Return of Organization Exempt From Income Tax

OMB No. 1545-0047

22

20

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

Department of the Treasury Internal Revenue Service Go to v

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| - | | | | | | | |
|--------------------------------|------------|-----------------|----------------------------------------------------------------------------|---------|--------------------|--------------|-----------------------------|
| <u>A</u> | | | dar year, or tax year beginning 07/01/2022 and ending | | 06/30/2 | | |
| в | Check if | f applicable: | C Name of organization MONROE COUNCIL OF THE ARTS CORPORATIO | DN | | D Emplo | oyer identification number |
| | Address | s change | Doing business as Florida Keys Council of the Arts | | | | 65-0737532 |
| | Name c | hange | Number and street (or P.O. box if mail is not delivered to street address) | Room | /suite | E Teleph | none number |
| | Initial re | turn | 1100 Simonton Street 2-263 | | | | 305-295-4369 |
| | Final ret | urn/terminated | City or town, state or province, country, and ZIP or foreign postal code | | | | |
| | Amende | ed return | Key West, FL 33040 | | | G Gross | receipts \$ 389,635 |
| | Applicat | tion pending | F Name and address of principal officer: Elizabeth Young | | H(a) Is this a gro | up return fo | or subordinates? 🗌 Yes 🕑 No |
| | | | 1100 Simonton Street Suite 2-263, Key West, FL 33040 | | H(b) Are all su | bordinat | es included? 🗌 Yes 🗌 No |
| I | Tax-exe | empt status: | ✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 | , | If "No," attach | a list. Se | ee instructions. |
| J | Website | e: www.key | sarts.com | | H(c) Group ex | emption | number |
| κ | Form of | organization: 🗸 | Corporation Trust Association Other L Year of for | mation: | 1997 | M State | of legal domicile: FL |
| Ρ | art I | Summa | ry | | | | |
| | 1 | Briefly des | cribe the organization's mission or most significant activities: Arts | Advoo | acy, Educa | tion & C | Grants |
| e | | | | | | | |
| an | | | | | | | |
| err | 2 | Check this | box if the organization discontinued its operations or disposed | l of mo | ore than 25 | % of it | s net assets. |
| 202 | 3 | Number of | voting members of the governing body (Part VI, line 1a) | | | 3 | 9 |
| <u>م</u> | 4 | Number of | independent voting members of the governing body (Part VI, line 1 | 1b) . | | 4 | 9 |
| Activities & Governance | 5 | | per of individuals employed in calendar year 2022 (Part V, line 2a) | ' | | 5 | 3 |
| ivit | 6 | | per of volunteers (estimate if necessary) | | | 6 | 30 |
| Act | 7a | | ated business revenue from Part VIII, column (C), line 12 | | | 7a | 0 |
| | b | | ted business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0 |
| | | | | | Prior Year | | Current Year |
| ~ | 8 | Contributio | ons and grants (Part VIII, line 1h) | | 3 | 78,318 | 379,201 |
| nue | 9 | | ervice revenue (Part VIII, line 2g) | | | 0 | 0 |
| Revenue | 10 | - | t income (Part VIII, column (A), lines 3, 4, and 7d) | | | 5,620 | 5,044 |
| ď | 11 | | nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | -8,420 | 5,390 |
| | 12 | | ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 75,518 | 389,635 |
| | 13 | | I similar amounts paid (Part IX, column (A), lines 1–3) | - | | 47,892 | 49,883 |
| | 14 | | aid to or for members (Part IX, column (A), line 4) | | | 0 | 0 |
| Ś | 15 | • | her compensation, employee benefits (Part IX, column (A), lines 5–10) | | 2 | 17,725 | 247,235 |
| ISe | 16a | | al fundraising fees (Part IX, column (A), line 11e) | | | 0 | 0 |
| Expenses | b | | raising expenses (Part IX, column (D), line 25) 18,013 | | | | |
| Ă | 17 | | enses (Part IX, column (A), lines 11a–11d, 11f–24e) | - | 1 | 02,426 | 101,231 |
| | 18 | - | nses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | | 68,043 | 398,349 |
| | 19 | | ess expenses. Subtract line 18 from line 12 | - | 3 | 7,475 | -8,714 |
| r se | - | | | Begi | nning of Curre | | End of Year |
| Net Assets or Fund Balances | 20 | Total accor | s (Part X, line 16) | Degi | • | 51,308 | 243,014 |
| Asse Bala | 20 | | ties (Part X, line 26) | - | Ζ: | 300 | 720 |
| Vet / | 21 | | | - | 2 | | |
| | art II | | or fund balances. Subtract line 21 from line 20 | | 2 | 51,008 | 242,294 |
| | | Signatu | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| Sign | Signature of officer | | | | Date | • | |
|-------------|----------------------|---------------------------|-------------------------------|----------------|-------|---------------|------------------------|
| Here | Elizabeth Young | g, Executive Director | | | | | |
| | Type or print name | and title | | | | | |
| Paid | Print/Type prepa | arer's name | Preparer's signature | Date | | Check 🖌 if | PTIN |
| Preparer | Paul Mills | | | | | self-employed | P02050555 |
| Use Only | | Paul S Mills CPA | | Firm's | s EIN | 74-2975382 | |
| | Firm's address | 1541 Fifth Street, Key V | Vest, FL 33040 | | Phon | e no. 🛛 🕄 | 305-294-3699 |
| May the IRS | S discuss this r | eturn with the preparer | shown above? See instructions | | | | 🖌 Yes 🗌 No |
| For Paperwo | ork Reduction A | ct Notice, see the separa | ate instructions. | Cat. No. 11282 | Y | | Form 990 (2022) |

