	Net gain or (loss)		26,337.	AND THE WORLD STATE OF STATE O	VENTO SERVICE DE LA CONTROL DE	26,337.
Je	8	а	Gross income from fundraising events (not	4.	I was not been a second			
₹			including \$ of					
			contributions reported on line 1c). See	1				
			Part IV, line 188a					
4	4	b	Less: direct expenses 8b		Para Company	a de Minasa de la companya de la co	Majora de la contra	
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities		Frankrich z			A LINE CO.
			Gross sales of inventory, less returns					
			and allowances 10a			NAME OF STREET		
		b	Less: cost of goods sold 10b		Linear was	CALLS AND ALL		
			Net income or (loss) from sales of inventory					
				ess Code	10.16		4 2 20 01	
Sn	11	а						
Miscellaneous Revenue		b				1 (A)		
ia Kerina	lat d							
Sce		۲ C	All other revenue					
Ξ			Total. Add lines 11a-11d					
					180,523.	0.	0.	42,025.
	12		Total revenue. See instructions		200,020	J.	0.	Form 990 (2023)
332009	12-2	1-2	23					(2023)

Form 990 (2023) MONTEREY AUDUBON SOCIETY

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must comple				X
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX(B)	(C)	
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations	10 100 10 101			
a	and domestic governments. See Part IV, line 21	1,500.	1,500.		11. 11. 11. 11. 11. 11. 11. 11. 11. 11.
2 (Grants and other assistance to domestic				
ir	ndividuals. See Part IV, line 22	4,500.	4,500.	Park Comment	and the second second second
3 6	Grants and other assistance to foreign				A state of the second sections of
o	organizations, foreign governments, and foreign			A continue to see and desire to take a	and the second second
ir	ndividuals. See Part IV, lines 15 and 16				KA Market Street
4 E	Benefits paid to or for members				SAUL PARTIES W.
	Compensation of current officers, directors,				
t	rustees, and key employees				
	Compensation not included above to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
50	ersons described in section 4958(c)(3)(B)	. 194			Westpeak
	Other salaries and wages	39,256.	23,554.	7,851.	7,851.
	Pension plan accruals and contributions (include	,			
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	15,250.	9,150.	3,050.	3,050.
	Fees for services (nonemployees):	13,230.	3,2301	0,000	•
	Management				
		2,865.		2,865.	
	Accounting	2,003.		2,003.	
	_obbying		ranga da Albara Barra da Albara da A		
	Professional fundraising services. See Part IV, line 17	2,589.	1.3981.0.323.17年本出版。1882-1882-1882-1882-1882-1882-1882-1882	2,589.	
_	nvestment management fees	2,303.		2,303.	
-	Other. (If line 11g amount exceeds 10% of line 25,	29,535.	29,535.	- 1	
	olumn (A), amount, list line 11g expenses on Sch O.)	49,333.	29,333.		
	Advertising and promotion	884.		884.	
	Office expenses	486.	486.	004.	
14 lr	nformation technology	400.	400.		
15 F	Royalties	15			
16	Decupancy				
17 T	ravel		K K		
	Payments of travel or entertainment expenses		4		
fe	or any federal, state, or local public officials	31 1			
19	Conferences, conventions, and meetings				
20 li	nterest				
21 F	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 yes			d (C)
	nsurance	1,029.	1,029.	CONTROL OF THE PERSON OF THE P	
	Other expenses. Itemize expenses not covered			and the second second	
a	bove. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),	appropriate to the second			
a	imount, list line 24e expenses on Schedule 0.)				
a (CONSERVATION	5,744.	5,744.		
ьĪ	NEWSLETTER PRINTING	5,304.	5,304.	19	
c Ī	FUNDRAISING	4,719.			4,719.
_	NEWSLETTER POSTAGE	1,691.	1,691.		P P
_	All other expenses	2,716.	2,716.		
	Total functional expenses. Add lines 1 through 24e	118,068.	85,209.	17,239.	15,620.
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined		-		
	ducational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			. 1	
	12-21-23				Form 990 (2023)

332010 12-21-23

REY AUDI

Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 1 Cash - non-interest-bearing 115,662. 67,465. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a 10c b Less: accumulated depreciation 10b 287,416. 273,317. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 340,782. 403,078. 16 Total assets. Add lines 1 through 15 (must equal line 33) ... 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 340,782. 403,078. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 340,782. 403,078. 32 Total net assets or fund balances 32 340,782. 403,078. Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		0,5		
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,0		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	34	0,7		
5	Net unrealized gains (losses) on investments	5		-1	59.	
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	403,078			
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш	
				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.					
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				100	
b	Were the organization's financial statements audited by an independent accountant?		2b	1474747474747	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				136	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		4		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	(100 HG-90	DOUBLEST OF	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				162	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	17	<u>X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	7 3	
				C 15 16 1	MANA	