Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2021
Open to Public Inspection

Form 990 (2021)

For the 2021 calendar year, or tax year beginning 04/01/21, and ending 12/31/21D Employer identification number C Name of organization Check if applicable: Address change Saratoga Arts, Inc. Doing business as 14-1632037 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 518-584-4132 320 Broadway Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Saratoga Springs 660,256 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? X No Application pending Jeffrey Altamari 320 Broadway H(b) Are all subordinates included? Saratoga Springs If "No " attach a list. See instructions NY 12866 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or www.saratoga-arts.org Website: H(c) Group exemption number ▶ Year of formation: 1980 X Corporation Trust Form of organization: Association Part I Summarv 1 Briefly describe the organization's mission or most significant activities: Enhance awareness of the arts Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Check this box ▶ 3 Number of voting members of the governing body (Part VI, line 1a) 10 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 4 50 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T. Part I, line 11 Prior Year **Current Year** 154,913 431,594 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 232,017 158,290 63,365 31,727 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 22,618 32,505 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 472,913 654,116 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) 0 178,433 183,314 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 187,673 176,821 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 366,106 360,135 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 106,807 293,981 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 798,792 717,477 20 Total assets (Part X, line 16) 277,011 64,345 21 Total liabilities (Part X, line 26) 440,466 734,447 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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. Signature of officer Sign Vice-President Jeffrey Altamari Here Type or print name and title Preparer's signature PTIN Print/Type preparer's name Check Paid 11/01/22 Joseph P. LaFiura self-employed P01394101 Preparer Joseph P. LaFiura, CPA P.C. Firm's EIN 46-1667644 Use Only 13 Center St Glens Falls, NY 12801-3638 518-745-7076 Firm's address May the IRS discuss this return with the preparer shown above? See instructions Yes

form 990 (2021) Saratoga Arts	s, Inc.	14-1632037	Page
Part III Statement of Progran	Service Accomplishments	willing in this Port III	X
Briefly describe the organization's miss		y line in this Part III	
Enhance awareness of			

2 Did the organization undertake any sign	nificant program services during the year	ar which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services o			
3 Did the organization cease conducting,	or make significant changes in how it of	onducts, any program	□ v. ▼ u.
services?	hadula O		Yes X No
If "Yes," describe these changes on Sc		nree largest program services, as measured by	
		the amount of grants and allocations to others,	
the total expenses, and revenue, if any,		and amount of grante and amount to entere,	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		
a (Code:) (Expenses \$	40,917 including grants of	f\$)(Revenue \$ jallery of rotating art f	16,931
£			

decentralized funds t	o non-profit organi	m of NYSCA which adminis zations to promote new a n, & Montgomery County.	ters nd
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• • • • • • • • • • • • • • • • • • • •			
(Code:)(Expenses \$ rts Classes - offeri orkshops in all medi	ng a variety of art	\$)(Revenue \$ classes and	97,472)
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• • • • • • • • • • • • • • • • • • • •			
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041	-11-0)		
Other program services (Describe on Sch (Expenses \$ 52,475) (Revenue \$ 21,12	8 \
(Expenses \$ 52,475	including grants of \$) (Revenue \$ 21,12)	
Total program service expenses ▶	315,198		

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 X 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, X complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in guasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more \mathbf{x} of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets \mathbf{x} 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes." complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	+-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		x
24-	employees? If "Yes," complete Schedule J	23		- 22
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		+
c	The state of the s			
	to defence any tay exempt hands?	24c		
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		.,		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, 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			v
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
_	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	.		
•	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			3.5
	or IV, and Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
26	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
36	Land and the Color of the Color	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt 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 1a 28			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_ 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form 990 (2021) Saratoga Arts, Inc. Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country ▶ h See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a X organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders a 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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a 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. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14h b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X 16 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. 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.