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|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part | III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | Arts Advocacy Education & Grants |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | (Code:) (Expenses \$including grants of \$) (Revenue \$110,146) |
| ти | Provides weekly cultural calendars and calls to artist in local print publications and online. Provides cultural information services: |
| | Gallery Guide, Events calendar, website & numerous press releases. |
| | |
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| | |
| | |
| 4b | (Code:) (Expenses \$19,039 including grants of \$0) (Revenue \$19,039) |
| | Provides art in public places incorporating visual arts in airports, hospitals, senior citizen centers and County buildings. |
| | |
| | |
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| | |
| | |
| 4c | (Code:) (Expenses \$ 205,666 including grants of \$ 49,883) (Revenue \$ 265,840) |
| 10 | Monroe Council of the Arts committed to advancing the creative development and promotion of the arts in our cultural community. |
| | Through financial support, to teaching artists and cultural organizations in Monroe County, Florida, we provided grants in' the |
| | amount of \$ 49,883. |
| | |
| | |
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| | |
| 4d | Other program services (Describe on Schedule O.) |
| A - | (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) |
| 4e | Total program service expenses 340,537 |

Form **990** (2022)

| Form 99 | 0 (2022) | | I | Page 3 |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|---------------|
| Part | V Checklist of Required Schedules | | | |
| | In the experimentian dependence in position $E(1/2)/2$ or $40.47/2/(1)$ (other then a private foundation)? If "Vec " | | 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 | ~ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | ~ | |
| 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 | | ~ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | ~ |
| 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 | | ~ |
| 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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | ~ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | ~ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | ~ | |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | 9 | | ~ |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . | 10 | | ~ |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | ~ | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | 11b | | ~ |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | 11c | | ~ |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | 11d | | ~ |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | ~ |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | | ~ |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ~ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | ~ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ~ |
| 14a b | Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | ~ |
| D | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | ~ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | | ~ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> | 16 | | ~ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | 17 | | ~ |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . | 18 | | ~ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | 19 | | ~ |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | ~ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | | ~ |

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|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|---------------|
| Part | V Checklist of Required Schedules (continued) | | 1 | |
| 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 | Yes | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . | 22 | | ~ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | ~ |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 24d 25a | | ~ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. | 25b | | ~ |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | ~ |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | ~ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28a | | ~ |
| b c | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28b 28c | | ~ ~ |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 29 30 | | ~ ~ |
| 31 32 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 31 32 | | ~ ~ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | ~ ~ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ~ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35a 35b | | ~ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ~ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | ~ |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | ~ | |
| Part | V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | · |
| - | | | Yes | No |
| 1a b c | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1Did the organization comply with backup withholding rules for reportable payments0to vendors and | - | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | ~ | |

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|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|----------|
| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | ~ | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | ~ |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | ~ |
| | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | ~ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a 5b | | ~ |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | - |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ~ |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | | |
| - | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7g 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 а | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| Ŀ | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | ~ |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | <u> </u> |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | <u> </u> |
| | excess parachute payment(s) during the year? | 15 | | ~ |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | ~ |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | |

| Form | 990 | (2022) |
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| Part | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------|---------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | |
| Secti | on 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 1a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | - | | |
| ь 2 | Enter the number of voting members included on line 1a, above, who are independent . 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | ~ |
| 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 | | ~ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | ~ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | ~ |
| 6 7a | Did the organization have members or stockholders? | 6 7a | | ~ ~ |
| 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 | | ~ |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | ~ | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | ~ | |
| 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? <i>If "Yes," provide the names and addresses on Schedule O</i> | 9 | | ~ |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | nue C | ode.) Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | res | No V |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10a | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ~ | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | ~ |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | ~ | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | ~ | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | - | |
| а | The organization's CEO, Executive Director, or top management official | 15a | ~ | |
| b | Other officers or key employees of the organization | 15b | ~ | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | ~ |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's events taken with respect to such arrangements? | | | |
| 0 | organization's exempt status with respect to such arrangements? | 16b | | |
| | ion C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed FL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | T (sec | tion 4 | 501/c |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | . ,000 | | 0,100 |
| | □ Own website □ Another's website ☑ Upon request □ Other (explain on Schedule O) | | | |

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Elizabeth Young, (305)294-4369

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Page 6

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| | | | | (| C) | | | | | |
|--------------------|------------------------|-----------------------------------|-----------------------|----------|----------------|------------------------------|----------|----------------------------------|-----------------------------------|--------------------------|
| (A) | (B) | | | Pos | sition | | | (D) | (E) | (F) |
| | | | | | | e than o | | Reportable | Reportable | Estimated amount |
| | Average hours | | | | | is both or/trust | | compensation | compensation | of other |
| | per week | | - | - | 1 | 1 | <u> </u> | from the | from related | compensation from the |
| | (list any hours for | Individual trustee or director | Institutional trustee | Officer | Key employee | nplc | Former | organization (W-2/ 1099-MISC/ | organizations (W-2/ 1099-MISC/ | organization and |
| | related | dual | ltior | ^ | mpl | st co | Ψ | 1099-NEC) | 1099-NEC) | related organizations |
| | organizations below | r tru | al ti | | oye | omp | | | | |
| | dotted line) | stee | uste | | l ^w | ens | | | | |
| | | | ĕ | | | Highest compensated employee | | | | |
| Elizabeth Young | 40.00 | | | | | | | | | |
| Executive Director | 0.00 | | | | ~ | ~ | | 88,950 | 0 | 0 |
| Nancy Bunch | 1.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Leslie Calero | 1.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Charlotte Palmer | 4.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Beryn Harty | 1.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Mark Hedden | 1.00 | | | | | | | | | |
| Director | 0.00 | ~ | | | | | | 0 | 0 | 0 |
| Jill Miranda Baker | 1.00 | | | | | | | | | |
| Secretary | 0.00 | | | ~ | | | | 0 | 0 | 0 |
| Eric Anderson | 1.00 | | | | | | | | | |
| Treasurer | 0.00 | | | ~ | | | | 0 | 0 | 0 |
| Joyce Burd | 1.00 | | | | | | | | | |
| Vice Chair | 0.00 | | | ~ | | | | 0 | 0 | 0 |
| Barbara Weikel | 4.00 | | | | | | | | | |
| Board Chair | 0.00 | | | ~ | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | + | | | | | | | | | |
| | | | | | | | | | | |
| | + | | | | | | | | | |
| | | | | | | | | | | |

