

**Lindsay and Company LLP
770 County Square Dr Ste 102
Ventura, CA 93003-5407
805-650-5915**

October 10, 2023

CONFIDENTIAL

CARPINTERIA ARTS CENTER
dba LYNDA FAIRLY CARPINTERIA ARTS C
PO BOX 597
CARPINTERIA, CA 93014-0597

Dear Carla:

We have prepared the following returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Your Form 990 for the year ended 6/30/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. Your electronically filed return is not complete without your signature. Form 8879-TE, should be signed and dated by an authorized officer of the organization and returned to Lindsay and Company, LLP as soon as possible.

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Your California Form 199 for the tax year ended 6/30/22 shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. Form 8453-EO should be signed and dated by an authorized officer of the corporation and returned to Lindsay and Company LLP before the electronic file is transmitted to the California Franchise Tax Board.

California Form RRF-1 Filing Instructions

Your Form RRF-1 for the tax year ended 6/30/22 shows a balance due of \$100. The return should be signed and dated on Page 1 by an officer representing the organization. Include a check payable to the Department of Justice in the amount of \$100. Write "E.I.N. 77-0578720, RRF-1 Balance Due for the year ended 6/30/22" on the check. Mail the return by May 15, 2023 to:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

A copy of the federal return should be attached and sent with the registration renewal.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Lindsay and Company LLP

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **07/01/21** , and ending **06/30/22**

CARPINTERIA ARTS CENTER **77-0578720**
DBA LYNDA FAIRLY CARPINTERIA ARTS C

Net Asset / Fund Balance at Beginning of Year 3,994,623

Revenue

Contributions	<u>398,277</u>	
Program service revenue	<u>62,134</u>	
Investment income	<u>6,346</u>	
Capital gain / loss	<u>17,624</u>	
Fundraising / Gaming:		
Gross revenue	<u>100,896</u>	
Direct expenses	<u>46,370</u>	
Net income	<u>54,526</u>	
Other income	<u>18,383</u>	
Total revenue		<u><u>557,290</u></u>

Expenses

Program services	<u>447,656</u>	
Management and general	<u>139,243</u>	
Fundraising	<u>112,171</u>	
Total expenses		<u><u>699,070</u></u>

Excess / (deficit) -141,780

Changes -66,780

Net Asset / Fund Balance at End of Year 3,786,063

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>557,290</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>699,070</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,065,583</u>	<u>3,800,458</u>	
Liabilities	<u>70,960</u>	<u>14,395</u>	
Net assets	<u><u>3,994,623</u></u>	<u><u>3,786,063</u></u>	<u><u>-208,560</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/23
 Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022.

2021

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CARPINTERIA ARTS CENTER
DBA LYNDA FAIRLY CARPINTERIA ARTS C EIN or SSN **77-0578720**

Name and title of officer or person subject to tax **CARLA STEIN**
TREASURER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>557,290</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize LINDSAY AND COMPANY LLP to enter my PIN 57010 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date 10/10/23

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

95518393003

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JUAN GUERRERO

Date 10/10/23

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 597 City or town, state or province, country, and ZIP or foreign postal code CARPINTERIA CA 93014-0597		D Employer identification number 77-0578720
	E Telephone number 805-684-6348		G Gross receipts\$ 696,212
	F Name and address of principal officer: ALAN KOCH PO BOX 597 CARPINTERIA CA 93014-0597		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.CARPINTERIAARTSCENTER.ORG			L Year of formation: 2001 M State of legal domicile: CA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8	
	6 Total number of volunteers (estimate if necessary)	6	135	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	329,867	398,277	
	9 Program service revenue (Part VIII, line 2g)	49,293	62,134	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,120	23,970	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,818	72,909	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,098	557,290	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	261,799	307,167	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,171			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	314,474	391,903	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	576,273	699,070		
19 Revenue less expenses. Subtract line 18 from line 12	-162,175	-141,780		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	4,065,583	3,800,458	
	21 Total liabilities (Part X, line 26)	70,960	14,395	
22 Net assets or fund balances. Subtract line 21 from line 20	3,994,623	3,786,063		

Part II Signature Block

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

Sign Here	Signature of officer CARLA STEIN Type or print name and title	Date _____	Title TREASURER
	Print/Type preparer's name Preparer's signature Date Check <input checked="" type="checkbox"/> if PTIN JUAN GUERRERO JUAN GUERRERO 10/10/23 self-employed P01706907		
Paid Preparer Use Only	Firm's name ▶ LINDSAY AND COMPANY LLP	Firm's EIN ▶ 80-0630202	
	Firm's address ▶ 770 COUNTY SQUARE DR STE 102 VENTURA, CA 93003-5407	Phone no. 805-650-5915	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.

4a (Code:) (Expenses \$ **47,774** including grants of \$) (Revenue \$ **55,726**)

OFFERED 68 IN PERSON EDUCATIONAL ARTS CLASSES FOR ALL AGES. SPECIAL YOUTH PROJECTS INCLUDE AN ANNUAL TEEN MURAL PROJECT THAT INVOLVES 39 TEENS AND 4 ADULTS ALONG WITH 7 WEEKS OF SUMMER ARTS CAMP THAT SERVED 112 YOUTH, 36 OF WHICH RECEIVED FULL SCHOLARSHIPS OR REDUCED TUITION. ALSO OFFERED VOLUNTEER OPPORTUNITIES AND A YOUTH LEADERSHIP TRAINING PROGRAM TO 20 TEENS.

4b (Code:) (Expenses \$ **2,250** including grants of \$) (Revenue \$)

OFFERED A FREE 5 MONTH CONCERT SERIES, MONTHLY ARTS & CRAFTS FAIRE WITH A FREE COMMUNITY ART PROJECT TABLE, COMMUNITY VOICES EVENT AND SEA GLASS FESTIVAL.

4c (Code:) (Expenses \$ **13,868** including grants of \$) (Revenue \$ **6,408**)

HOSTED 10 DIFFERENT COMMUNITY ART EXHIBITS IN THE NEW GALLERY WHICH IS STAFFED BY A TEAM OF 75 COMMUNITY VOLUNTEERS. OFFERED ART RECEPTIONS, ARTIST TALKS, GALLERY HOST TRAINING AND EVENTS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **383,764** including grants of \$) (Revenue \$)

4e Total program service expenses **447,656**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
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		X
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>	X	
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>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	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			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 ►