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	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	igh 7b	below, and	d for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes of	on Sci	hedule O. S	ee in:	structi	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Se	ection A. Governing Body and Management					
			•		Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year	1a	11	4		
	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.					
Ł	Enter the number of voting members included on line 1a, above, who are independent	1b	11	_		
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?			2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3	↓	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		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?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	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			9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Interi	nal Re	evenue Co	de.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the for	m?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		30.35.35.30.20.20.30.40.30.20.			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (sec	tion 50	1(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	st polic	y, and			
	financial statements available to the public during the tax year.		and the second second			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s D				
Lo	uise Kerr 320 Broadway					
Sa	ratoga Springs NY 12866	5	518	-584	1-4:	132

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.

X 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	b	ox, uni	Pos check ess pe	erson	than or is both a or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Jeffrey Altamar:										
***************************************	0.00			v				0	0	0
Vice-President (2) Ian Berry	0.00	X	-	X		\vdash	\dashv	0	U	0
(2) Ian Belly	0.00									
Director	0.00	x						0	0	0
(3) Harry Bucciferro										
	0.00									
President	0.00	X		X			_	0	0	0
(4) Jenna Burger										
	0.00								•	•
Secretary DiPode	0.00	X		Х	-	-	+	0	0	0
(5) Laura DiRado	0.00									
Director	0.00	x						0	0	0
(6) Ava Marco	0.00	22			\neg	\top	+			
(0) = 1 = 1 = 1	0.00				- 1		-			
Treasurer	0.00	X		X				0	0	0
(7) Maureen Parker										
	0.00									
Director	0.00	X		_	_		4	0	0	0
(8) Susanne Simpson	0 00									
Director	0.00	х						0	0	0
(9) Elizabeth Sobol	0.00	Λ	\dashv	-+	\dashv	+	+	0	0	0
(#) HIIZabeth Bobot	0.00					- 1				
Director	0.00	x						0	0	0
(10) Tamara Tepper					T					
	0.00			1			1	2007		
Director	0.00	X		\perp	_		1	0	0	0
(11)										

DAA

Part VII Section A. Office	rs, Directors, Tr	uste	es, k	(ey E	Emp	loye	es, a	and Highest Compensated	d Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b	ox, un fficer a	Po check less p	erson	than of highest compensated employee	h an tee)	(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
Subtotal Total from continuation she Total (add lines 1b and 1c)		ectio	on A			!	•			
2 Total number of individuals (ir	cluding but not lin	mited	to t				ove) who received more than \$	6100,000 of	
5 Did any person listed on line 1 for services rendered to the or	ormer officer, direct complete Sched to 1a, is the sum of the sum of the scheduler to 1b a receive or accreganization? If "Yes	ector, ule J of rep han	trus for s portal \$150	ble o 0,000 ensa	indicomp omp ? If tion	vidua ensa "Yes from	ation ," co any	and other compensation from plete Schedule J for such	om the	3 X 4 X 5 X
1 Complete this table for your five		nsate	ed in	dene	ende	nt co	ntra	ctors that received more th	an \$100.000 of	1980,
compensation from the organization	zation. Report cor (A) business address	mper	nsati	on fo	r the	cale	enda	r year ending with or within	the organization's tax yea B) n of services	(C) Compensation
Halle alla	business address							Decompass	, 01 00.11000	Somponouson
						-				
Total number of independent c received more than \$100,000 c								listed above) who	0	
AA	. John perioditori i	. OITI		-i gai		J11 P			•	Form 990 (2021)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded (A) (B) Related or exempt Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 102,843 e Government grants (contributions) 1e f All other contributions, gifts, grants, 328,751 and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f 431,594 Business Code 135,531 135,531 Arts Programs 22,759 22,759 Memberships f All other program service revenue 158,290 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 31,727 31,727 Income from investment of tax-exempt bond proceeds Royalties (ii) Personal 30,742 6a Gross rents 6a **b** Less: rental expenses 6b 30,742 c Rental inc. or (loss) 6c 30,742 30,742 d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Other Revenue b Less: cost or other 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 7,710 1c). See Part IV, line 18 6,140 b Less: direct expenses 1,570 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous 193 193 d All other revenue Total. Add lines 11a-11d 193 Total revenue. See instructions 654,116 158,290 0 62,662