| Part | VI Section A. Officers, Directors, 1 | rustees, | Key I | Em | plo | yee | s, an | d F | lighest Compe | nsated | Emplo | yees (continued) |
|---------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------|------------------------|---------------------------------------------|----------------|---------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------------|
| | (A) Name and title | (B) Average | | | Pos neck | | e than o is both | | (D) Reportable | (E) Report | table | (F) Estimated amount |
| | | hours per week (list any hours for related organizations below dotted line) | Individua or directo | a Institutional trustee | d Officer | lirect Key employee | or/trust Highest compensated employee | tee) Former | compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | compen from re organizatio 1099-N 1099-N | lated ons (W-2/ IISC/ | of other compensation from the organization and related organizations |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| | | | - | | | | | | | | | |
| 1b c | Subtotal | VII, Sectio | n A | • | • | • • | | • | 88,950 | | 0 | 0 |
| d | Total (add lines 1b and 1c) | | | | | | | | 88,950 | | 0 | 0 |
| 2 | Total number of individuals (including reportable compensation from the organi | | limite | ed t | to 1 | thos | e list | ted | above) who re | eceived | more t | han \$100,000 of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete s | | | | | | | mpl | loyee, or highes | st compe | ensated | |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | sum of re | portal | ble | con | npei | nsatio | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization? | | | | | | | | | tion or ind | | |
| Secti | on B. Independent Contractors | | - | | | | | | | | | |
| 1 | Complete this table for your five high compensation from the organization. Repo | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of serv | vices | | (C) Compensation |
| None | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| 2 | Total number of independent contractors (including but not limited to those listed above) who |
|---|-----------------------------------------------------------------------------------------------|
| | received more than \$100,000 of compensation from the organization |

12

Total revenue. See instructions

.

Part VIII Statement of Revenue

| Part | VIII | Statement of Rev Check if Schedule | | | spon | se or note to an | v line in this Pa | art VIII.... | | |
|---------------------------------------------------------|----------|--------------------------------------------------|----------|--------------|------------|------------------|----------------------|-----------------------------------------------------|---------------------------------------------|---------------------------------------------------------------|
| | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512–514 |
| ts, its | 1a | Federated campaig | ns . | | 1 a | 0 | | | | |
| ran oun | b | Membership dues | | | 1b | 44,350 | | | | |
| s, G Ame | С | Fundraising events | | | 1c | 0 | | | | |
| Contributions, Gifts, Grants, and Other Similar Amounts | d | Related organization | | | 1d | 0 | | | | |
| s, G imil | e f | Government grants All other contribution | | | 1e | 264,896 | | | | |
| ion sr Si | • | and similar amounts no | | | 1f | 69,955 | | | | |
| but the | g | Noncash contributio | | | | 07,733 | | | | |
| ntri d C | • | lines 1a-1f | | | 1g | \$ 22,494 | | | | |
| Co | h | Total. Add lines 1a- | -1f. | | | | 379,201 | | | |
| | | | | | | Business Code | | | | |
| Program Service Revenue | 2a | | | | | | | | | |
| erv ue | b | | | | | | | | | |
| n S /en | c | | | | | | | | | |
| jram Ser Revenue | d | | | | | | | | | |
| roç | e f | All other program se | rvice | revenue | | | 0 | 0 | 0 | 0 |
| G | g | Total. Add lines 2a- | | | | | 0 | - | 0 | U |
| | 3 | Investment income | | | | | | | | |
| | | other similar amoun | ts). | | | | 5,044 | 5,044 | 0 | 0 |
| | 4 | Income from investr | | | | | 0 | 0 | 0 | 0 |
| | 5 | Royalties | | | | | 0 | 0 | 0 | 0 |
| | 0- | • | _ | (i) Real | | (ii) Personal | | | | |
| | 6a | Gross rents | 6a | | | | | | | |
| | b | Less: rental expenses Rental income or (loss) | 6b 6c | | | 0 | | | | |
| | c d | Net rental income o | | | 0 | - | | | | |
| | 7a | Gross amount from | 1 (1055 | (i) Securit | | (ii) Other | | | | |
| | 74 | sales of assets | | | | | | | | |
| | | other than inventory | 7a | | 0 | 0 | | | | |
| er | b | Less: cost or other basis | | | | | | | | |
| evenue | | and sales expenses . | 7b | | 0 | | | | | |
| | - | Gain or (loss) | 7c | | 0 | | | | | |
| Other Re | | Net gain or (loss) | | | | | 0 | 0 | 0 | 0 |
| Oth | 8a | Gross income from events (not including | | ndraising | | | | | | |
| - | | of contributions rep | | d on line | | | | | | |
| | | 1c). See Part IV, line | | | 8a | | | | | |
| | b | Less: direct expens | | | 8b | | | | | |
| | с | Net income or (loss) | from | ı fundraisin | g eve | nts | | | | |
| | 9a | Gross income f | | | | | | | | |
| | | activities. See Part I | | | 9a | | | | | |
| | b | Less: direct expense | | | 9b | | | | | |
| | с 10а | Net income or (loss) Gross sales of ir | | • • | | es | | | | |
| | IUa | returns and allowan | | | 10a | | | | | |
| | b | Less: cost of goods | | | 10a | 0 | | | | |
| | | Net income or (loss) | | | - | | 0 | 0 | 0 | 0 |
| s | - | - () | | | - | Business Code | | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | |
| scellaneo Revenue | b | | | | | | | | | |
| cell | С | | | | | | | | | |
| Ais | d | | | | | | 5,390 | 5,390 | 0 | 0 |
| - | e | Total. Add lines 11a | | | • • | | 5,390 | 10.424 | 0 | |