CARLA STEIN
CARPINTERIA
PO BOX 597

CA 93014-0597 805-991-7899

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTIE BOYD	3.00									
DIRECTOR	0.00	X					0	0	0	
(2) GREG CARTY	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) TIM COHEN	5.00									
DIRECTOR	0.00	X					0	0	0	
(4) KATHY DUBOCK	5.00									
DIRECTOR	0.00	X					0	0	0	
(5) JACLYN FABRE	3.00									
SECRETARY	0.00	X		X			0	0	0	
(6) LYNDA FAIRLY	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) JESUS GONZALES	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) ALAN KOCH	5.00									
DIRECTOR	0.00	X		X			0	0	0	
(9) DEBBIE MURPHY	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) SIMON PALMER	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) LEN PRICE	2.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROLAND ROTZ	2.00									
DIRECTOR	0.00	X						0	0	0
(13) CARLA STEIN	3.00									
TREASURER	0.00	X		X				0	0	0
(14) LOURDES TRIGUEROS	2.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	17,861				
	c Fundraising events	1c	62,900				
	d Related organizations	1d					
	e Government grants (contributions)	1e	52,478				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	265,038				
	g Noncash contributions included in lines 1a-1f	1g	\$ 29,355				
	h Total. Add lines 1a-1f			398,277			
Program Service Revenue	2a SUMMER PROGRAM	Business Code	900099	55,726	55,726		
	b GALLERY EXHIBIT INCOME		611600	6,408	6,408		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			62,134			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,346		6,346	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	6a	12,395			
		(ii) Personal	6b				
			6c	12,395			
	b Less: rental expenses						
	c Rental inc. or (loss)						
	d Net rental income or (loss)			12,395		12,395	
	7a Gross amount from sales of assets other than inventory	(i) Securities	7a	84,179			
		(ii) Other			11,374		
			7b	77,097	832		
	b Less: cost or other basis and sales exps.						
	c Gain or (loss)		7c	7,082	10,542		
d Net gain or (loss)			17,624	6,925		10,699	
8a Gross income from fundraising events (not including \$ 62,900 of contributions reported on line 1c). See Part IV, line 18		8a	100,896				
	b Less: direct expenses			46,370			
	c Net income or (loss) from fundraising events			54,526			
9a Gross income from gaming activities. See Part IV, line 19		9a					
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a	20,611				
	b Less: cost of goods sold			14,623			
	c Net income or (loss) from sales of inventory			5,988	5,988		
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			557,290	75,047	0	29,440	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, 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 and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	259,723	132,458	62,334	64,931
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,022	15,312	7,204	7,506
10 Payroll taxes	17,422	8,885	4,181	4,356
11 Fees for services (nonemployees):				
a Management				
b Legal	5,304		5,304	
c Accounting	7,500		7,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	3,865		3,865	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	46,031	35,011		11,020
12 Advertising and promotion	21,796	16,154	1,915	3,727
13 Office expenses	25,680		25,680	
14 Information technology	12,155	7,293	1,215	3,647
15 Royalties				
16 Occupancy	33,107	30,012	2,873	222
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,862	161,238	15,433	1,191
23 Insurance	13,914	12,663	1,112	139
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.)				
a GALLERY EXPENSES	13,868	13,868		
b OTHER EXPENSES	11,739			11,739
c BANK FEES	10,552	6,859		3,693
d DIRECT PROGRAM COSTS	4,198	4,198		
e All other expenses	4,332	3,705	627	
25 Total functional expenses. Add lines 1 through 24e	699,070	447,656	139,243	112,171
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	28,181	1	26,808
	2 Savings and temporary cash investments	346,007	2	463,893
	3 Pledges and grants receivable, net	242,450	3	44,490
	4 Accounts receivable, net		4	
	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		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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	216	9	216
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,613,369		
	b Less: accumulated depreciation	665,751		
		3,075,709	10c	2,947,618
	11 Investments—publicly traded securities	371,308	11	317,433
	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	1,712	15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,065,583	16	3,800,458	
Liabilities	17 Accounts payable and accrued expenses	17,942	17	14,395
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	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	53,018	25	
	26 Total liabilities. Add lines 17 through 25	70,960	26	14,395
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,180,977	27	3,303,957
	28 Net assets with donor restrictions	813,646	28	482,106
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	3,994,623	32	3,786,063	
33 Total liabilities and net assets/fund balances	4,065,583	33	3,800,458	

Part 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	557,290
2	Total expenses (must equal Part IX, column (A), line 25)	2	699,070
3	Revenue less expenses. Subtract line 2 from line 1	3	-141,780
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,994,623
5	Net unrealized gains (losses) on investments	5	-71,569
6	Donated services and use of facilities	6	4,789
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	3,786,063

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer identification number 77-0578720
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,377,692	456,354	295,569	329,866	398,277	2,857,758
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	1,377,692	456,354	295,569	329,866	398,277	2,857,758
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)						8,721
6 Public support. Subtract line 5 from line 4.						2,849,037

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,377,692	456,354	295,569	329,866	398,277	2,857,758
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,421	4,584	3,036	29,124	29,284	67,449
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.)	-1,386	3,082	9,375		5,988	17,059
11 Total support. Add lines 7 through 10						2,942,266
12 Gross receipts from related activities, etc. (see instructions)					12	245,775
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	96.83 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	98.34 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business 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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
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? <i>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.</i>		
2a		
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? <i>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.</i>		
2b		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

PART II, LINE 10 - OTHER INCOME DETAIL

JEWELRY SALES, NET \$ 16,884

CREDIT CARD REBATES \$ 175

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**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer identification number 77-0578720
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

CARPINTERIA ARTS CENTER

77-0578720

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 67,566	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 13,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 8,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

CARPINTERIA ARTS CENTER

77-0578720

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 52,268	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

Name of organization

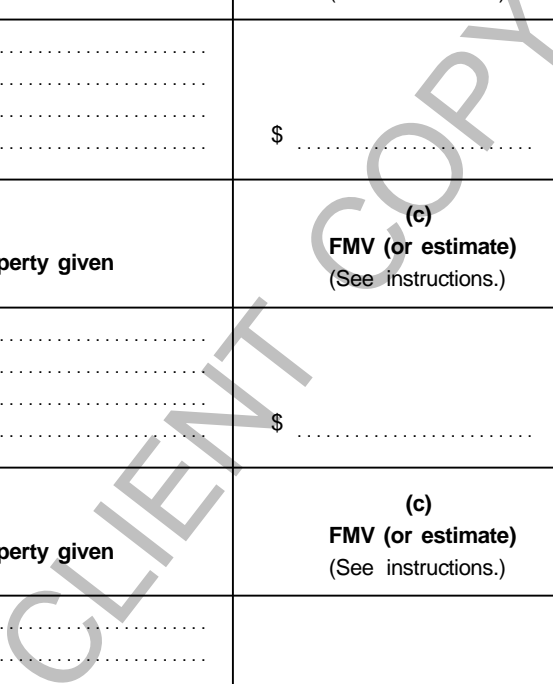
Employer identification number

CARPINTERIA ARTS CENTER

77-0578720

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK	\$ 7,566	04/18/22



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C

77-0578720

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$, \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	371,352	360,901	359,583	357,094	357,094
b Contributions					
c Net investment earnings, gains, and losses	-51,847	10,451	1,318	2,489	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	319,505	371,352	360,901	359,583	357,094

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **96.60 %**
 - b Permanent endowment **3.10 %**
 - c Term endowment **0.30 %**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,416,160		1,416,160
b Buildings		1,980,817	545,048	1,435,769
c Leasehold improvements		164,288	88,572	75,716
d Equipment		17,833	15,628	2,205
e Other		34,271	16,503	17,768

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **2,947,618**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ENDOWMENT FUND WAS ESTABLISHED TO GENERATE INCOME TO BE USED TO PAY THE GENERAL OPERATING COSTS NECESSARY FOR THE OPERATION OF AN ARTS CENTER FOR THE CITIZENS OF THE CARPINTERIA VALLEY.

