Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

		of the Treasury nue Service	Go to www.irs.gov	/Form990 for instructions an	nd the lates	t information.		Inspection
						UN 30, 202	22	
B	Check if applicabl	C Name o	forganization			D Employer iden	tificati	on number
	Addre chang	e Dira	r Arts Center					
	Name chang	e Doing b	usiness as			52-2113	<u>3471</u>	
	Initial return		and street (or P.O. box if mail is not de		Room/suite			
	Final return		Kalorama Road, NW		101	(202)	<u> 797-</u>	2145
	termin ated	City or t	own, state or province, country, and			G Gross receipts \$		4,112,363.
	Ameno	Wasii	ington, DC 20009-			H(a) Is this a grou		
	Application pendir		nd address of principal officer: Mau as C above	reen L. Dwyer		for subordina H(b) Are all subordinate		Yes X No
17	Tax-exe	empt status:			or 527	7		See instructions
			sitarartscenter.or	g		H(c) Group exemp	otion nu	ımber ►
KF	orm of	organization:	X Corporation Trust As	ssociation Other	∟ Year	of formation: 1998	3 M Sta	ate of legal domicile: DC
Pa	art I	Summary						
	1	Briefly describ	e the organization's mission or mos	significant activities: Sita	ır Arts	Center's	eng	ages DC
Activities & Governance		youth,	from early childho	od to young adu	ılthood	l, in build	ding	a
ž	2	Check this bo	x 🕨 📖 if the organization disco	ntinued its operations or dispo	osed of more	e than 25% of its ne	t assets	
ŏ	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			3	20
S.	4	Number of inc	lependent voting members of the go	verning body (Part VI, line 1b)			4	20
es	5	Total number	of individuals employed in calendar	year 2021 (Part V, line 2a)			5	47
, ŧĚ	6	Total number	of volunteers (estimate if necessary)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	20
Ç			d business revenue from Part VIII, co				7a	0.
	b	Net unrelated	business taxable income from Form	990-T, Part I, line 11			7b	0.
0						Prior Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h)	***************************************		3,577,648		3,872,470.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	***************************************		35,950		60,466.
ě	•		come (Part VIII, column (A), lines 3, 4			15,101		19,360.
<u> </u>	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		113,604		-1,142.
	12	Total revenue	- add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		3,742,303	3.	3,951,154.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)			0.	0.
	14	Benefits paid	to or for members (Part IX, column (/	A), line 4)			0.	0.
S	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10))	1,492,59	7.	1,624,176.
Expenses	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)			0.	0.
×	b	Total fundrais	undraising fees (Part IX, column (A), ing expenses (Part IX, column (D), lir	e 25) 182,8	<u> </u>			
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d	, 11f-24e)		916,652		975,615.
	18	Total expense	s. Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,409,249		2,599,791.
	19	Revenue less	expenses. Subtract line 18 from line	12		1,333,054		1,351,363.
Net Assets or Fund Balances					Be	ginning of Current Ye		End of Year
set	20	Total assets (I	Part X, line 16)			11,396,45		12,189,332.
age and a second	21		(Part X, line 26)			3,603,22		3,121,936.
<u> </u>	22		fund balances. Subtract line 21 from	ı line 20		7,793,22	/ • <u> </u>	9,067,396.
		Signature						
			I declare that I have examined this return				of my kno	owledge and belief, it is
true	, correc	ct, and complete	Peclaration of preparer (other than offic	er) is based on all information of w	vhich preparei	r has any knowledge.		
			aux lovs			<u> </u>	مح//	2.5
Sig	n	i •	e of officer	n de la material de l		Date •	<i>(</i>	
Her	re		een L. Dwyer, Exec	utive Director				
						Date Check		I PTIN
0-'		Print/Type pre		Preparer's signature		2/1/23		
Paid		Jie Che		/ /00	1	Seir-ei		P01049760
	parer	Firm's name	Rogers & Company		`	, Firm's EIN	<u>> 28</u>	-2676261
use	Only	Firm's address	8300 Boone Boule		,		/702	\ 002 0200
		<u> </u>	Vienna, VA 22182			Pnone no.	(/ 0 3) 893-0300 X Ves No
DA 21	v tha li	⊬∽ diecitiee thi	e return with the preparer shown ab-	nuar Saa inetri ietione				LALVAC I INA

Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Sitar Arts Center's engages DC youth, from early childhood to young
	adulthood, in building a creative community of learning and belonging
	that removes financial and cultural barriers to arts education and
	career training.
	-
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
2	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes No
3	7,710
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 883,404 • including grants of \$) (Revenue \$ 21,548 •)
4a	Arts AfterSchool:
	AICS AICEIDCHOOI:
	Elementary, middle, and high school students choose from a wide range
	of programs in the visual, performing, and digital arts that are
	enriched by renowned artistic partners such as The Washington Ballet,
	Young Playwrights' Theater, and DC Jazz Festival. In Sitar's
	Instrumental Music Academy, students enjoy individual instrumental
	music lessons and music ensembles. When they reach 7th grade, students
	can enroll in the Sitar Emerging Arts Leaders program where they
	develop artistic skills, 21st century learning and work skills, and
	meaningful social connections through workshops, mentorships, field
	trips to cultural venues and colleges, and community service
4b	(Code:) (Expenses \$ 344,303 • including grants of \$) (Revenue \$ 9,907 •)
	Arts Aftercare:
	For working families who need daily afterschool support, Arts Aftercare
	is a 5-day per week program that includes daily school pick-up,
	multidisciplinary arts classes, and academic tutoring. In response to
	parents' concerns about their children's social-emotional well-being,
	Sitar began partnering with Project Create to offer weekly therapeutic
	arts classes.
	062 262
4c	·
	Camp Sitar:
	Sitar's six-week summer camp offers a high-quality, creative, safe, and
	active learning environment that is affordable for every family.
	Elementary and middle school youth experience full-day learning in
	visual arts, digital arts, S.T.E.A.M, leadership development, theater,
	music, movement, and creative writing. Campers enjoy field trips and
	opportunities to perform for the community.
	TER
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 76,329 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,167,398.
	Form 990 (2021)

Form 990 (2021) Sitar Arts Center Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	37
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	21	
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			۱ ,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	Α.	-
19	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	х

Form 990 (2021) Sitar Arts Center Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		 -
·	"Yes," complete Schedule L, Part IV	28c		х
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		Х
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, or IV, and	24		Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			L L
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32		Yes	No
ıa h	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

Sitar Arts Center
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4.77			
	filed for the calendar year ending with or within the year covered by this return	2a	47		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	X	
٥-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			0-		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3a 3b		12
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		x
h	If "Yes," enter the name of the foreign country	accou	iity:	Ta		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			l
	to file Form 8282?		 I	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			77
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
0				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Didd			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		•			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	$\textbf{Section 501(c)(21) organizations.} \ \textbf{Did the trust, any disqualified person, or mine operator engage in}$					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20						
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		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?	3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	х				
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	OD					
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
	tion Dir onoto (mis section b requests information about politics not required by the internal revenue society		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
	and a second control of the control						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
_	on Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
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		х			
	Other officers or key employees of the organization	15b		Х			
	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		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	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 ► None						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.	,					
	Own website Another's website X Upon request Other (explain on Schedule O)						
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and							
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
-	Maureen L. Dwyer, Executive Director - (202) 797-2145						
	1700 Kalorama Road, NW, 101, Washington, DC 20009-3574						

