

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">YOUTH ARTS COLLECTIVE INC</p>		D Employer identification number <p align="center">77-0526059</p>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>472 CALLE PRINCIPAL</p>		E Telephone number <p align="center">831-375-9922</p>
	City or town, state or province, country, and ZIP or foreign postal code <p>MONTEREY CA 93940</p>		G Gross receipts \$ 408,387
	F Name and address of principal officer: <p>MARCIA PERRY 472 CALLE PRINCIPAL MONTEREY CA 93940</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.YACSTUDIOS.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2000	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EDUCATION: AFTER SCHOOL ART INSTRUCTION			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	5
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	249,869	379,626
	9	Program service revenue (Part VIII, line 2g)	4,190	6,413
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		137
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,518	22,211
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,577	408,387
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		273
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	173,450	169,086
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,000	15,000
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,388		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,448	147,565
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	307,898	331,924	
19	Revenue less expenses. Subtract line 18 from line 12	-30,321	76,463	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	239,722	358,258
	21	Total liabilities (Part X, line 26)	1,138	301
	22	Net assets or fund balances. Subtract line 21 from line 20	238,584	357,957

Part II Signature Block

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

Sign Here	Signature of officer		Date
	MARCIA PERRY Type or print name and title		DIRECTOR
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DAVID HEINSTADT, EA		07/27/22
	Firm's name ▶ THE INCOME STATEMENT	Firm's EIN ▶ 77-0580714	Check <input type="checkbox"/> if self-employed PTIN P00025538
	Firm's address ▶ 17557 VIERRA CANYON RD PRUNEDALE, CA 93907	Phone no. 831-663-6796	

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