Se	ction 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response			olete column (A).	
	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		САРСИЗС	general expenses	CAPCHISCS
	and domestic governments. See Part IV, line 21				
2					
	individuals. See Part IV, line 22				
3					
	organizations, foreign governments, and	9			
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5					
	trustees, and key employees				
6					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		169,247	152,322	16,925	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	14,067	12,660	1,407	
11	Fees for services (nonemployees):				
а	Management				
b					
C	Accounting	6,902		6,902	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	7,136	7,136		
13	Office expenses	3,627	2,902	725	
14	Information technology	4			
15	Royalties				
16	Occupancy	19,575	17,618	1,957	
	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	944		944	
20	Interest	344		944	
21 22	Payments to affiliates Depreciation, depletion, and amortization	13,370	12,033	1,337	
23	In a common of	7,213	6,492	721	
24	Other expenses. Itemize expenses not covered	1,213	0,452	721	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Art Classes	50,463	50,463		
b	General Maintenance	13,876	12,488	1,388	
C	Art in Public Places	11,711	11,711		
d	Arts Center Gallery	11,007	11,007		
	All other expenses	30,997	18,366	12,631	(2)
	Total functional expenses. Add lines 1 through 24e	360,135	315,198	44,937	0
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following 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) (B) Beginning of year End of year 19,797 109 1 Cash—non-interest-bearing 337,196 Savings and temporary cash investments 2 60,736 2 Pledges and grants receivable, net 18,290 3 3 Accounts receivable, net 247 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 608,483 basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 191,388 224,774 383,709 10c Investments—publicly traded securities 188,784 474,948 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets Other assets. See Part IV, line 11 15 717,477 798,792 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 131,733 10,342 Accounts payable and accrued expenses 17 17 Grants payable 18 18 1,575 20,325 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 52,653 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 72,300 52,428 64,345 277,011 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 267,779 522,670 Net assets without donor restrictions 172,687 211,777 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 440,466 734,447 32 Total net assets or fund balances 798,792 717,477 Total liabilities and net assets/fund balances

Form **990** (2021)

Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b 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

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Saratoga Arts, Inc.

Employer identification number 14-1632037

333.33	aj Lij	nee	ason for Public Charle	ly Status. (All organization	is must	Comple	ite triis part.) See iristruct	10115.				
The	orga	nization is n	ot a private foundation beca	use it is: (For lines 1 through 12	, check o	nly one b	ox.)					
1		A church,	convention of churches, or a	ssociation of churches describe	d in secti	on 170(b)(1)(A)(i).					
2		A school d	escribed in section 170(b)(1	1)(A)(ii). (Attach Schedule E (Fo	rm 990).)							
3		A hospital	or a cooperative hospital ser	rvice organization described in s	ection 17	'0(b)(1)(A	s)(iii).					
4		A medical	research organization opera	ted in conjunction with a hospita	l describe	ed in sect	ion 170(b)(1)(A)(iii). Enter the	hospital's name,				
		city, and st	ate:									
5				it of a college or university owner	d or opera	ated by a	governmental unit described in	1				
_	\Box		0(b)(1)(A)(iv). (Complete Pa			70/1 \/4\	(A)					
6	v			governmental unit described in			S. A.S. (50)					
7	X	-	ation that normally receives n section 170(b)(1)(A)(vi). (a substantial part of its support f Complete Part II.)	rom a go	vernment	al unit or from the general publ	IC				
8		A communi	ity trust described in section	170(b)(1)(A)(vi). (Complete Pa	rt II.)							
9				escribed in section 170(b)(1)(A) e of agriculture (see instructions)								
10		university: 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 331/3% 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 organiza	ation organized and operated	d exclusively to test for public sat	fety. See	section 5	509(a)(4).					
12		one or more	publicly supported organiza	I exclusively for the benefit of, to ations described in section 509(escribes the type of supporting o	a)(1) or s	ection 50	9(a)(2). See section 509(a)(3)	. Check				
	а	the supp	I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving upported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the porting organization. You must complete Part IV, Sections A and B.									
	b	control o	or management of the suppo	upervised or controlled in conne orting organization vested in the e Part IV, Sections A and C.								
	С			supporting organization operated structions). You must complete				vith,				
	d	that is no	ot functionally integrated. Th	d. A supporting organization open te organization generally must sa must complete Part IV, Section	atisfy a di	stribution	requirement and an attentiven	17 17				
	е	Check th	nis box if the organization red	ceived a written determination from	om the IF	S that it i						
	f E		mber of supported organizat		ung organ	nzation.						
			i de la companya di mangana di man Di	he supported organization(s).								
1 (i)		of supported nization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No	,	, , , , , , , , , , , , , , , , , , , ,				
A)												
D \												
B)												
C)												
D)												
E)												
tal												