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

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

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

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

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

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

Name and title	(A)	(B)			((C)	•		(D)	(E)	(F)
Maureen Dwyer S0.00 X 125,450. 0. 21,64	Name and title	hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	compensation	compensation	amount of
X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	compensation from the organization and related organizations
Case	_	50.00	_						105 450	0	01 646
Chief Development Officer		1000			X				125,450.	0.	21,646.
Sample S	,-,	40.00	_				l		110 000	•	2 426
No. No.							X		110,822.	0.	3,496.
(4) Quanda Allen 5.00 X X 0. 0. Vice-President X X 0. 0. (5) Ellin Nolan X X 0. 0. Vice-President X X 0. 0. (6) Dan Fox 5.00 X 0. 0. Treasurer X X 0. 0. (7) Ellen Fern 5.00 0. 0. Secretary X X 0. 0. (8) Blanche Cotlear 5.00 X 0. 0. (9) Charles DeSantis 5.00 0. 0. 0. (9) Charles DeSantis 5.00 0. 0. 0. Board Member X 0. 0. 0. (10) Carroll Dey 5.00 0. 0. 0. Board Member X 0. 0. 0. (11) Jade Floyd 5.00 0. 0. 0. Board Member X 0.<	, , ,	5.00	ļ							•	
Vice-President X X X 0. 0. (5) Ellin Nolan 5.00 X X 0. 0. Vice-President X X 0. 0. (6) Dan Fox 5.00 X X 0. 0. Treasurer X X 0. 0. 0. (7) Ellen Fern 5.00 X 0. 0. 0. 0. Secretary X X 0. <td></td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			X		X				0.	0.	0.
Solition Solition	· · •	5.00	١								_
Vice-President X X X 0. 0. (6) Dan Fox 5.00 X X 0. 0. Treasurer X X X 0. 0. (7) Ellen Fern 5.00 X 0. 0. Secretary X X 0. 0. (8) Blanche Cotlear 5.00 X 0. 0. (9) Charles DeSantis 5.00 0. 0. 0. Board Member X 0. 0. 0. (10) Carroll Dey 5.00 X 0. 0. Board Member X 0. 0. 0. (11) Jade Floyd 5.00 X 0. 0. Board Member X 0. 0. 0. (12) Jill Herscot 5.00 X 0. 0. Board Member X 0. 0. 0. (13) Ileann Jimenez-Sepulveda 5.00 0. 0. Board Memb			X		X				0.	0.	0.
(6) Dan Fox	, , ,	5.00	١,,		,,					•	_
Treasurer		F 00	X		X				0.	0.	0.
Secretary		5.00	١,,		,,					•	_
X X X X X X X X X X		F 00	X		X				0.	0.	0.
Solution		5.00	١,,		,,					•	_
Board Member X		F 00	X		A				0.	0.	0.
Solid Member Soli		3.00	. ,							0	_
Board Member X		F 00	Α.						0.	0.	0.
Solution Solution	, , , , , , , , , , , , , , , , , , , ,	3.00	₩.							0	0.
Board Member X		<u> </u>	^						0.	0.	0.
Solution Solution	-	3.00	₩.							0	0.
Board Member X 0. 0.		<u> </u>	^						0.	0.	0.
(12) Jill Herscot	-	3.00	₩.							0	0.
Board Member X 0. 0.		5 00	^						0.	0.	0.
(13) Ileann Jimenez-Sepulveda Board Member (14) Mohini Malhotra 5.00 X 0.	,,	3.00	₩.						0	0	0.
Board Member X 0. 0. (14) Mohini Malhotra 5.00		5 00	^						0.	0.	0.
(14) Mohini Malhotra 5.00	-	3.00	₩.						0	0	0.
		5 00	<u> </u>						0.	0.	0.
Board Member 0.1		3.00	·						0	0	0.
(15) Kristan McMahon 5.00		5 00	12						0.	0.	
		3.00	\x						0.	n .	0.
(16) Jana Nelhybel 5.00		5.00	 ^ `		\vdash				0.	0.	<u></u>
	-	3.00	x						n .	n .	0.
(17) Jaya Saxena 5.00		5.00	+								
	-	3.30	x						0.	0.	0.