Part XIII Supplemental Information *(continued)*

CLIENT COPY

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

**CARPINTERIA ARTS CENTER
DBA LYNDA FAIRLY CARPINTERIA ARTS C**

Employer identification number

77-0578720

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>PALATE TO PALLE</u> (event type)	<u>STBA BOOK</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	99,091	53,091	5,858	158,040
	2	Less: Contributions	49,085	13,600	215	62,900
	3	Gross income (line 1 minus line 2)	50,006	39,491	5,643	95,140
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	16,016	15,756		31,772
	8	Entertainment				
	9	Other direct expenses	331	2,808	3,070	6,209
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					57,159

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0074

2021

**Open To Public
Inspection**

DBA LYNDA FAIRLY CARPINTERIA ARTS C

Employer identification number
77-0578720

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	1	7,566	SALES PRICE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ART FOR SALE)	X	50	21,789	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization	CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer identification number	77-0578720
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FORM 990 - ORGANIZATION'S MISSION

THE CARPINTERIA ARTS CENTER'S MISSION IS TO PROVIDE A VIBRANT, DIVERSE, AND WELCOMING COMMUNITY ARTS AND EVENTS CENTER DESIGNED TO 1) SHOWCASE AND EXHIBIT LOCAL ART, 2) OFFER ARTS RELATED CLASSES, ACTIVITIES, AND OTHER EDUCATIONAL OUTREACH, AND 3) SERVE AS A PRIME LOCATION FOR PUBLIC AND PRIVATE EVENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CONTINUE TO SUPPORT BELLAS ARTES, WHICH IS A JOIN PROJECT THAT SINCE 2004 HAS WORKED WITH PEOPLE'S SELF HELP HOUSING TO OFFER ARTS AND CULTURAL EDUCATION TO ALL AGES. NINETY PERCENT OF THE RESIDENTS ARE OF MEXICAN AND LATIN AMERICAN DESCENT. THE ARTS CENTER ALSO WORKS WITH OTHER LOCAL NON-PROFITS INCLUDING GIRLS INC. OF CARPINTERIA AND THE CARPINTERIA BOYS AND GIRLS CLUB TO BRING ARTS PROGRAMING TO ADDITIONAL YOUTH.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS PREPARED UNDER THE LEADERSHIP OF OUR IN-HOUSE SENIOR ACCOUNTANT. PURSUANT TO THE ORGANIZATION'S BYLAWS, THE FORM 990 IS APPROVED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

EACH MEMBER OF THE BOARD OF DIRECTORS IS REQUIRED TO ANNUALLY REVIEW AND SIGN A CODE OF ETHICS, CODE OF CONDUCT, AND CONFLICT OF INTEREST POLICY. IN ADDITION, ANY POSSIBLE NEW CONFLICT OF INTERESTS ARE DISCUSSED AT BOARD MEETINGS. THE BOARD ALSO REVIEWS ALL CONTRACTS, WHILE

Name of the organization

Employer identification number

CARPINTERIA ARTS CENTER

77-0578720

REIMBURSEMENTS TO BOARD MEMBERS AND EMPLOYEES ARE REVIEWED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE OF THE BOARD SERVES AS THE HUMAN RESOURCES COMMITTEE AND THEREFORE MONITORS AND MAINTAINS GENERAL OVERSIGHT OF ALL HR MATTERS. THE PROCEDURES FOR DETERMINING ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES ARE SPECIFICALLY SET FORTH IN THE BOARD'S GOVERNANCE POLICIES AND INCLUDE PROVISIONS FOR A COMPREHENSIVE PERFORMANCE EVALUATION, COMPARATIVE COMPENSATION DATA ANALYSES, AND PROCEDURES FOR DOCUMENTING THE BOARD'S FINAL DECISION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE EXECUTIVE COMMITTEE OF THE BOARD SERVES AS THE HUMAN RESOURCES COMMITTEE AND THEREFORE MONITORS AND MAINTAINS GENERAL OVERSIGHT OF ALL HR MATTERS. THE PROCEDURES FOR DETERMINING ANNUAL COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES ARE SPECIFICALLY SET FORTH IN THE BOARD'S GOVERNANCE POLICIES AND INCLUDE PROVISIONS FOR A COMPREHENSIVE PERFORMANCE EVALUATION, COMPARATIVE COMPENSATION DATA ANALYSES, AND PROCEDURES FOR DOCUMENTING THE BOARD'S FINAL DECISION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING POLICY DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

Name(s) shown on return **CARPINTERIA ARTS CENTER** Identifying number
DBA LYNDA FAIRLY CARPINTERIA ARTS C **77-0578720**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	177,862

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	177,862
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Tax Asset Detail 7/01/21 - 6/30/22