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0

0

10,434

389,635

Part IX Statement of Functional Expenses

| Sectio | on 501(c)(3) and 501(c)(4) organizations must compl | ete all columns. All | other organizations i | must complete colun | nn (A). |
|--------|---------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|--------------------------------------------------|---------------------------------------|
| | Check if Schedule O contains a response | or note to any line | in this Part IX . | | 🗸 |
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| | and domestic governments. See Part IV, line 21 . | 0 | 0 | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 49,883 | 49,883 | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 88,950 | 77,831 | 8,895 | 2,224 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 140,305 | 122,767 | 14,031 | 3,507 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 17,980 | 15,732 | 1,798 | 450 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | | | | | |
| c | | 5,500 | 5,500 | 0 | 0 |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | - | | |
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | 2,553 | 0 | 2,553 | 0 |
| g | (A), amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | | 10.001 | 0.010 | 1 000 | |
| 12 | Advertising and promotion Office expenses | 10,021 1,574 | 9,019 | 1,002 | 0 |
| 14 | Information technology | 1,574 | 1,181 | 157 | 236 |
| 15 | Royalties | | | | |
| 16 | | 23,177 | 20,280 | 2,897 | 0 |
| 17 | Travel | 5,329 | 4,663 | 533 | 133 |
| 18 | Payments of travel or entertainment expenses | 5,527 | 4,000 | | 100 |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 175 | 149 | 26 | 0 |
| 23 | Insurance | 10,078 | 8,818 | 1,008 | 252 |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | Program Expenses | 24,714 | 24,714 | 0 | 0 |
| b | Administrative Expenses | 6,899 | 0 | 6,899 | 0 |
| С | Fundraising Expenses | 11,211 | 0 | 0 | 11,211 |
| d | | | | | |
| е | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 398,349 | 340,537 | 39,799 | 18,013 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following ŠOP 98-2 (ASC 958-720) | | | | |

Form 990 (2022)

| | n 990 (2 | , | | | Page 11 |
|---------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----|---------|
| P | art X | Balance Sheet Check if Schedule O contains a response or note to any line in this Pa | rt V | | |
| | | Check it Schedule O contains a response of hote to any line in this Pa | (A) Beginning of year | | |
| | 1 | Cash-non-interest-bearing | 18,905 | 1 | 17,202 |
| | 2 | Savings and temporary cash investments | 167,088 | 2 | 167,731 |
| | 3 | Pledges and grants receivable, net | | 3 | · · |
| | 4 | Accounts receivable, net | 26,211 | 4 | 19,152 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | |
| | 6 | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ŝts | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | 35,110 | 8 | 35,110 |
| Ä | 9 | Prepaid expenses and deferred charges | 775 | 9 | 775 |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 22,591 | | | |
| | b | Less: accumulated depreciation 10b 19,547 | 3,219 | | 3,044 |
| | 11 | Investments-publicly traded securities | | 11 | |
| | 12 | Investments-other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments-program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 251,308 | 16 | 243,014 |
| | 17 | Accounts payable and accrued expenses | 300 | 17 | 720 |
| | 18 | Grants payable | | 18 | |
| | 19 | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Liabilities | 21 22 | Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | 21 | |
| bili | | controlled entity or family member of any of these persons | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X | | | |
| | | of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 300 | 26 | 720 |
| Fund Balances | | Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33. | | | |
| alaı | 27 | Net assets without donor restrictions | 186,779 | 27 | 197,316 |
| Ä | 28 | Net assets with donor restrictions | 64,229 | 28 | 44,978 |
| - Fund | | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| Net Assets or | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et / | 32 | Total net assets or fund balances | 251,008 | 32 | 242,294 |
| Ž | 33 | Total liabilities and net assets/fund balances | 251,308 | 33 | 243,014 |

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| | 00 (2022) | | | | Paç | ge 1 2 |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------|-------|-----|---------------|
| Par | 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 | | | | 9,63 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 3,34 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 3,71 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 251 | 1,00 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | | 242 | 2,29 |
| Part | XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | • | | |
| | | | | Y | 'es | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | plain | on | | | |
| • | | | | | | |
| 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 cor reviewed on a separate basis, consolidated basis, or both: | | | 1 | | ~ |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2 | | ~ | |
| 2 | If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both: | ted o | | | - | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | ersigh | t of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accounta | | | . . | ~ | |
| | If the organization changed either its oversight process or selection process during the tax year, ex Schedule O. | kplain | on | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set fo Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | the . 3 a | | | ~ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not unc | | | a | | • |
| 5 | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | | | | | |

Form **990** (2022)

| SCHE | DULE | Α |
|-------|------|---|
| (Form | 990) | |

(D)

(E) Total

Public Charity Status and Public Support

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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.

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

| ort | 2022 |
|------------------------|----------------|
| empt charitable trust. | |
| | Open to Public |
| ation. | Inspection |
| Employer identificati | on number |