Sitar Arts Center

Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C)						(D)	(E)		İ	(F)	
Name and title	Average	(do		Posi heck			one	Reportable	Reportable			timated	
	hours per week			ss pe				1 '	compensation		I	ount o	f
	(list any	<u> </u>					T	from	from related			other	ion
	hours for	lirect				_		the organization	organizatior (W-2/1099-MI			pensati om the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC			anizatio	
	organizations	truste	al trus		yee	mper		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	'		d relate	
	below	Individual trustee or director	Institutional trustee	<u>ا</u>	oldm	est co oyee	ъ.	'			orga	ınizatioı	ns
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) Marla Schnall	5.00												
Board Member		Х						0.		0.			0.
(19) Scott Spector	5.00									_			_
Board Member		Х						0.		0.	<u> </u>		0.
(20) Vivek Srivastava	5.00	↓								•			•
Board Member		Х						0.		0.	<u> </u>		0.
(21) Edward Tuvin	5.00	ļ								•			_
Board Member	F 00	Х						0.		0.	<u> </u>		0.
(22) Christopher Wingert	5.00	١,,								0			^
Board Member		Х				<u> </u>	_	0.		0.	<u> </u>		0.
		1											
	1	⊢				-					<u> </u>		
		-											
	+	⊢				\vdash							
		-									İ		
		₩				-							
		┨									İ		
1h Cubtotal	1							236,272.		0.	21	5,14	2.
1b Subtotal c Total from continuation sheets to Part V								0.		0.	-	,, = =	0.
d Total (add lines 1b and 1c)								236,272.		0.	21	5,14	
Total number of individuals (including but I							ho r	-	L DOO of reportab			, ,	
compensation from the organization	not inflited to ti	1036	iiote	su ai	DOV	C) WI	1101	eceived more than proc	,,000 of reportat	ii.			2
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee l	KEV 6	empl	love	e o	r hic	nhest compensated emr	olovee on	1			
line 1a? If "Yes," complete Schedule J for			•		•		•		•		3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15			-					•	3-		4		Х
5 Did any person listed on line 1a receive or			•					*********	idual for services	 S			
rendered to the organization? If "Yes," con											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
(A)								(B)			(C		
Name and business	s address	NC	INC	3				Description of s	ervices	С	Comper	ısation	
							_			<u> </u>			
2 Total number of independent contractors (ıot liı	mite	d to		se li: 0	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	ization 📂											200 (2)	204)

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 309,502. c Fundraising events 1c d Related organizations 1d 1,372,099 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2,190,869 1f 16,580. g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 3,872,470. **Business Code** 711300 Program Service Revenue 2 a Student Registration Fees 60,466. 60,466. С f All other program service revenue g Total. Add lines 2a-2f. 60,466. Investment income (including dividends, interest, and 10,323 10,323. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 1,417 6 a Gross rents 0. **b** Less: rental expenses ... 6b 1,417. c Rental income or (loss) 1,417 1,417. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 29,930 7a **b** Less: cost or other basis Other Revenue and sales expenses 20,893. 7b 9,037. c Gain or (loss) ______7c 9,037. 9,037. d Net gain or (loss) 8 a Gross income from fundraising events (not 309,502. of including \$ contributions reported on line 1c). See Part IV, line 18 26,940 140,316 **b** Less: direct expenses _____ -113,376. c Net income or (loss) from fundraising events -113,376 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a Loan forgiveness 900099 110,000 110,000. **b** Other income 900099 817 817. С d All other revenue 110,817 e Total. Add lines 11a-11d 3,951,154. Total revenue. See instructions 60,466. 18,218. 12

Form 990 (2021) Sitar Arts Center Part IX Statement of Functional Expenses

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

3601	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	146,178.	137,375.	5,030.	3,773.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 040 004	1 104 00	42 005	20 054
7	Other salaries and wages	1,249,994.	1,174,735.	43,005.	32,254.
8	Pension plan accruals and contributions (include	16 011	15 000	642	400
	section 401(k) and 403(b) employer contributions)	16,211.	15,086.	643.	482.
9	Other employee benefits	95,602. 116,191.	88,947.	3,803.	2,852. 8,126.
10	Payroll taxes	110,191.	97,231.	10,834.	8,126.
11	Fees for services (nonemployees):				
	Management				
	Legal	100,546.		100,546.	
	Accounting	100,340.		100,540.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	74,548.	59,025.	14,870.	653.
12	Advertising and promotion	46,491.	40,989.	5,049.	453.
13	Office expenses	36,084.	22,067.	2,093.	11,924.
14	Information technology	00,002			
15	Royalties				
16	Occupancy	172,164.	136,097.	20,610.	15,457.
17	Travel	3,339.	2,838.	315.	186.
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	90,301.	30,555.	427.	59,319.
20	Interest	64,252.	50,759.	7,710.	5,783.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,084.	177,817.	27,010.	20,257.
23	Insurance	31,475.	24,865.	3,777.	2,833.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program supplies	66,652.	48,825.	1,244.	16,583.
b	Dues and subscriptions	46,123.	41,631.	2,567.	1,925.
С	Evaluations	16,500.	16,500.		
d	Volunteer expenses	2,056.	2,056.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,599,791.	2,167,398.	249,533.	182,860.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 10 00 01				Earm 990 (2021)