FYE: 6/30/2022

Asset	d t	Property Description	Date In Service	Tax Cost	Tax CY Sec 179 Expense c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1												
Group: Buildings												
12		BUILDING IMPROVEMENTS 855	6/30/05	46,818	0	0	46,818	0	46,818	0	S/L	10.00
13		BUILDING 865	1/01/16	501,515	0	0	69,571	12,538	82,109	419,406	S/L	40.00
Buildings				<u>548,333</u>	<u>0c</u>	<u>0</u>	<u>116,389</u>	<u>12,538</u>	<u>128,927</u>	<u>419,406</u>		
Group: Furniture and Fixtures												
5		EQUIPMENT	11/01/08	1,141	0	0	1,141	0	1,141	0	S/L	5.00
6		DESK & CHAIR	7/31/13	713	0	0	713	0	713	0	S/L	5.00
7		FURNITURE & EQUIPMENT	1/01/14	663	0	0	663	0	663	0	S/L	5.00
8		WATER HEATER	5/31/15	1,050	0	0	1,050	0	1,050	0	S/L	5.00
9		BACK STUDIO EASELS	3/02/16	1,224	0	0	1,224	0	1,224	0	S/L	5.00
10		CART FOR EASELS	3/16/16	400	0	0	400	0	400	0	S/L	5.00
11		OFFICE GALLERY DESK	2/02/18	250	0	0	171	50	221	29	S/L	5.00
23		GALLERY DESK MODIFICATION	1/22/20	985	0	0	279	197	476	509	S/L	5.00
25		UMBRELLAS AND STANDS	10/31/19	720	0	0	240	144	384	336	S/L	5.00
26		JEWELRY DISPLAY CASE	11/25/19	9,595	0	0	3,038	1,919	4,957	4,638	S/L	5.00
27		CAMERA SURVEILLANCE	9/15/20	9,780	0	0	1,630	1,956	3,586	6,194	S/L	5.00
28		HEATER IN MCINTYER ROOM	12/16/20	1,670	0	0	167	334	501	1,169	S/L	5.00
29		WAVE AIR PURIFICATION SYS	12/28/20	948	0	0	95	189	284	664	S/L	5.00
31		DEFIBTECH MACHINE	5/12/21	1,280	0	0	43	256	299	981	S/L	5.00
32		TV AND STAND FOR GALLERY	6/28/21	865	0	0	0	173	173	692	S/L	5.00
39		ORGANIZERS	10/31/19	168	0	0	56	33	89	79	S/L	5.00
40		FURNITURE	11/04/21	2,051	0c	0	0	137	137	1,914	S/L	10.00
Furniture and Fixtures				<u>33,503</u>	<u>0c</u>	<u>0</u>	<u>10,910</u>	<u>5,388</u>	<u>16,298</u>	<u>17,205</u>		
Group: Improvements												
14		SITE RENOVATION	1/01/14	63,942	0	0	47,955	6,395	54,350	9,592	S/L	10.00
15		SAILS	6/30/14	29,733	0	0	22,300	2,973	25,273	4,460	S/L	10.00
16		IMPROVEMENTS-865-LINDEN	1/01/16	7,240	0	0	5,561	724	6,285	955	S/L	10.00
19		CIP - 2019	7/16/19	1,159,998	0	0	232,000	116,000	348,000	811,998	S/L	10.00
33		CIP - 2020	6/30/20	272,486	0	0	40,873	27,248	68,121	204,365	S/L	10.00
34		DONOR WALL	2/05/21	6,151	0	0	256	615	871	5,280	S/L	10.00
35		NEW FENCE-CIP	6/02/21	1,712	0	0	0	0	0	1,712	Memo	0.00
36		BANNERS	4/22/21	8,670	0	0	145	867	1,012	7,658	S/L	10.00
41		LIDEN FRONT FENCE	3/14/22	42,427	0c	0	0	707	707	41,720	S/L	20.00
42		DONOR WALL	9/16/21	2,368	0c	0	0	44	44	2,324	S/L	40.00
43		GALLERY CLOSET UPGRADE	11/18/21	2,047	0c	0	0	30	30	2,017	S/L	40.00
Improvements				<u>1,596,774</u>	<u>0c</u>	<u>0</u>	<u>349,090</u>	<u>155,603</u>	<u>504,693</u>	<u>1,092,081</u>		
Group: Land												
17		LAND	6/30/05	416,160	0	0	0	0	0	416,160	Land	0.00
18		LAND-865- LINDEN	6/01/17	1,000,000	0	0	0	0	0	1,000,000	Land	0.00
Land				<u>1,416,160</u>	<u>0c</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,416,160</u>		

Tax Asset Detail 7/01/21 - 6/30/22

Asset	d t	Property Description	Date In Service	Tax Cost	Tax CY Sec 179 Expense c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Activity: Form 990, Page 1 (continued)												
Group: Machinery and Equipment												
1		MAC COMPUTER	3/11/13	1,623	0	0	1,623	0	1,623	0	S/L	3.00
2		COMPUTER-DONATED	12/31/17	1,320	0	0	1,320	0	1,320	0	S/L	3.00
3		COMPUTER & MONITOR	1/25/18	979	0	0	979	0	979	0	S/L	3.00
4		DONOR PERFECT SOFTWARE	6/30/14	1,510	0	0	1,510	0	1,510	0	S/L	3.00
30		MOBILE PHONE AND IPAD	3/11/21	768	0	0	51	154	205	563	S/L	5.00
37		MACHINERY AND EQUIPMENT	12/19/19	7,460	0	0	3,730	2,486	6,216	1,244	S/L	3.00
38		PHONE SYSTEM	2/14/20	4,941	0	0	2,333	1,647	3,980	961	S/L	3.00
44	d	SERVER	2/14/20	1,664	0	0	786	46	832	832	S/L	3.00
Machinery and Equipment				20,265	0c	0	12,332	4,333	16,665	3,600		
*Less: Dispositions and Transfers				1,664	0	0	786	0	832	832		
Net Machinery and Equipment				18,601	0c	0	11,546	4,333	15,833	2,768		
Form 990, Page 1				3,615,035	0c	0	488,721	177,862	666,583	2,948,452		
*Less: Dispositions and Transfers				1,664	0	0	786	0	832	832		
Net Form 990, Page 1				3,613,371	0c	0	487,935	177,862	665,751	2,947,620		
Grand Total				3,615,035	0c	0	488,721	177,862	666,583	2,948,452		
Less: Dispositions and Transfers				1,664	0	0	786	0	832	832		
Net Grand Total				3,613,371	0c	0	487,935	177,862	665,751	2,947,620		
Other Assets				3,615,035	0c	0	488,721	177,862	666,583	2,948,452		
Less: Dispositions and Transfers				1,664	0	0	786	46	832	832		
Net Other Assets				3,613,371	0c	0	487,935	177,816	665,751	2,947,620		

AMT Asset Detail 7/01/21 - 6/30/22

Asset	d t	Property Description	Date In Service	AMT Cost	AMT CY Sec 179 Expense c	AMT Bonus Amt	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr	AMT Net Book Value	AMT Method	AMT Period
Activity: Form 990, Page 1 (continued)												
Group: Machinery and Equipment												
1		MAC COMPUTER	3/11/13	0	0	0	0	0	0	0		0.0
2		COMPUTER-DONATED	12/31/17	0	0	0	0	0	0	0		0.0
3		COMPUTER & MONITOR	1/25/18	0	0	0	0	0	0	0		0.0
4		DONOR PERFECT SOFTWARE	6/30/14	0	0	0	0	0	0	0		0.0
30		MOBILE PHONE AND IPAD	3/11/21	0	0	0	0	0	0	0		0.0
37		MACHINERY AND EQUIPMENT	12/19/19	0	0	0	0	0	0	0		0.0
38		PHONE SYSTEM	2/14/20	0	0	0	0	0	0	0		0.0
44	d	SERVER	2/14/20	0	0	0	0	0	0	0		0.0
Machinery and Equipment				<u>0</u>	<u>0c</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Form 990, Page 1				<u>50,605</u>	<u>0c</u>	<u>0</u>	<u>0</u>	<u>918</u>	<u>918</u>	<u>49,687</u>		
Grand Total				<u>50,605</u>	<u>0c</u>	<u>0</u>	<u>0</u>	<u>918</u>	<u>918</u>	<u>49,687</u>		
Other Assets				<u>50,605</u>	<u>0c</u>	<u>0</u>	<u>0</u>	<u>918</u>	<u>918</u>	<u>49,687</u>		

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CA Asset Detail 7/01/21 - 6/30/22