Name of the organization

| MON | RO | E CO | OUNCIL OF THE ARTS CORF | | | | | 65-07 | |
|-----|-----------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------|-------------------|--------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|
| Pai | | | Reason for Public Cha | | | | | , | ons. |
| | The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | chool described in section | | | - | - | | |
| 3 | | | ospital or a cooperative ho | | • | | | | |
| 4 | _ | hos | nedical research organizati spital's name, city, and stat | e: | | | | | |
| 5 | | | organization operated for ction 170(b)(1)(A)(iv). (Com | | college or university | owned o | r operate | ed by a government | al unit described in |
| 6 | | | ederal, state, or local gover | | | | | | |
| 7 | | | organization that normally scribed in section 170(b)(1 | | | port from | a gover | nmental unit or from | the general public |
| 8 | | Ac | community trust described | in section 170(b) | (1)(A)(vi). (Complete I | Part II.) | | | |
| 9 | | or ι | agricultural research orgar university or a non-land-gra versity: | | | | | | |
| 10 | ~ | sup | organization that normally eipts from activities related pport from gross investmen quired by the organization a | it income and uni | related business taxal | ole incom | ie (less se | ection 511 tax) from | fees, and gross 33 ¹ /3% of its businesses |
| 11 | | An | organization organized and | d operated exclus | sively to test for public | safety. S | See sect i | ion 509(a)(4). | |
| 12 | | one | organization organized and or more publicly supporte box on lines 12a through 1 | d organizations d | escribed in section 50 | 09(a)(1) o | r section | 509(a)(2). See secti | on 509(a)(3). Check |
| а | | | Type I. A supporting organ | nization operated | , supervised, or contr | olled by i | ts suppo | rted organization(s), | typically by giving |
| | | | the supported organization supporting organization. | n(s) the power to | regularly appoint or e | lect a ma | jority of t | | |
| b | | | Type II. A supporting orgation control or management of organization(s). You must | the supporting o | rganization vested in | the same | | | |
| С | | | Type III functionally integits supported organization | | | | | | ally integrated with, |
| d | | | Type III non-functionally | integrated. A su | pporting organization | operated | d in conne | ection with its suppo | orted organization(s) |
| | | | that is not functionally inte | grated. The orga | nization generally mus | st satisfy | a distribu | ution requirement an | d an attentiveness |
| | | | requirement (see instruction | ons). You must c | omplete Part IV, Sec | tions A a | and D, ar | nd Part V. | |
| е | | | Check this box if the organ functionally integrated, or | | | | | | e II, Type III |
| f | Е | inter | r the number of supported | | | | | | |
| g | | | ide the following informatio | - | orted organization(s). | | | | |
| | (i) | Name | e of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | | Yes | No | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| (C) | | | | | | | | | |
| / | | | | | | | | | |

Part IISupport 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 qualify under
Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Secti | on A. Public Support | | | | | | | |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------|------------------|-----------------|-----------------------------|---------------------|--|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | | |
| 2 | 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) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | |
| | on B. Total Support | | 1 | | 1 | 1 | | |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | | |
| 13 | First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support | re | | | | ear as a sectio | | |
| <u>3ecu</u> 14 | Public support percentage for 2022 (line 6 | - | | 11 column (f)) | | 14 | % | |
| 14 | Public support percentage from 2022 (inter Public support percentage from 2021 Sch | | | | | 15 | <u> </u> | |
| 16a | 33 ¹ / ₃ % support test—2022. If the organization qua | ization did not | check the box | k on line 13, ai | nd line 14 is 3 | 3 ¹ /3% or more, | check this | |
| b | 331 /3% support test—2021. If the organi this box and stop here . The organization | | | | | | | |
| 17a | 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | | |
| b | 10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization | on meets the fa e facts-and-cir | acts-and-circu | mstances test, | , check this bo | ox and stop he | re . Explain | |
| 18 | Private foundation. If the organization of instructions | | | | | | x and see | |
| | | | | | | | | |

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

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

| Secti | on A. Public Support | | | , p.e.ee ee | | ••) | |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|-------------------------|----------------------------|----------------------------|------------------|
| Calen | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| 2 | received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise | 329,034 | 377,833 | 417,989 | 378,318 | 379,201 | 1,882,375 |
| 2 | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | | | | | | |
| 3 | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| • | organization without charge | | | | | | |
| 6 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 | 329,034 | 377,833 | 417,989 | 378,318 | 379,201 | 1,882,375 |
| 74 | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Sacti | line 6.) | | | | | | 1,882,375 |
| | dar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | 329,034 | 377,833 | 417,989 | 378,318 | 379,201 | 1,882,375 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties, and income from similar sources . | 2,932 | 1,584 | 16,111 | 5,620 | 5,044 | 31,291 |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| • | Add lines 10a and 10b | 2,932 | 1,584 | 16,111 | 5,620 | 5,044 | 31,291 |
| 11 | Net income from unrelated business | 2,932 | 1,364 | 10,111 | 5,020 | 5,044 | 31,291 |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 070 447 | 101.100 | | 004.045 | 1 010 / / / |
| 14 | First 5 years. If the Form 990 is for the | 331,966 organization's | 379,417 s first_second | 434,100 third fourth | 383,938 or fifth tax ve | 384,245 ar as a section | 1,913,666 |
| | organization, check this box and stop he | - | | | • | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2022 (line 8 | | | | | 15 | 98.36 % |
| 16 | Public support percentage from 2021 Sch | nedule A, Part | III, line 15 . | | | 16 | 98.35 % |
| | on D. Computation of Investment In | | - | | (f)) | 47 | |
| 17 | Investment income percentage for 2022 (| | | - | | | 1.64 % |
| 18 19a | Investment income percentage from 202 33 ¹ / ₃ % support tests - 2022. If the organ | | | | | 18 ore than 331/29 | 1.65 % |
| 198 | 17 is not more than $33^{1}/_{3}$ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests-2021. If the organiz | - | - | - | | - | |
| | line 18 is not more than 33 ¹ / ₃ %, check this l | | | | | | |
| 20 | Private foundation. If the organization di | - | - | | | | |
| | | | | | | Schedule A | (Form 990) 2022 |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

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.