Form 990 (2021) Part X Balance Sheet

Га	IL A	Dalance Sheet					
		Check if Schedule O contains a response or not	e to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			800,342.	1	699,613.
	2	Savings and temporary cash investments			1,542,252.	2	1,344,556.
	3	Pledges and grants receivable, net			1,722,708.	3	2,085,376.
	4	Accounts receivable, net			1,423.	4	
	5	Loans and other receivables from any current or	forme	r officer, director,			
		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges			74,008.	9	55,238.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		9,868,787.	6 010 106		6 620 504
	b	Less: accumulated depreciation		3,238,083.	6,818,126.	10c	6,630,704.
	11	Investments - publicly traded securities	437,593.	11	373,845.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	T		13		
	14	Intangible assets		0	14	1 000 000	
	15	Other assets. See Part IV, line 11			0.	15	1,000,000.
	16	Total assets. Add lines 1 through 15 (must equa			11,396,452. 158,080.	16	12,189,332.
	17	Accounts payable and accrued expenses		F	130,000.	17	192,642.
	18	Grants payable	13,805.	18	2,155.		
	19	Deferred revenue		13,003.	19	2,133.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		T		21	
Liabilities	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subst		i i		22	
Lia	23	controlled entity or family member of any of thes Secured mortgages and notes payable to unrela		T	3,064,680.	23	2,927,139.
	24	Unsecured notes and loans payable to unrelated		T	366,660.	24	2732772334
	25	Other liabilities (including federal income tax, pa		T	300,000	27	
	25	parties, and other liabilities not included on lines					
		of Schedule D	11 27	J. Complete Fait X		25	
	26	Total liabilities. Add lines 17 through 25			3,603,225.	26	3,121,936.
		Organizations that follow FASB ASC 958, che			.,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			4,666,201.	27	4,565,113.
Bal	28	Net assets with donor restrictions			3,127,026.	28	4,502,283.
nd		Organizations that do not follow FASB ASC 9					
Ť		and complete lines 29 through 33.	•	·			
S OI	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		T		31	
Net	32	Total net assets or fund balances			7,793,227.	32	9,067,396.
	33	Total liabilities and net assets/fund balances			11,396,452.	33	12,189,332.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 3 2 2 3	3,95 2,59 1,35	1,1 9,7 1,3	91. 63.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9			<u> </u>
10	column (B))	10	,06	7.3	96.
Pa	rt XII Financial Statements and Reporting	.0 -	,,,,,	.,.	
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				Х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a	2a		Α
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
2-	If the organization changed either its oversight process or selection process during the tax year, explain on Sci				
Jä	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	igi e Audit	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	Ja		 -
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	, , , , , , , , , , , , , , , , , , , ,		Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Sitar Arts Center 52-2113471 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")	2,406,385.	1,944,773.	3,871,248.	3,577,648.	3,872,470.	15,672,524.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3	2,406,385.	1,944,773.	3,871,248.	3,577,648.	3,872,470.	15,672,524.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						941,853.
_	column (f)						
	Public support. Subtract line 5 from line 4.						14,730,671.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,406,385.	1,944,773.	3,871,248.	3,577,648.	3,872,470.	15,672,524.
	Gross income from interest,	2,400,303.	1,544,775.	3,071,240.	3,377,040.	3,072,470.	13,072,324.
0	,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	181.	10,278.	8,231.	14,129.	11,740.	44,559.
۵	Net income from unrelated business	1010	10/2/00	0,2310	11/1250	11//101	11/3330
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,865.	115,236.	111,775.	113,604.	137,757.	480,237.
11	Total support. Add lines 7 through 10			,		,	16,197,320.
12		etc. (see instructi	ons)			12	795,372.
	First 5 years. If the Form 990 is for the	,	,			•	·
	organization, check this box and stor	~			•		
Sec	ction C. Computation of Publ						·
14	Public support percentage for 2021 (line 6, column (f), c	divided by line 11,	column (f))		14	90.95 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	95.07 %
	33 1/3% support test - 2021. If the					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			►X
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	es test, check this	s box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pi	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ		-	•			▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a. 16b. 17a. or 17b	o, check this box a	nd see instruction	s 🕨 📗