FYE: 6/30/2022

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1													
Group: Buildings													
12		BUILDING IMPROVEMENTS 855	6/30/05	46,818	0		0	46,818	0	46,818	0	S/L	10.00
13		BUILDING 865	1/01/16	501,515	0		0	69,571	12,538	82,109	419,406	S/L	40.00
Buildings				<u>548,333</u>	<u>0c</u>		<u>0</u>	<u>116,389</u>	<u>12,538</u>	<u>128,927</u>	<u>419,406</u>		
Group: Furniture and Fixtures													
5		EQUIPMENT	11/01/08	1,141	0		0	1,141	0	1,141	0	S/L	5.00
6		DESK & CHAIR	7/31/13	713	0		0	713	0	713	0	S/L	5.00
7		FURNITURE & EQUIPMENT	1/01/14	663	0		0	663	0	663	0	S/L	5.00
8		WATER HEATER	5/31/15	1,050	0		0	1,050	0	1,050	0	S/L	5.00
9		BACK STUDIO EASELS	3/02/16	1,224	0		0	1,224	0	1,224	0	S/L	5.00
10		CART FOR EASELS	3/16/16	400	0		0	400	0	400	0	S/L	5.00
11		OFFICE GALLERY DESK	2/02/18	250	0		0	171	50	221	29	S/L	5.00
23		GALLERY DESK MODIFICATION	1/22/20	985	0		0	279	197	476	509	S/L	5.00
25		UMBRELLAS AND STANDS	10/31/19	720	0		0	240	144	384	336	S/L	5.00
26		JEWELRY DISPLAY CASE	11/25/19	9,595	0		0	3,038	1,919	4,957	4,638	S/L	5.00
27		CAMERA SURVEILLANCE	9/15/20	9,780	0		0	1,630	1,956	3,586	6,194	S/L	5.00
28		HEATER IN MCINTYER ROOM	12/16/20	1,670	0		0	167	334	501	1,169	S/L	5.00
29		WAVE AIR PURIFICATION SYS	12/28/20	948	0		0	95	189	284	664	S/L	5.00
31		DEFIBTECH MACHINE	5/12/21	1,280	0		0	43	256	299	981	S/L	5.00
32		TV AND STAND FOR GALLERY	6/28/21	865	0		0	0	173	173	692	S/L	5.00
39		ORGANIZERS	10/31/19	168	0		0	56	33	89	79	S/L	5.00
40		FURNITURE	11/04/21	2,051	0c		0	0	137	137	1,914	S/L	10.00
Furniture and Fixtures				<u>33,503</u>	<u>0c</u>		<u>0</u>	<u>10,910</u>	<u>5,388</u>	<u>16,298</u>	<u>17,205</u>		
Group: Improvements													
14		SITE RENOVATION	1/01/14	63,942	0		0	47,957	6,394	54,351	9,591	S/L	10.00
15		SAILS	6/30/14	29,733	0		0	22,300	2,973	25,273	4,460	S/L	10.00
16		IMPROVEMENTS-865-LINDEN	1/01/16	7,240	0		0	5,561	724	6,285	955	S/L	10.00
19		CIP - 2019	7/16/19	1,159,998	0		0	232,000	116,000	348,000	811,998	S/L	10.00
33		CIP - 2020	6/30/20	272,486	0		0	40,873	27,248	68,121	204,365	S/L	10.00
34		DONOR WALL	2/05/21	6,151	0		0	256	615	871	5,280	S/L	10.00
35		NEW FENCE-CIP	6/02/21	1,712	0		0	0	0	0	1,712	Memo	0.00
36		BANNERS	4/22/21	8,670	0		0	145	867	1,012	7,658	S/L	10.00
41		LIDEN FRONT FENCE	3/14/22	42,427	0c		0	0	707	707	41,720	S/L	20.00
42		DONOR WALL	9/16/21	2,368	0c		0	0	44	44	2,324	S/L	40.00
43		GALLERY CLOSET UPGRADE	11/18/21	2,047	0c		0	0	30	30	2,017	S/L	40.00
Improvements				<u>1,596,774</u>	<u>0c</u>		<u>0</u>	<u>349,092</u>	<u>155,602</u>	<u>504,694</u>	<u>1,092,080</u>		
Group: Land													
17		LAND	6/30/05	416,160	0		0	0	0	0	416,160	Land	0.00
18		LAND-865- LINDEN	6/01/17	1,000,000	0		0	0	0	0	1,000,000	Land	0.00
Land				<u>1,416,160</u>	<u>0c</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,416,160</u>		

CA Asset Detail 7/01/21 - 6/30/22

Asset	d t	Property Description	Date In Service	CA Cost	CA Sec 179 Exp	c	CA Bonus Amt	CA Prior Depreciation	CA Current Depreciation	CA End Depr	CA Net Book Value	CA Method	CA Period
Activity: Form 990, Page 1 (continued)													
Group: Machinery and Equipment													
1		MAC COMPUTER	3/11/13	1,623	0		0	1,623	0	1,623	0	S/L	3.00
2		COMPUTER-DONATED	12/31/17	1,320	0		0	1,320	0	1,320	0	S/L	3.00
3		COMPUTER & MONITOR	1/25/18	979	0		0	979	0	979	0	S/L	3.00
4		DONOR PERFECT SOFTWARE	6/30/14	1,510	0		0	1,510	0	1,510	0	S/L	3.00
30		MOBILE PHONE AND IPAD	3/11/21	768	0		0	51	154	205	563	S/L	5.00
37		MACHINERY AND EQUIPMENT	12/19/19	7,460	0		0	3,730	2,486	6,216	1,244	S/L	3.00
38		PHONE SYSTEM	2/14/20	4,941	0		0	2,333	1,647	3,980	961	S/L	3.00
44	d	SERVER	2/14/20	1,664	0		0	786	46	832	832	S/L	3.00
Machinery and Equipment				20,265	0c		0	12,332	4,333	16,665	3,600		
*Less: Dispositions and Transfers				1,664	0		0	786	0	832	832		
Net Machinery and Equipment				18,601	0c		0	11,546	4,333	15,833	2,768		
Form 990, Page 1				3,615,035	0c		0	488,723	177,861	666,584	2,948,451		
*Less: Dispositions and Transfers				1,664	0		0	786	0	832	832		
Net Form 990, Page 1				3,613,371	0c		0	487,937	177,861	665,752	2,947,619		
Grand Total				3,615,035	0c		0	488,723	177,861	666,584	2,948,451		
Less: Dispositions and Transfers				1,664	0		0	786	0	832	832		
Net Grand Total				3,613,371	0c		0	487,937	177,861	665,752	2,947,619		

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SCHEDULE G		Fundraising Other Events			2021
(Form 990 or 990-EZ)		For calendar year 2021, or tax year beginning 07/01/21 , and ending 06/30/22			
Name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C				Employer Identification Number 77-0578720	
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>CONCERTS</u> (event type)	_____ (event type)	_____ (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	5,858			5,858
	2 Less: Charitable contributions	215			215
	3 Gross income (line 1 minus line 2)	5,643			5,643
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,070			3,070

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Form 990/990-PF		Electronic Filing - PDF Attachment Report		2021
Name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C			Taxpayer Identification Number 77-0578720	
For calendar year 2021, or tax year beginning 07/01/21 , and ending 06/30/22				
Title	Attachment Source	Proforma		
MANUALLY ATTACHED TO RETURN STOCK SALES	O:\CLIENT\5_010\2021-2022\990 ATTACHMENT.PDF	NO		

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Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning 07/01/21 , ending 06/30/22		