Schedule A (Form 990) 2021 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.)

-	endar year (or fiscal year beginning in)	(=) 2017	(h) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
Cali	endar 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.")	204,208	117,914	279,777	154,913	431,594	1,188,406
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	204,208	117,914	279,777	154,913	431,594	1,188,406
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,188,406
_	tion B. Total Support						1,100,100
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	204,208	117,914	279,777	154,913	431,594	1,188,406
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	55,187	12,226	37,020	84,565	62,469	251,467
9	Net income from unrelated business activities, whether or not the business is regularly carried on			1,613			1,613
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	418	103	2,613	1,110	193	4,437
11	Total support. Add lines 7 through 10						1,445,923
12	Gross receipts from related activities, etc. (1,522,529
13	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)	(3)	
	organization, check this box and stop here						b
Sec	tion C. Computation of Public Su			4-110-			
14	Public support percentage for 2021 (line 6,			(f))			82.19 %
15	Public support percentage from 2020 Sche						78.80 %
16a	33 1/3% support test—2021. If the organize				1/3% or more, ch	neck this	. [47]
	box and stop here. The organization qualif						▶ X
b	33 1/3% support test—2020. If the organize						. —
	this box and stop here . The organization q						
17a	10%-facts-and-circumstances test—2021						
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact	s-and-circumstance	es test. The organiz	zation qualifies as	a publicly suppor	ted	N [
Let	organization						
b	10%-facts-and-circumstances test—2020	and the second s					
	15 is 10% or more, and if the organization n						
	in Part VI how the organization meets the fa						b
	organization Private foundation. If the organization did	not chack a hav an	line 13 165 16h	17a or 17h chock	this how and soo		········ L
	· · · · · · · · · · · · · · · · · · ·						
	instructions						

Schedule A (Form 990) 2021
Part III Support

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.)

Se	ction A. Public Support	4	<u> </u>			/	
	endar 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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	tion B. Total Support dar year (or fiscal year beginning in)	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2024	(f) Tatal
9	Amounts from line 6	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
С	Add lines 10a and 10b						. 3-
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the org organization, check this box and stop here					N. 100.0	
	ion C. Computation of Public Su	the second secon	200	· · · · · · · · · · · · · · · · · · ·			
	Public support percentage for 2021 (line 8,			n (f))		15	%
	Public support percentage for 2021 (fille 6, Public support percentage from 2020 Sche						%
	ion D. Computation of Investmer						70
	Investment income percentage for 2021 (lin			column (f))		17	%
	estment income percentage from 2020 So		P 47			1 40 1	%
	33 1/3% support tests—2021. If the organi				more than 33 1/3%		,0
	17 is not more than 33 1/3%, check this box						
	33 1/3% support tests—2020. If the organi				Contract of the Contract of th		7.2-
	ine 18 is not more than 33 1/3%, check this						▶ □
	Private foundation. If the organization did		and the same of th				

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

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

	Yes	No

1		
		*
2		
3a		
3b		
30		
3с		
30		
4a		
41-		I
4b	and a state of the	
4c		
70		
5a		***************************************
FL		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
<i>3</i> D		
9c		
30		