Schedule A (Form 990) 2021 Sitar Arts Center | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Gifts, grants, contributions, and	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) iotai	
'	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
2	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the							
2	organization's tax-exempt purpose						 	
3	Gross receipts from activities that are not an unrelated trade or bus-							
	iness under section 513							
4							 	
4	Tax revenues levied for the organ-							
	ization'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							
	Total. Add lines 1 through 5						 	
16	Amounts included on lines 1, 2, and							
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received							
•	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
	ndar year (or fiscal year beginning in)	(a) 2017	/b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total	
	· · · · · · · · · · · · · · · · · · ·	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
	Amounts from line 6						 	
106	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources						 	
Ľ	Unrelated business taxable income (less section 511 taxes) from businesses							
	on quired ofter June 20 1075							
	Add lines 10a and 10b Net income from unrelated business							
••	activities not included on line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain						 	
12	or loss from the sale of capital							
42	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	o organization's f	irat accord third	fourth or fifth toy	Voor oo o costion	[F01/a)/(2) arganizat	<u> </u>	
14	First 5 years. If the Form 990 is for the	•			•	. , . ,	lion,	
50	check this box and stop here ction C. Computation of Publi						<u></u>	
	Public support percentage for 2021 (li	• •		oolumn (f)\		15		
						16	<u>%</u>	
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>	
						17		
17						18	<u>%</u> %	
18	18 Investment income percentage from 2020 Schedule A, Part III, line 17							
198							I / IS HOT	
	more than 33 1/3%, check this box ar							
r	33 1/3% support tests - 2020. If the							
20	line 18 is not more than 33 1/3%, chec							
∠∪	Private foundation. If the organization	i did not check a	DUX OIT IIIIE 14, 19	a, or 190, check t	nio dox and see in	อเเนษเเษารี	<u> </u>	

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prization, describe now the powers to appoint and/or remove officers, directors, or trustees were allocated among the ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	-		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		<i>y</i> 11 0 0		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported 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 th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	na Oraa	nizations ~	72 2113171 Fage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Port VI) See instructions
'	All other Type III non-functionally integrated supporting organizations must	-		Part VI). See instructions.
Sect	ion A - Adjusted Net Income	st complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(ориона)
	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	+ +		
Ü	collection of gross income or for management, conservation, or			
		6		
	maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(D) O
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

instructions).

Sche	edule A (Form 990) 2021 Sitar Arts Ce			5	2-2113471 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able 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				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	ENOUGO II UIII ZUZ I				

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2021)

	Si	ar Arts Cen	nter		52-2113471			
Organiz	ation type (check or	:						
Filers of	:	ection:						
Form 99	0 or 990-EZ	X 501(c)(3)(en	nter number) organization					
		4947(a)(1) nonex	xempt charitable trust not treated as a private fo	oundation				
		527 political orga	anization					
Form 99	0-PF	501(c)(3) exempt	t private foundation					
		4947(a)(1) nonex	xempt charitable trust treated as a private found	lation				
		501(c)(3) taxable	e private foundation					
			al Rule or a Special Rule. ion can check boxes for both the General Rule a	and a Special Ru	ule. See instructions.			
General	Rule							
			Z, or 990-PF that received, during the year, contr ete Parts I and II. See instructions for determining					
Special	Rules							
X	sections 509(a)(1) a contributor, during	d 170(b)(1)(A)(vi), that	01(c)(3) filing Form 990 or 990-EZ that met the 3 checked Schedule A (Form 990), Part II, line 13 tions of the greater of (1) \$5,000; or (2) 2% of th I and II.	, 16a, or 16b, ar	nd that received from any one			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer '	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify nat it doesn't meet the filing requirements of Schedule B (Form 990).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Sitar Arts Center

52-2113471

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$ <u>-</u>	938,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	717,321.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
3		\$_	252,326.	Person X Payroll
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
4		\$ ₋	115,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5	rune, audi 633, and Zir T T	\$_	109,267.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
6		\$_	100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Sitar Arts Center

52-2113471

(a)	Contributors (see instructions). Use duplicate copies of Part I (b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.