Name _____ Taxpayer Identification Number _____

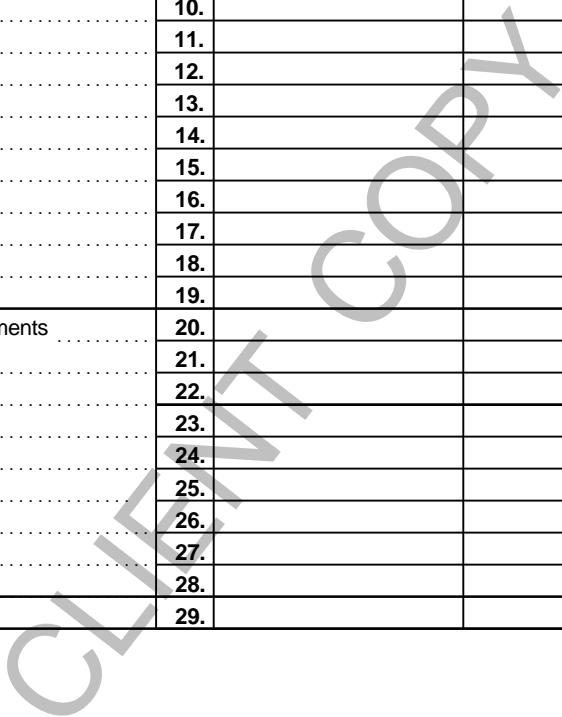
CARPINTERIA ARTS CENTER**DBA LYNDA FAIRLY CARPINTERIA ARTS C****77-0578720**

		2020	2021	Differences	
Revenue	1. Contributions, gifts, grants	1. 245,444	327,938	82,494	
	2. Membership dues and assessments	2. 17,155	17,861	706	
	3. Government contributions and grants	3. 67,268	52,478	-14,790	
	4. Program service revenue	4. 49,293	62,134	12,841	
	5. Investment income	5. 29,120	6,346	-22,774	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	17,624	17,624	
	8. Net income or (loss) from fundraising events	8.	54,526	54,526	
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10. 5,818	5,988	170	
	11. Other revenue	11.	12,395	12,395	
	12. Total revenue. Add lines 1 through 11	12.	414,098	557,290	143,192
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 261,799	307,167	45,368	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 15,443	62,700	47,257	
	19. Occupancy, rent, utilities, and maintenance	19. 17,093	33,107	16,014	
	20. Depreciation and Depletion	20. 175,705	177,862	2,157	
	21. Other expenses	21. 106,233	118,234	12,001	
	22. Total expenses. Add lines 13 through 21	22.	576,273	699,070	122,797
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-162,175	-141,780	20,395
Other Information	24. Total exempt revenue	24. 414,098	557,290	143,192	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 84,231	104,487	20,256	
	27. Total assets	27. 4,065,583	3,800,458	-265,125	
	28. Total liabilities	28. 70,960	14,395	-56,565	
	29. Retained earnings	29. 3,994,623	3,786,063	-208,560	
	30. Number of voting members of governing body	30. 11	15		
	31. Number of independent voting members of governing body	31. 11	15		
32. Number of employees	32. 5	8			
33. Number of volunteers	33. 120	135			

Form 990T	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning 07/01/21 , ending 06/30/22		

Name **CARPINTERIA ARTS CENTER** Taxpayer Identification Number **77-0578720**
DBA LYNDA FAIRLY CARPINTERIA ARTS C

		2020	2021	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1		-1
	2. Unrelated business taxable income from all trades			
	3. Charitable contributions			
	4. Section 199A deduction (trusts only)			
	5. Taxable income before NOL loss			
	6. Net operating loss (pre-2018)			
	7. Specific deduction		1,000	1,000
	8. Unrelated business taxable income.			
Tax & Credits	9. Income tax (corporate or trust)			
	10. Proxy tax			
	11. Other taxes			
	12. Total taxes			
	13. Other credits			
	14. General business credit			
	15. Credit for prior year minimum tax			
	16. Total credits			
	17. Net tax after credits			
	18. Recapture taxes and 965 tax			
	19. Total Taxes			
Due/Refund	20. Prior year overpayment and estimated tax payments			
	21. Payment made with extension			
	22. Backup withholding and foreign withholding			
	23. Other payments			
	24. Total payments			
	25. Balance due/(Overpayment)			
	26. Overpayment applied to next year			
	27. Penalties			
	28. Total due/(Refund)			
	29. Activity Losses NOL (Post-2017)			



Form 990	Tax Return History	2021
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Name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer Identification Number 77-0578720
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	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants			245,371	245,444	380,416	
Membership dues			23,863	17,155	17,861	
Program service revenue			61,433	49,293	62,134	
Capital gain or loss					17,624	
Investment income			3,036	29,120	6,346	
Fundraising revenue (income/loss)					54,526	
Gaming revenue (income/loss)						
Other revenue			10,375	5,818	18,383	
Total revenue			344,078	346,830	557,290	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			55,377			
Other compensation			177,075	261,799	307,167	
Professional fees			17,190	15,443	62,700	
Occupancy costs			31,890	17,093	33,107	
Depreciation and depletion			157,416	175,705	177,862	
Other expenses			175,407	106,233	118,234	
Total expenses			614,355	576,273	699,070	
Excess or (Deficit)			-270,277	-229,443	-141,780	
Total exempt revenue			344,078	414,098	557,290	
Total unrelated revenue						
Total excludable revenue				84,231	104,487	
Total Assets			4,207,435	4,065,583	3,800,458	
Total Liabilities			80,275	70,960	14,395	
Net Fund Balances			4,127,160	3,994,623	3,786,063	

Form 990T	Tax Return History	2021
------------------	---------------------------	-------------

Name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer Identification Number 77-0578720
---	---

* Income shown net of expenses

	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.				1,400		
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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Form 990T	Tax Return History	2021
------------------	---------------------------	-------------

Name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Employer Identification Number 77-0578720
---	---

	2017	2018	2019	2020	2021	2022
Other deductions						
Net income (first activity, year 2019 & prior)				1,400		
UBTI from all trades	0	0	0	1,400	0	
Charitable contributions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions				400		
Income tax (corporate or trust)				84		
Other taxes						
Total taxes				84		
General business credit						
Other credits						
Net tax after credits				84		
Estimated tax payments						
Other payments						
Balance due/Overpayment				84		

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Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 535		14			
TOTAL	\$ 535					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TAXABLE DIVIDENDS	\$ 5,811		14			
TOTAL	\$ 5,811					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PRESENTERS	\$ 28,786	\$ 28,786	\$	\$
OTHER PROFESSIONAL SERVICES	17,245	6,225		11,020
TOTAL	<u>\$ 46,031</u>	<u>\$ 35,011</u>	<u>\$ 0</u>	<u>\$ 11,020</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BELLAS ARTES	\$ 3,705	\$ 3,705	\$	\$
SMALL EQUIPMENT	627		627	
TOTAL	<u>\$ 4,332</u>	<u>\$ 3,705</u>	<u>\$ 627</u>	<u>\$ 0</u>