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.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section 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. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- **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.
- 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **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.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

| Part | V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | gani | zations | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | ions A through E. |
| Sect | ion A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C-Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| - | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-function | allv i | ntegrated Type III suppo | rting organization |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2022

| Schedu | le A (Form 990) 2022 | | | Page 7 | | | | |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|--|--|--|--|
| Part | V Type III Non-Functionally Integrated 509(a)(3 | B) Supporting Organi | zations (continued) | | | | | |
| Sect | on D-Distributions | | | Current Year | | | | |
| 1 | 1 Amounts paid to supported organizations to accomplish exempt purposes 1 | | | | | | | |
| 2 | | | | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | inizations 3 | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required- | • | · · · · · · · · · · · · · · · · · · · | | | | | |
| | Other distributions (describe in Part VI). See instructions. | | 6 | | | | | |
| 7 8 | Total annual distributions. Add lines 1 through 6. | h the everesimetics is use | 7 | | | | | |
| 0 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | in the organization is res | 8 sponsive | | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | | | |
| Sect | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2022 | (iii) Distributable Amount for 2022 | | | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reasonable cause required — <i>explain in Part VI</i>). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | | |
| а | From 2017 | | | | | | | |
| b | From 2018 | | | | | | | |
| C | From 2019 | | | | | | | |
| d | From 2020 | | | | | | | |
| e | From 2021 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| <u> </u> | Applied to underdistributions of prior years | | | | | | | |
| <u>h</u> | Applied to 2022 distributable amount | | | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2022 from Section D, line 7: \$ | | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2022 distributable amount | | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI . See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| а | Excess from 2018 | | | | | | | |
| b | Excess from 2019 | | | | | | | |
| С | Excess from 2020 | | | | | | | |
| d | Excess from 2021 | | | | | | | |
| e | Excess from 2022 | | | | | | | |

Schedule A (Form 990) 2022

Part VISupplemental 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.)

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| SCHEDULE | D |
|------------|---|
| (Form 990) | |

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

20 22 **Open to Public**

OMB No. 1545-0047

| | ent of the Treasury | | Attach to Form 990. | | | | n to Public |
|----------|---------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--------------|------------------|-----------------------|
| | Revenue Service | Go to www.irs.gov/Form99 | tor instructions and | a the latest informat | | entification num | ection |
| | - | F THE ARTS CORPORATION | | | Employer Id | | |
| Par | | zations Maintaining Donor Advis | and Euroda ar Oth | or Similar Fund | s or Acco | 65-0737532 | |
| rai | | ete if the organization answered " | | | S UI ACCU | unts. | |
| | Compi | | (a) Donor adv | | (b) F | unds and other a | accounts |
| 1 | Total number a | at end of year | (4) 201101 441 | | (2) | | |
| 2 | | ue of contributions to (during year) | | | | | |
| 3 | | ue of grants from (during year) | | | | | |
| 4 | | ue at end of year | | | | | |
| 5 | | zation inform all donors and donor a | advisors in writing t | hat the assets hel | d in donor | advised | |
| | funds are the o | organization's property, subject to the | organization's exclu | usive legal control? | ? | · · · 🗖 | Yes 🗌 No |
| 6 | | zation inform all grantees, donors, an | | | | | |
| | | able purposes and not for the benefit | | | - | | |
| | conferring imp | ermissible private benefit? | | | | · · 🗆 | Yes 🗌 No |
| Par | | rvation Easements. | | | | | |
| | | ete if the organization answered " | | | | | |
| 1 | • • • • | conservation easements held by the o | • | / | | | |
| | | of land for public use (for example, recrea | ation or education) | Preservation of | | | |
| | | of natural habitat | | Preservation of | a certified | historic struc | ture |
| 0 | | n of open space | d a qualified concer | uction contribution | in the form | of a concor | votion |
| 2 | | s 2a through 2d if the organization hel he last day of the tax year. | u a quaimeu conserv | valion contribution | | | |
| - | | | | | 00 | Held at the End | l of the Tax Year |
| a b | | | | | | | |
| b | - | restricted by conservation easements nservation easements on a certified hi | | | | | |
| с d | | nservation easements included in (c) a | | | | | |
| | | | | | · 2d | | |
| 3 | Number of cor tax year | nservation easements modified, trans | ferred, released, ext | inguished, or term | | he organizati | ion during the |
| 4 | | tes where property subject to conserv | vation easement is lo | ocated | | | |
| 5 | Does the orga | anization have a written policy rega | arding the periodic | monitoring, insp | | | |
| | violations, and | enforcement of the conservation eas | ements it holds? . | | | ••• 🗆 | Yes 🗌 No |
| 6 | Staff and volunt | eer hours devoted to monitoring, inspec | ting, handling of violat | tions, and enforcing | conservatio | n easements o | during the year |
| 7 | Amount of expe | enses incurred in monitoring, inspecting | g, handling of violatio | ns, and enforcing c | onservatior | i easements d | luring the year |
| 8 | Does each cor | iservation easement reported on line 2 | 2(d) above satisfy the | e requirements of s | ection 170 | h)(4)(B)(i) | |
| | and section 17 | 0(h)(4)(B)(ii)? | | | | ••• □ | Yes 🗌 No |
| 9 | | lescribe how the organization repo | | | | • | |
| | | , and include, if applicable, the text o | | e organization's fir | nancial stat | ements that | describes the |
| | | accounting for conservation easemer | | | | | |
| Parl | | zations Maintaining Collections | | | Other Sim | ilar Assets. | |
| | | ete if the organization answered " | | | | | |
| 1a | | tion elected, as permitted under FASI | | | | | |
| | | al treasures, or other similar assets le in Part XIII the text of the footnote to | | | | | nce of public |
| h | <i>,</i> | | | | | | hoot works of |
| b | art, historical t | tion elected, as permitted under FAS reasures, or other similar assets held lowing amounts relating to these item | for public exhibition | | | | |
| | - | cluded on Form 990, Part VIII, line 1 | | | | ¢ | E00 |
| | | uded in Form 990, Part X | | | | | |
| 2 | | ation received or held works of art, | | | | | 35,110 provide the |
| <u> </u> | • | unts required to be reported under FA | | | | inanolai galli | |
| а | - | ded on Form 990, Part VIII, line 1 . | | - | | . \$ | 0 |
| b | | d in Form 990, Part X | | | | | 0 |