Name of organization Employer identification number

Sitar Arts Center

52-2113471

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	

Employer identification number Name of organization 52-2113471 Sitar Arts Center Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Sitar Arts Center

Employer identification number 52-2113471

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatment		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990. Part X		> \$

_		rts Center							134/1	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simil	<u>ar Asse</u>	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at make siç	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	C	י וַן נ	_oan or exc	hange progra	am				
b	Scholarly research	•	• 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizati	ion's exem	npt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o		•		•			_	7	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod								٦	
	on Form 990, Part X?								Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:					A	
							—		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t O-	Ending balance									
	Did the organization include an amount on Fo								Yes	└── No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
ı uı	Endownione Fands: Complete F	(a) Current year		rior year	(c) Two yea			ears back	(e) Four ve	ars back
12	Beginning of year balance	(a) carrone year	(2):	nor your	(0)		.,		(6) . 5) .	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end baland	ce (line 1	a. column (a	a)) held as:	·				
а	Board designated or quasi-endowment	,	%	<i>3</i> , ("					
	Permanent endowment	%								
										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administe	ered for the	e organi:	zation		
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	/, line 11a. S	See Form 990	0, Part X, li	ine 10.			
	Description of property	(a) Cost or o			or other	. ,	cumulate		(d) Book v	alue
		basis (investi	ment)		(other)	depr	reciation		4 46 5	
1a	Land				0,971.				1,400	
	Buildings				9,658.		24,8		3,154	
	Leasehold improvements				4,130.		53,7		1,940	
d	Equipment			69	4,028.	5	59,4	56.	134	,572.
е	Other	[

Schedule D (Form 990) 2021

6,630,704.

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

Schedule D (Form 990) 2021 Sitar Arts	Center	52-	-2113471 Page 3
Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)		(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a	a) Description		(b) Book value
(1) Deposits			1,000,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	>	1,000,000.
Part X Other Liabilities.			
Complete if the organization answered "Yes	s" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

(7) (8)

	Oiten July Conten			E 2 4	2112471 -		
	edule D (Form 990) 2021 Sitar Arts Center rt XI Reconciliation of Revenue per Audited Financial Staten	aanta With			2113471 Page 4	1	
Pai	·		nevenue per n	eturr	1.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			4,115,323	_	
1				1	4,113,343	•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		77 104				
а	9 ()		-77,194. 101,047.				
b			101,047.				
С			140 216				
d	,		140,316.		164 160		
	Add lines 2a through 2d			2e	164,169		
3	Subtract line 2e from line 1			3	3,951,154	•	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b			•		
С	Add lines 4a and 4b			4c	0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,951,154	•	
Pai	rt XII Reconciliation of Expenses per Audited Financial State		n Expenses per	Retu	rn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.					
1	Total expenses and losses per audited financial statements			1	2,841,154	•	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	101,047.				
b							
С							
d			140,316.				
е	Add lines 2a through 2d			2e	241,363	•	
3	Subtract line 2e from line 1			3	2,599,791	•	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					_	
а		4a					
b	Other (Describe in Part XIII.)						
	Add lines 4a and 4b	-		4c	0 .		
5				5	2,599,791	•	
Pai	rt XIII Supplemental Information.					-	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b	and 2b: Part V. line	4: Part	X. line 2: Part XI.	-	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	*		.,	, , <u>_</u> , . <u>_</u> ,,		
100	Za ana 45, ana 1 are 711, initio za ana 45. 7100 complete tino pare to provide any as		nation.				
						-	
Pai	rt X, Line 2:						
						-	
Mar	nagement has evaluated the Organization's	tax po	sitions an	d co	oncluded		
	<u>-ugooo -ugo o vuguado u o o o o guillado o o</u>					-	
tha	at the Organization's financial statement	s do no	t include	anv	uncertain		
	20 0110 019u111u01011 b 1111u1101u1 bbubomono	2 40 110		<u> </u>	411001 04111	-	
tax positions.							
	- Posicions.					-	
						_	
Daı	rt XI, Line 2d - Other Adjustments:						
rai	to XI, Bille 2d - Other Adjustments:					_	
ni.	Direct fundraising expenses 140,316.						
	coo randrarbing expenses				140,310	•	
						_	
Pء٦	rt XII, Line 2d - Other Adjustments:						
r aı	Part XII, Line 2d - Other Adjustments:						

140,316.