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Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
MEMBERSHIP DUES	\$ 17,861
GOVERNMENT GRANTS	210
PPP LOAN FORGIVENESS	52,268
OTHER CONTRIBUTIONS	239,283
PUBLICLY TRADED STOCK	7,566
ART FOR SALE	11,290
OFFICE SUPPLIES	436
FUNDRAISING EVENT SUPPLIES	4,925
MISCELLANEOUS	1,538
PALATE TO PALLETTE	
CASH CONTRIBUTION	45,485
NONCASH CONTRIBUTION	3,600
STBA BOOK	
CASH CONTRIBUTION	13,600
CONCERTS	
CASH CONTRIBUTION	215
TOTAL	<u>\$ 398,277</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
GALLERY EXHIBIT INCOME	\$ 6,408
SUMMER PROGRAM	55,726
PALATE TO PALLETTE	50,006
STBA BOOK	39,491
CONCERTS	5,643
JEWELRY SALES	20,611
OTHER EVENTS	5,756
TOTAL	<u>\$ 183,641</u>

Federal Statements**PALATE TO PALLETTE****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SECURITY	\$ 270
OTHER EVENT COSTS	61
TOTAL	<u>\$ 331</u>

STBA BOOK**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SECURITY	\$ 160
OTHER EVENT COSTS	2,648
TOTAL	<u>\$ 2,808</u>

CONCERTS**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SECURITY	\$ 820
OTHER EVENT COSTS	2,250
TOTAL	<u>\$ 3,070</u>

OTHER EVENTS**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SECURITY	\$ 640
OTHER EVENT COSTS	7,749
TOTAL	<u>\$ 8,389</u>

Form 199 Return Summary

For calendar year 2021, or tax year beginning 07/01/2021 , and ending 06/30/2022

CARPINTERIA ARTS CENTER **77-0578720**
DBA LYNDA FAIRLY CARPINTERIA ARTS C

Gross sales / receipts	<u>297,935</u>	
Dues from members		
Contributions / grants	<u>398,277</u>	
Total costs	<u>92,552</u>	
Expenses	<u>745,439</u>	
Excess / (deficit)		<u><u>-141,779</u></u>
Total payments		
Penalties and interest		
Use tax		
Balance due		<u>_____</u>
Refund		<u>_____</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,065,583</u>	<u>3,800,458</u>	
Liabilities	<u>70,960</u>	<u>14,395</u>	
Net assets	<u><u>3,994,623</u></u>	<u><u>3,786,063</u></u>	<u><u>-208,560</u></u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/23

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470

STREET ADDRESS:
 1300 I Street
 Sacramento, CA 95814
 (916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

CARPINTERIA ARTS CENTER Name of Organization	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report
List all DBAs and names the organization uses or has used PO BOX 597	State Charity Registration Number 127465
Address (Number and Street) CARPINTERIA CA 93014-0597	Corporation or Organization No. 2361669
City or Town, State, and ZIP Code 805-684-6348	Federal Employer ID No. 77-0578720
Telephone Number	E-mail Address

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
 Make Check Payable to Department of Justice**

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/21 ending 06/30/22) list:

Total Revenue \$ (including noncash contributions)	<u>557,290</u>	Noncash Contributions \$	<u>29,355</u>	Total Assets \$	<u>3,800,458</u>
Program Expenses \$	<u>447,656</u>	Total Expenses \$	<u>699,070</u>		

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
STMT 1		
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?		X
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	CARLA STEIN	TREASURER	
Signature of Authorized Agent	Printed Name	Title	Date

Statement 1 - Form RRF-1, Part B, Line 5 - Governmental Funding

Description

DURING THIS FISCAL YEAR THE ORGANIZATION RECEIVED \$52,268 IN
PAYCHECK PROTECTION LOAN FORGIVENESS.

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034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR

2021

California e-file Return Authorization for Exempt Organizations

FORM

8453-EO

Exempt Organization name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	Identifying number 77-0578720
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	696,212
2 Total gross income (Form 199, line 8)	2	603,660
3 Total expenses and disbursements (Form 199, line 9)	3	745,439

Part II Settle Your Account Electronically for Taxable Year 2021

4 Electronic funds withdrawal 4a Amount _____ 4b Withdrawal date (mm/dd/yyyy) _____

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____
 6 Account number _____ 7 Type of account: Checking Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2021 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here 10/10/23 **TREASURER**
Signature of officer Date Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature JUAN GUERRERO	Date 10/10/23	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P01706907
	Firm's name (or yours if self-employed) and address	LINDSAY AND COMPANY LLP 770 COUNTY SQUARE DR STE 102 VENTURA CA			Firm's FEIN 80-0630202
					ZIP code 93003-5407

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address	Firm's FEIN		
				ZIP code

TAXABLE YEAR **2021** **California Exempt Organization**
Annual Information Return

FORM

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022.

Corporation/Organization name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C		California corporation number 2361669
Additional information. See instructions.		FEIN 77-0578720
Street address (suite or room) PO BOX 597		PMB no.
City CARPINTERIA	State CA	Zip code 93014-0597
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p>	<p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>M Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
---	---

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	297,935	00
	2 Gross dues and assessments from members and affiliates	2		00
	3 Gross contributions, gifts, grants, and similar amounts received	3	398,277	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information D.	4	696,212	00
	5 Cost of goods sold	5	14,623	00
	6 Cost or other basis, and sales expenses of assets sold	6	77,929	00
	7 Total costs. Add line 5 and line 6	7	92,552	00
	8 Total gross income. Subtract line 7 from line 4	8	603,660	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	745,439	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-141,779	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Penalties and interest. See General Information J	15		00
	16 Balance due. Add line 12, and line 15. Then subtract line 11 from the result	16		00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer JUAN GUERRERO	Title TREASURER	Date 10/10/2023	Telephone 805-684-6348
Paid Preparer's Use Only	Preparer's signature JUAN GUERRERO	Date 10/10/2023	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01706907
	Firm's name (or yours, if self-employed) and address LINDSAY AND COMPANY LLP 770 COUNTY SQUARE DR STE 102 VENTURA, CA 93003-5407			Firm's FEIN 80-0630202 Telephone 805-650-5915
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

CARPINTERIA ARTS CENTER

77-0578720

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	82,745	00	
	2	Interest	2	535	00	
	3	Dividends	3	5,811	00	
	4	Gross rents	4	12,395	00	
	5	Gross royalties	5		00	
	6	Gross amount received from sale of assets (See instructions) SEE STATEMENT 1	6	95,553	00	
	7	Other income. Attach schedule SEE STATEMENT 2	7	100,896	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	297,935	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9		00	
	10	Disbursements to or for members	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STATEMENT 3	11		00	
	12	Other salaries and wages	12	259,723	00	
	Expenses and Disbursements	13	Interest	13		00
		14	Taxes	14		00
		15	Rents	15	33,107	00
		16	Depreciation and depletion (See instructions)	16	177,861	00
		17	Other expenses and disbursements. Attach schedule SEE STATEMENT 4	17	274,748	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	745,439	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		374,188		490,701
2 Net accounts receivable		242,450		44,490
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		371,308		317,433
8 Mortgage loans				
9 Other investments. Attach schedule				
10 a Depreciable assets	2,148,270		2,197,209	
b Less accumulated depreciation	488,721	1,659,549	665,751	1,531,458
11 Land		1,416,160		1,416,160
12 Other assets. Attach schedule. STMT 6		1,928		216
13 Total assets		4,065,583		3,800,458
Liabilities and net worth				
14 Accounts payable		17,942		14,395
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule. STMT 7		53,018		
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		3,994,623		3,786,063
22 Total liabilities and net worth		4,065,583		3,800,458