10a		
	F	
	8000000E	
10b		90) 2021

Page 5

Sche	edule A (Form 990) 2021 Saratoga Arts, Inc. 14	-1632037		Page :
P	art IV Supporting Organizations (continued)		Γ	т
			Yes	No
11	, ,			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	440		*********
	11c below, the governing body of a supported organization?	11a	 	-
	b A family member of a person described on line 11a above?	11b		
,	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		
Sac	provide detail in Part VI.	110		
Sec	tion B. Type I Supporting Organizations		Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership o	f one or	103	NO
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount of a project of a	1		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	· · · · ·		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Soc	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
360	non o. Type ii oupporting 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	<u>No</u>
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	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? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 Saratoga Arts, Inc.		14-1632	2037	Page
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizat	ions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	Nov. 20, 1	970 (explain in Part VI).	See	
	instructions. All other Type III non-functionally integrated supporting organizations m	ust comp	ete Sections A through E	<u> </u>	
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current (options	
_ 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			140
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
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	the state of the s		
k	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
c	Total (add lines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ect	ion C – Distributable Amount			Current Ye	ar
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated	Type III si	upporting organization		

Schedule A (Form 990) 2021

(see instructions).

Page 7

Pa	rt V Type III Non-Functionally Integrated 509(a)((3) Supporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt per	urposes		
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of s	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 organizations	nization 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		V 1-0000	
Sect	tion 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			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	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: \$			***************************************
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			***************************************
С	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.			
	Excess distributions carryover to 2022. Add lines 3j and 4c.			
	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	III, line 12; Part B, lines 1 and 2; 3a, and 3b; Part	Part IV, Section C, V, line 1; Part V, Se	1, 2, 3b, 3c, 4b, 4c, line 1; Part IV, Sec ection B, line 1e; Pa	required by Part II, I 5a, 6, 9a, 9b, 9c, 1 tion D, lines 2 and 3 art V, Section D, line nal information. (Se	1a, 11b, and 11c; P i; Part IV, Section E s 5, 6, and 8; and F	art IV, Section , lines 1c, 2a, 2b,
Part I	I, Line 10	- Other Inco	ome Detail	***************************************		*******************
Other	Income		\$	4,244		
	******************	*************	(3.47.120.07.17.17.17.17.17.17.17.17.17.17.17.17.17	***********	*****************	
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Saratoga Arts, Inc.

14-1632037

Page 8

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.