Direct fundraising expenses

Schedule D (Form 990) 2021	Sitar Arts	Center Center	52-2113471	Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)			-

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

•

Employer identification number

Sitar Arts Center 52-2113471 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

52-2113471 Page 2 Sitar Arts Center Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Fundraising Dinner	(b) Event #2 Fundraising Gala	(c) Other events None	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	6,950.	329,492.		336,442.
	2	Less: Contributions	350.	309,152.		309,502.
	3	Gross income (line 1 minus line 2)	6,600.	20,340.		26,940.
	4	Cash prizes				
õ	5	Noncash prizes	1,350.	48,971.		50,321.
Direct Expenses	6	Rent/facility costs		71,024.		71,024.
irect E	7	Food and beverages	10,600.	3,972.		14,572.
	8	Entertainment		180. 4,219.		180.
	9	Other direct expenses				4,219. 140,316.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			_	-113,376.
Pa						12373731
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re			year?	Yes No

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 SITAY ARTS CENTER 52	-ZII3	4/1	. Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$			
С	: If "Yes," enter name and address of the third party:			
	Name			
	Address >			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	daming manager compensation > 5			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	L	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
_	organization's own exempt activities during the tax year ▶ \$			
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, li	ines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	Sitar I	Arts	Center		52-2113471	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (con	tinued)				

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

Sitar Arts Center

Employer identification number 52-2113471

Form 990, Part I, Line 1, Description of Organization Mission:

creative community of learning and belonging that removes financial and

cultural barriers to arts education and career training.

At Sitar, students have equitable access to high quality education and workforce development in the visual, digital, and performing arts. All programs are offered on a sliding fee scale and 80% of enrollment is reserved for families experiencing low income. Programs take place in Sitar's state-of-the-art facilities and reach up to 900 students a year.

Form 990, Part III, Line 1, Description of Organization Mission:

At Sitar, students have equitable access to high quality education and workforce development in the visual, digital, and performing arts. All programs are offered on a sliding fee scale and 80% of enrollment is reserved for families experiencing low income. Programs take place in Sitar's state-of-the-art facilities and reach up to 900 students a year.

Form 990, Part III, Line 3, Changes in Program Services:

The Arts Afterschool Program encompasses Sitar's long-standing

programs: Visual Arts, Arts Afterschool, Early Childhood, Arts, Music,

Dance, Drama, Digital Arts, SEAL, and Writing.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Name of the organization
Sitar Arts Center

Employer identification number
52-2113471

opportunities.

Through multigenerational music, art, movement, and theater classes,
our youngest learners (ages 0-6) develop pre-literacy skills, become
more socially aware and confident, and begin their path to life-long
and self-advocating learning. Many of the early childhood classes are
bilingual in English and Spanish. A music therapy class offered in
partnership with Levine Music supports toddlers in processing and
expressing their emotions through music.

Form 990, Part III, Line 4d, Other Program Services:

Workforce Development:

Each summer, Sitar runs a 6-week workforce development program that trains and employs DC youth, ages 14 24. The Sitar interns work as Camp classroom assistants, mural artists, and musical theater performers and production staff and are paid through DC's Summer Youth Employment

Program (SYEP). In 2022, Bloomberg Philanthropies selected Sitar as the DC partner for the Bloomberg Arts Internship program. The pilot employed 25 rising high school seniors in well-paid externships at DC arts institutions such as the Smithsonian, DC Independent Film

Festival, Washington Performing Arts, and the National Gallery of Art.

Sitar provides the interns with college preparation and career training, and the program will continue to grow. Looking forward, Sitar is developing a year-round, arts-based career training program for young adults ages 16 24, to pilot in fall of 2023.

Expenses \$ 76,329. including grants of \$ 0. Revenue \$ 0.

Name of the organization Sitar Arts Center	Employer identification number 52-2113471
Form 990, Part VI, Section B, line 11b:	
The Form 990 is reviewed by the Finance Committee and pre	sented to the
Board for its approval.	
Form 990, Part VI, Section B, Line 12c:	
Discussed annually with all members of the Board to discl	ose all conflicts
of interest.	
Form 990, Part VI, Section C, Line 19:	
Disclosure of governing documents, policies, and financia	.1 statements are
provided upon request.	
Form 990, Part XII, Line 2c:	
Sitar Center's Finance Committee is responsible for overs	ight of the
audit, including selection of the independent accountant.	The process
has not changed from previous years.	