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• -141,779	7 Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•	Subtract line 9 from line 6	-141,779
6 Total. Add line 1 through line 5	-141,779		

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

Description								
	How Received	Whom Sold To	Date Acquired	Date Sold	Gross Proceeds	Cost & Expense	Depr	Net Basis
VARIOUS SALES-SEE ATTACHED PURCHASE				4/29/22	\$ 84,179	\$ 77,097	\$	\$ 77,097
SERVER	PURCHASE		2/14/20	8/10/21	675	1,664	832	832
CAPITAL GAIN DISTRIBUTIONS					10,699			
TOTAL					\$ 95,553	\$ 78,761	\$ 832	\$ 77,929

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California Statements

Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
PALATE TO PALLETTE	\$ 50,006
STBA BOOK	39,491
CONCERTS	5,643
OTHER EVENTS	5,756
TOTAL	<u>\$ 100,896</u>

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California Statements

Statement 3 - Form 199, Part II, Line 11 - Officer Compensation

Name		Address			Title	Avg Hrs	Compensation Amount
City	State	Zip					
LYNDA FAIRLY					DIRECTOR	2.00	
ALAN KOCH			PO BOX 597		DIRECTOR	5.00	
ROLAND ROTZ	CARPINTERIA	CA	93014-0597		DIRECTOR	2.00	
CARLA STEIN					DIRECTOR	2.00	
TIM COHEN					TREASURER	3.00	
KATHY DUBOCK					DIRECTOR	5.00	
GREG CARTY					DIRECTOR	5.00	
JACLYN FABRE					DIRECTOR	2.00	
DEBBIE MURPHY					SECRETARY	3.00	
CHRISTIE BOYD					DIRECTOR	2.00	
JESUS GONZALES					DIRECTOR	3.00	
SIMON PALMER					DIRECTOR	2.00	
LEN PRICE					DIRECTOR	2.00	
LOURDES TRIGUEROS					DIRECTOR	2.00	
TOTAL							<u>0</u>

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California Statements**Statement 4 - Form 199, Part II, Line 17 - Other Expenses**

Description	Amount
	\$
PALATE TO PALLETTE	
FOOD AND BEVERAGES	16,016
SECURITY	270
OTHER EVENT COSTS	61
STBA BOOK	
FOOD AND BEVERAGES	15,756
SECURITY	160
OTHER EVENT COSTS	2,648
CONCERTS	
SECURITY	820
OTHER EVENT COSTS	2,250
OTHER EVENTS	
SECURITY	640
OTHER EVENT COSTS	7,749
PAYROLL TAXES	17,422
PRESENTERS	28,786
GALLERY EXPENSES	13,868
DIRECT PROGRAM COSTS	4,198
BELLAS ARTES	3,705
BANK FEES	10,552
ADVERTISING	21,796
OFFICE EXPENSES	25,680
INFORMATION TECH.	12,155
INSURANCE	13,914
ACCOUNTING	7,500
LEGAL	5,304
OTHER PROFESSIONAL SERVICES	17,245
SMALL EQUIPMENT	627
OTHER EXPENSES	11,739
INVESTMENT MANAGEMENT	3,865
	<u>30,022</u>
TOTAL	<u>\$ 274,748</u>

Statement 5 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
MUTUAL FUNDS	\$ 371,308	\$ 317,433
TOTAL	<u>\$ 371,308</u>	<u>\$ 317,433</u>

California Statements**Statement 6 - Form 199, Schedule L, Line 12 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CONSTRUCTION IN PROGRESS	\$ 1,712	\$ 0
PREPAID EXPENSES	216	216
TOTAL	<u>\$ 1,928</u>	<u>\$ 216</u>

Statement 7 - Form 199, Schedule L, Line 18 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PPP LOAN	\$ 52,268	\$
SECURITY DEPOSIT	750	
TOTAL	<u>\$ 53,018</u>	<u>\$ 0</u>

CLIENT COPY

TAXABLE YEAR

Corporation Depreciation and Amortization

CALIFORNIA FORM

2021

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name CARPINTERIA ARTS CENTER DBA LYNDA FAIRLY CARPINTERIA ARTS C	California corporation number 2361669
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 SEE STATEMENT 1						177,861	
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	177,861

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	177,861
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
FURNITURE	11/04/21	\$ 2,051	\$	S/L	10.00	\$ 137	\$
LIDEN FRONT FENCE	3/14/22	42,427		S/L	20.00	707	
DONOR WALL	9/16/21	2,368		S/L	40.00	44	
GALLERY CLOSET UPGRADE	11/18/21	2,047		S/L	40.00	30	
OFFICE GALLERY DESK	2/02/18	250	171	S/L	5.00	50	
BUILDING 865	1/01/16	501,515	69,571	S/L	40.00	12,538	
SITE RENOVATION	1/01/14	63,942	47,957	S/L	10.00	6,394	
SAILS	6/30/14	29,733	22,300	S/L	10.00	2,973	
IMPROVEMENTS-865-LINDEN	1/01/16	7,240	5,561	S/L	10.00	724	
CIP - 2019	7/16/19	1,159,998	232,000	S/L	10.00	116,000	
GALLERY DESK MODIFICATIONS	1/22/20	985	279	S/L	5.00	197	
UMBRELLAS AND STANDS	10/31/19	720	240	S/L	5.00	144	
JEWELRY DISPLAY CASE	11/25/19	9,595	3,038	S/L	5.00	1,919	
CAMERA SURVEILLANCE	9/15/20	9,780	1,630	S/L	5.00	1,956	
HEATER IN MCINTYER ROOM	12/16/20	1,670	167	S/L	5.00	334	
WAVE AIR PURIFICATION SYSTEM	12/28/20	948	95	S/L	5.00	189	
MOBILE PHONE AND IPAD	3/11/21	768	51	S/L	5.00	154	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
DEFIBTECH MACHINE	5/12/21	\$ 1,280	\$ 43	S/L	5.00	\$ 256	\$
TV AND STAND FOR GALLERY	6/28/21	865		S/L	5.00	173	
CIP - 2020	6/30/20	272,486	40,873	S/L	10.00	27,248	
DONOR WALL	2/05/21	6,151	256	S/L	10.00	615	
BANNERS	4/22/21	8,670	145	S/L	10.00	867	
MACHINERY AND EQUIPMENT	12/19/19	7,460	3,730	S/L	3.00	2,486	
PHONE SYSTEM	2/14/20	4,941	2,333	S/L	3.00	1,647	
ORGANIZERS	10/31/19	168	56	S/L	5.00	33	
SERVER	2/14/20	1,664	786	S/L	3.00	46	
TOTAL		<u>\$ 2,139,722</u>	<u>\$ 431,282</u>			<u>\$ 177,861</u>	<u>\$ 0</u>