Open to Public Inspection

OMB No. 1545-0047

lame of the org	ganization		Employer identification number
Sarat	oga Arts, Inc.		14-1632037
Part I	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or Form 990. Part IV. line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1 Total n	number at end of year		
	gate value of contributions to (during year)		
	gate value of grants from (during year)		
4 Aggred	gate value at end of year		
	e organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exclu		Yes No
	e organization inform all grantees, donors, and donor advisors in		
	r charitable purposes and not for the benefit of the donor or dono		
	ring impermissible private benefit?		Yes No
Part II	Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1 Purpos	se(s) of conservation easements held by the organization (check	all that apply).	
	eservation of land for public use (for example, recreation or educa-	ation) Preservation of a historically	important land area
Pro	otection of natural habitat	Preservation of a certified his	storic structure
Pre	eservation of open space		
2 Comple	ete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	ervation
easeme	ent on the last day of the tax year.		Held at the End of the Tax Yea
a Total no	umber of conservation easements		2a
	creage restricted by conservation easements		
c Numbe	er of conservation easements on a certified historic structure inclu	ided in (a)	2c
d Numbe	er of conservation easements included in (c) acquired after 7/25/0	6, and not on a	
historic	structure listed in the National Register		2d
3 Number	r of conservation easements modified, transferred, released, exti	inguished, or terminated by the organiza	tion during the
tax year	r 🏲		
Number	r of states where property subject to conservation easement is lo	cated	
5 Does th	ne organization have a written policy regarding the periodic monit	oring, inspection, handling of	
	ns, and enforcement of the conservation easements it holds?		Yes No
Staff an	nd volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year
▶			
7 Amount	t of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation easen	nents during the year
▶\$			
Does ea	ach conservation easement reported on line 2(d) above satisfy th	e requirements of section 170(h)(4)(B)(i)
	tion 170(h)(4)(B)(ii)?		
	XIII, describe how the organization reports conservation easemen		
	sheet, and include, if applicable, the text of the footnote to the o	rganization's financial statements that de	escribes the
	ation's accounting for conservation easements.		
art III	Organizations Maintaining Collections of Art, H		Similar Assets.
	Complete if the organization answered "Yes" on Fo		
	ganization elected, as permitted under FASB ASC 958, not to rep		
	istorical treasures, or other similar assets held for public exhibition		of public
	provide in Part XIII the text of the footnote to its financial statement		
	ganization elected, as permitted under FASB ASC 958, to report		
	orical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service,
•	the following amounts relating to these items:		F
(i) Reve	enue included on Form 990, Part VIII, line 1		\$
	ets included in Form 990, Part X		> \$
_	ganization received or held works of art, historical treasures, or o	ther similar assets for financial gain, pro	vide the
	amounts required to be reported under FASB ASC 958 relating		
Revenue	e included on Form 990, Part VIII, line 1		\$
	ncluded in Form 990. Part X		> \$

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Page 2

F	Part III Organizations Maintaini	ng Collections of	Art Historical Trea	sures or Othe	r Similar Ass	sets (continu	red)	0.5
3						2010 [50111111	, , ,	
	collection items (check all that apply):								
	Public exhibition	d L	oan or exchange progra	m					
-	Scholarly research	e 0	ther						
(Preservation for future generations								
4	Provide a description of the organization's	collections and explain h	ow they further the orga	anization's exempt	purpose in Part				
	XIII.								
5	9 ,								7
2009····(assets to be sold to raise funds rather than		t of the organization's o	ollection?			Yes	S	No
	art IV Escrow and Custodial A Complete if the organization 990, Part X, line 21.	•	on Form 990, Part I	V, line 9, or rep	orted an amo	unt or	Form		
18	Is the organization an agent, trustee, custo	dian or other intermedia	y for contributions or ot	her assets not	II valdes				
	' C 000 D+ V2						Yes	3	No
b	If "Yes," explain the arrangement in Part XI								
							Amount		
c	Beginning balance				1c				
d	Additions during the year								
е	THE RESIDENCE OF THE PROPERTY								
f	Ending balance								
2a	Did the organization include an amount on	Form 990, Part X, line 21	, for escrow or custodia	al account liability?			Yes		No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the expl	anation has been provid	led on Part XIII					
P	art V Endowment Funds.								
	Complete if the organization	n answered "Yes" o	n Form 990, Part I\	/, line 10.					
		(a) Current year		(c) Two years back	(d) Three years ba	ick	(e) Four y	ears b	ack
1a	Beginning of year balance	66,344	81,078	80,745	81,	625		99,	723
b	Contributions	250,000							
	Net investment earnings, gains, and								
	losses	27,414	24,444	1,084	12,	226		12,	886
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs		38,500		11,4				055
	Administrative expenses	1,872	678	751		701		_	929
g	End of year balance	341,886	66,344	81,078	80,7	745	8	31,	625
2	Provide the estimated percentage of the cur		ne 1g, column (a)) held	as:					
	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
С	Term endowment ▶								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the posse	ession of the organization	that are held and adm	inistered for the			_		
	organization by:						Y	es	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as required	on Schedule R?			L	3b		
4	Describe in Part XIII the intended uses of the	e organization's endowm	ent funds.						
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization	answered "Yes" or	Form 990, Part IV	, line 11a. See	Form 990, Pa	ırt X, I	ne 10.	S	
	Description of property	(a) Cost or other basis	(b) Cost or other ba	esis (c) Acc	cumulated	(d) Book val	ue	
		(investment)	(other)	depr	eciation				
а	Land								
	Buildings								
	Leasehold improvements		381,	093	209,735		171		
	Equipment		227,	390	173,974		53	, 4	16
_	Other						224		