| Schedu | le D (Form 990) 2022 | | | | | | | | | Page 2 |
|---------|---------------------------------------------------------------------------------------------------------|--------|---------------------------|----------------|------------|------------------|----------|-------------------------|--------------|--------------------|
| Part | III Organizations Maintaining | Coll | ections of | Art, His | torical 1 | Freasures | , or O | ther Similar As | sets (cor | ntinued) |
| 3 | Using the organization's acquisition, collection items (check all that apply): | | ssion, and of | ther reco | rds, chec | k any of th | e follov | wing that make s | significant | use of its |
| а | Public exhibition | | | d | 🗌 Loan | or exchang | e prog | ram | | |
| b | Scholarly research | | | е | Other | | | | | |
| с | Preservation for future generations | 3 | | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's | collections | and expla | ain how t | hey further | the or | ganization's exer | npt purpo | se in Part |
| 5 | During the year, did the organization | solic | it or receive | donatior | s of art, | historical ti | reasure | s, or other simil | ar | |
| | assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | |
| Part | IV Escrow and Custodial Arra | ande | ments. | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | • | | " on For | m 990, I | Part IV, line | e 9, or | reported an ar | nount on | Form |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | | s 🗆 No |
| b | If "Yes," explain the arrangement in P | | | | | | • • | | | |
| D | in res, explain the analysement in r | | | | nowing to | able. | | Δ | mount | |
| с | Beginning balance | | | | | | 10 | | inount | |
| d | Additions during the year | | | | | | 10 | | | |
| e | Distributions during the year | | | | | | 16 | | | |
| f | Ending balance | | | | | | 1 | | | |
| 2a | Did the organization include an amou | | | | | | | | /? 🗌 Yes | s 🗌 No |
| | If "Yes," explain the arrangement in P | | | | | | | | | |
| Par | | | | | | | | | | |
| | Complete if the organizatior | n ansv | wered "Yes | " on For | m 990, F | Part IV, line | e 10. | | | |
| | | (a) | Current year | (b) Pri | or year | (c) Two year | rs back | (d) Three years bac | k (e) Four y | /ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | |
| | losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of | | • | | e (line 1g | j, column (a | ı)) held | as: | | |
| а | Board designated or quasi-endowme | | | % | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Term endowment% | | | | | | | | | |
| 0- | The percentages on lines 2a, 2b, and | | | | | at ava bala | | lusinistens of few th | | |
| за | Are there endowment funds not in th organization by: | e pos | session of th | ne organi | zation the | at are neid | and ac | iministered for tr | | Yes No |
| | | | | | | | | | | res no |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| b | (ii) Related organizations If "Yes" on line 3a(ii), are the related of | | | | | | | | 3a(ii) 3b | |
| 4 | Describe in Part XIII the intended use | - | | - | | | • • | | 30 | |
| Part | | | | STI S CHUC | | unus. | | | | |
| r ar c | Complete if the organization | | | " on For | m 990 I | Part IV line | e 11a | See Form 990 | Part X li | ne 10 |
| | Description of property | 1 ano | (a) Cost or o (investm | ther basis | (b) Cost o | or other basis | (c) | Accumulated epreciation | (d) Book | |
| 1- | Land | | | | , (O | , | | | | |
| 1a b | Land | • | | 0 0 | | 0 | | 0 | | 0 |
| | Buildings | • | | 0 | | 0 | | 0 | | <u> 0</u> 0 |
| c d | Equipment | • | | 0 | | 0 | | 0 | | 0 |
| e | Other | | | 0 | | 22,591 | | 19,547 | | 3,044 |
| | Add lines 1a through 1e. (Column (d) r | | gual Form 9 | • | K, columr | |)c.) . | | | 3,044 |
| | J 1 (-)- | | | | | 1 // | / | | | -1-1 |

Schedule D (Form 990) 2022

| Schedule D (Fo | , | | | Page |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|-----------------------------------------------------------------------|
| Part VII | Investments – Other Securities. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part (a) Description of security or category (including name of security) | IV, IINE 11D. See F | (c) M | , Part X, IINE 12. lethod of valuation: nd-of-year market value |
| (1) Financial | | | | |
| • • | neld equity interests | | | |
| • • • | | | - | |
| (Δ) | | | - | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments – Program Related. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part | | | |
| | (a) Description of investment | (b) Book value | | lethod of valuation: nd-of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | + | |
| <u>(8)</u> (9) | | | - | |
| | mn (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered "Yes" on Form 990, Part | IV. line 11d. See F | [:] orm 990 | . Part X. line 15. |
| | (a) Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | rea (h) revert a revel Farma 000 Davit V. aal. (D) lina 15) | | | |
| Part X | mn (b) must equal Form 990, Part X, col. (B) line 15.) | | · • | |
| Part A | Complete if the organization answered "Yes" on Form 990, Part | IV line 11e or 11f | Soo Eor | m 000 Part V |
| | line 25. | | See Fui | iii 990, Fait A, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal ir | | | | (2) 20011 14140 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 25.) | | | |