- 6					
	_			-	
	ρ	п	2	\mathbf{r}	

(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) must equal Form 990, Part X, col. (B) line 13.) (a) Description (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 (c) Bo	Part VII	Investments – Other Securities.			1 40
			(b) Book value	1.00	
	/1) Financial	desiratives			
(A)					
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C					
(B) (C)					
C(C)					
(F) (G) (H) (H) wast 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. (B) Description of investment (B) Book value (B) Merica of evaluation. Coast or end-of-year market value (C) (1) (2) (3) (4) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			=======================================		
(E) (Column (b) must equal Form 990, Part X, col. (B) line 12.)					
(F) (G) (H) (D) (H) (D)					
(C) (H) otal. (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 ens-dryear market value (c) See Form 990, Part X, line 13. (d) Description of investment (e) Book value (f) (2) (3) (4) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7					
Column (b) must equal Form 990, Part X, col. (B) line 12.					
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) Block value (c) Memod of valuation: Cost or ens-of-year market value					
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) Sector and of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (8) (9) (1) (8) (9) (9) (1) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		n (b) must equal Form 990, Part X, col. (B) line 12.)			
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Cost or end-of-year market value		Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11c. See Form 990, P	art X, line 13.
(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 (c) (a) Description (b) Book value (b) Book value (c) (d) Description of liability (e) Description of liability (f) Book value (g) Description of liability (g) Description of liabili		(a) Description of investment	(b) Book value	**************************************	
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(4) (5) (6) (7) (8) (9) otal. (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 (b) Book value (c) (c) (d) Book value (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(2)				
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Schedule D (Form 990) 2021	Saratoga	Arts,	Inc.	14-1632037	Page
Part XIII	Suppleme	Saratoga ntal Information	(continue	ed)		
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Saratoga Arts, Inc.

Employer identification number

14-1632037 Form 990, Part III, Line 4d - All Other Accomplishments Expenses Art in Public Places 43,535 Art in the Park 8,940 Other Program Services 52,474 Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Reviewed by Finance Committee Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Governance committee obtains and reviews COI statements annually Form 990, Part VI, Line 15a - Compensation Process for Top Official Annual review by Executive Committee Form 990, Part VI, Line 15b - Compensation Process for Officers All salary increases are reviewed by the Board of Directors. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Copies of Form 990 are provided upon request

Form 4562

Department of the Treasury

Internal Revenue Service

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

ment nce No. 17

Name(s) shown on return Identifying number Saratoga Arts, Inc. 14-1632037 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,050,000 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 2,620,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 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. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 17,826 Other depreciation (including ACRS). 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2021 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . Section B-Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L 27.5 yrs. Residential rental S/L property MM 27.5 yrs. S/L 39 yrs. MM Nonresidential real S/L property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) Listed property. Enter amount from line 28 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. 17,826 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General

Charities Bureau Registration Section

28 Liberty Street

New York, NY 10005

2021 Open to Public Inspection

1 General Information

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. President or Authorized Officer: Signature Print Name and Title Date Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.		nning (mm/dd/yyyy) 04	/01/0001		
Check if Applicable: Address Change Name Change Name Change Initial Filing Amended Filing Reg ID Pending Website: WWW. SARATOGA ARTS. ORG Check your organization's registration category: To Anniels Registry at www. Charites Nr. Compress the signature of the			/UI/ZUZI and Ending	g(mm/dd/yyyy) 12/3	1/2021
Name Change Initial Filling SARATOGA ARTS, INC. 14-1632037 Initial Filling 320 BROADWAY 06-21-48 Final Filing Address: 320 BROADWAY 12866 518-584-4132 Website: SARATOGA-SPRINGS NY 12866 518-584-4132 Check your organization's Promotion attegory: 74 only EPTL only DUAL (7A & EPTL) EXEMPT Charities Registration Category in the Charities Registry at www.CharitiesNYs.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. President or Authorized Officer: Signature Print Name and Title Date Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules	Check if Applicable.		,,	3,3,3, ==,=	
Name Change Initial Filling City / State / Zip: SARATOGA SPRINGS NY 12866 S18 - 584 - 4132	Address Change	SARATOGA ARTS	S. INC.		14-1632037
Final Filing Amended Filing Amended Filing Reg ID Pending Registration category: 7A only PEPL only DUAL (7A & EPPL) EXEMPT* Confirm your Registration Category in the Charitles Registry at www.CharitlesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires twice signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. President or Authorized Officer: Signature Print Name and Title Date Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.		Mailing Address:			NY Registration Number:
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See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories. We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. President or Authorized Officer: Signature Print Name and Title Date Chief Financial Officer or Treasurer: Signature Print Name and Title Date 3. Annual Reporting Exemption Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
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categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.	3. Annual Reporting	Exemption			
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fiscal year.			A PARTIE - NEW YORK A STATE OF THE STATE OF		
fiscal year.					
4. Schodular and Attachments		mption: Gross receipts did no	t exceed \$25,000 and the mar	ket value of assets did not e	xceed \$25,000 at any time during the
Scriedules and Attachments	4. Schedules and At	tachments		****	
See the following page	0.0				
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.	AV NO ALL TONS		, , , , , , , , , , , , , , , , , , , ,		
attachments to	200	CO-V	enturer for fund raising activity	ill NY State? II yes, comple	ste Scriedule 4a.
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.	complete your filing.	X Yes No 4b.	Did the organization receive go	overnment grants? If yes, co	mplete Schedule 4b.
5. Fee	5. Fee	The second secon			A STATE OF THE STA
	See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	
	ext page to calculate you		¢ 100	\$ 125	Make a single check or money order
	age(s) Indicate foo(s)	1.70			

SARATOGA ARTS, INC.

14-1632037

CHAR500

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4	l:
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR),	Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
\boxed{X} If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C	Contributors) Schedule B of public charities is event from disclosure
and will not be available for public review.	solutions, conclude by public characters is exempt from discussive
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reversiling year. We have included an IRS Form 990-EZ for state purposes only.	enue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub	olic Accountant's Review or Audit Report:
Review Report if you received total revenue and support greater than \$250,0	000 and up to \$1,000,000
Audit Report if you received total revenue and support greater than \$1,000,000 lf the fiscal year begins before that date, an Audit Report is required if total re	그렇게 그렇게 되었다. 나는 어느 그렇게 하는 아이들이 아니는 아이들이 아니는 아이들이 아이들이 아이들이 아니는
No Review Report or Audit Report is required because total revenue and sup	pport is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report	is required
Calculate Your Fee	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon
\$0, if you checked the 7A exemption in Part 3a	registration with the NY Charities Bureau:
X \$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts
\$0, if you checked the EPTL exemption in Part 3b	Law ("EPTL") because they hold assets and/or conduct
\$25, if the NET WORTH is less than \$50,000	activities for charitable purposes in NY.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000	DUAL filers are registered under both 7A and EPTL.
\fbox{X} \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	EXEMPT filers have registered with the NY Charities Bureau
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	and meet conditions in Schedule E - Registration
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	Exemption for Charitable Organizations. These organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
Send Your Filing	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
end your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?

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NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

www.CharitiesNYS.com Visit: Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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NET WORTH for fee purposes is calculated on:

- IRS Form 990 PF, calculate the difference between

Total Assets at Fair Market Value (Part II, line 16(c)) and

- IRS Form 990 Part I, line 22

- IRS Form 990 EZ Part I, line 21

Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021 Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
SARATOGA ARTS, INC.	06-21-48

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS COUNCIL FOR THE ARTS	1. 50,190
2. PPP	2. 52,653
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 102,843