| | ıle D (Form 990) 2022 | | | | Page 4 |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---|-----------|------------|
| Par | | | - | Return. | |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 389,635 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| а | Net unrealized gains (losses) on investments | 2a | 0 | - | |
| b | Donated services and use of facilities | 2b | 0 | - | |
| С | Recoveries of prior year grants | | 0 | - | |
| d | Other (Describe in Part XIII.) | | 0 | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 389,635 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | 0 | - | |
| b | Other (Describe in Part XIII.) | | 0 | | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 389,635 |
| Part | XII Reconciliation of Expenses per Audited Financial Stater | | | r Return. | |
| | Complete if the organization answered "Yes" on Form 990, | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 398,349 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | | |
| а | Donated services and use of facilities | 2a | 0 | | |
| b | Prior year adjustments | 2b | 0 | | |
| С | Other losses | 2c | 0 | | |
| d | Other (Describe in Part XIII.) | | 0 | | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 398,349 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 0 | | |
| b | Other (Describe in Part XIII.) | | 0 | | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 Part | Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, lir</i> XIII Supplemental Information. | ne 18.) | | 5 | 398,349 |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part dule D, Part III, Line 4 - Artwork is displayed throughout the community and Mo | - | | | awareness. |
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| | IEDULE I | | | Grants and | l Other Assis | tance to Org | anizations, Inited States | | | OMB No. | 1545-0047 |
|----------------------------------------------------------------------------------|------------------------------------|-----------------|--------------------|------------------------------------|--------------------------|----------------------------------|-------------------------------------------------------------|------------------------------------|-----------|---------------------------|--------------------|
| (For | m 990) | | | | , | | | | | 20 | 22 |
| | | | C | omplete if the orga | | | Part IV, line 21 or 2 | 2. | | 20 | |
| | tment of the Treasury | | | Co to w | | Form 990. | | | | Open to | o Public ection |
| Go to www.irs.gov/Form990 for the latest information. Name of the organization | | | | | | Employer | identification num | | | | |
| MONROE COUNCIL OF THE ARTS CORPORATION | | | | | | Linpioyer | 65-0737532 | | | | |
| | | | n on Grants and | Assistance | | | | | | 05-0737532 | |
| 1 1 | | | | | int of the grants o | r assistance the o | rantees' eligibility | for the grants or a | ssistance | and | |
| • | • | | award the grants | | • | | · · · · · · · · | • | | | 🗌 No |
| 2 | Describe in Pa | rt IV the orgar | nization's procedu | res for monitoring | the use of grant fu | unds in the United | States. | | | | |
| Par | | | | | | | ents. Complete i ated if additional | | | ered "Yes" on | Form 990, |
| 1 (| a) Name and address or governme | | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncash assista | | (h) Purpose of or assista | 0 |
| (1) | | | | | | | | | | | |
| (2) | | | - | | | | | | | | |
| (3) | | | - | | | | | | | | |
| (4) | | | - | | | | | | | | |
| (5) | | | - | | | | | | | | |
| (6) | | | - | | | | | | | | |
| (7) | | | - | | | | | | | | |
| (8) | | | - | | | | | | | | |

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(9)

(12)

(11)

(10)

Schedule I (Form 990) 2022

. .

| Part III | Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 See | e Schedule I, Part IV, Statement 1 | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| Part IV | Supplemental Information. Provid | e the information r | equired in Part I, li | ne 2; Part III, colum | n (b); and any other addit | ional information. |
| Schedule | e I, Part I, Line 2 - Grants are awarded to Artist | after the artwork has | been presented and | reviewed by the Organi | zation. | |
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Schedule I (Form 990) 2022

Schedule I, Part IV, Statement 1

Form: Schedule I (2022)

Page: 2

EIN: 65-0737532

Part III

Description of Grants and Other Assistance to Individuals in the United States Number of Amt. of cash Amt. of nonrecipients grant cash asst. Type of grant Art Builds community Grant is designed to provide support to initiatives that 6 5,454 0 uniquely address civic challenges and community issues through arts. The objective is to strengthen community by fostering relationships between artists, art organizations, and civic organizations existing within the Florida keys Community and generate greater cultural equity in the Florida Keys. Method of valuation Based on Individual Grant, determined by Granting Board Desc. of Non-Cash Asst. Inspire and Involve Grant - Monroe Council of Arts Corporation fosters 111 21 0 Type of grant Attendance for underserved populations to have access to arts and cultural events by providing tickets to theatrical and musical performances. The Grant is in conjunction with the Community Foundation of the Florida keys. Valuation based on Individual ticket prices. Method of valuation Individual Ticket Prices Desc. of Non-Cash Asst. Type of grant Key West Writers Guild Award. Its purpose is to enable a talented writer 2 1,000 0 who is a resident of Monroe County to complete a long-form work of fiction or non-fiction included but limited to a novel, play, collection of short stories or essays, or a work of non-fiction. Method of valuation Grant is limited to \$ 2000 per award. Desc. of Non-Cash Asst. Type of grant Artists in schools grant program invites teaching artist in the performing 6 1,262 0 visual, literary or historical arts into the classroom. Teachers and teaching artists are encouraged to collaborate on creative projects together to enhance the existing curriculum, or to teach a new topic using the arts. All Monroe County public and private schools as well as other organizations that serve children ages 5-18 are eligible to apply. Artists in schools grant are up to \$ 2,000 each for artist's time and materials on a reimbursement basis upon completion of an approved final report. Method of valuation Grant is limited to \$ 2,000 per award. Desc. of Non-Cash Asst. Type of grant Special projects Grant is a grant program to provide short-term support to 1,060 0 5 vital visual, creative projects that do not fit into other grant categories. To gualify, artists must reside in Monroe County, Florida. Funding is available up to \$ 2,000 per request. Request greater than \$ 2,000 will be considered depending on funds available at the time of the request Method of valuation Based on artist request and artist project.

Desc. of Non-Cash Asst.

| SCHEDULE | 0 |
|------------|---|
| (Form 990) | |

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.



| Department of the Treasury | Attach to Form 990 or Form 990-EZ. | Open to Public |
|----------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| Internal Revenue Service | Go to www.irs.gov/Form990 for the latest information. | Inspection |
| Name of the organization | | Employer identification number |
| MONROE COUNCIL OF | THE ARTS CORPORATION | 65-0737532 |
| Form 990, Part VI, Sec | tion B, Line 11b - The Treasurer and Executive Director receive a draft copy of Form | 990 to review prior to filing the |
| informational Tax Retu | | |
| | | |
| Form 000 Part VI Soc | tion B, Line 15 - The Executive Director receives an annual review by the board of di | roctors Appual companyation is |
| | | |
| | w. Employees receive annual review given by the the executive director. Annual Co | mpensation is presented at that |
| review. | | |
| | | |
| Form 990, Part VI, Sec | tion C, Line 19 - The General public can either call or email requests of financial stat | ements or Form 990. are |
| | | |
| Form 990, Part IX, Line | 24e - Program Expenses: Grants Awarded 49833 Internet 680 Postage & Shipping 2 | 21 Program Expenses 18066 |
| Administrative: Interne | t 75 Licenses 401 Postage & Shipping 55 Fundraising 10933 Postage & Shipping 27 | 8 |
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