			EXTENSION GRANTED TO JULY 15,	2023						
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047					
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		» 2021					
-			Do not enter social security numbers on this form as it m	ay be made public.	Open to Public					
Depa Intern	rtment al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection					
AF	or th	e 2021 calend	ar year, or tax year beginning $ { m SEP} 1$, $ 2021$ and ending	<u>A</u> UG 31, 2022						
B C a	heck if pplicab	le: C Name of	forganization	D Employer identifica	tion number					
	Addre		FESTIVALS, LTD.		_					
	Name	ge Doing b	usiness as	95-212250	8					
	Initial returr Final returr		and street (or P.O. box if mail is not delivered to street address) Room/su BOX 185	uite E Telephone number (805) 646	-2094					
	termin ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,370,238.					
X	Amer returr	ded OJAI	, CA 93024	H(a) Is this a group retu						
	Appli tion		nd address of principal officer: ARA GUZELIMIAN	for subordinates?						
	pend	^{ng} SAME	AS C ABOVE	H(b) Are all subordinates incl						
ΙT	ax-ex	empt status:	X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or		st. See instructions					
			OJAIFESTIVAL.ORG	H(c) Group exemption						
				'ear of formation: 1947 M						
	rt I				g					
	1		be the organization's mission or most significant activities: $rac{ extsf{HAILED}}{ extsf{A}}$ A	S A CREATIVE M	USIC					
nce		LABORAT	ORY, THE OJAI MUSIC FESTIVAL HAS NURT	URED MANY OF T	HE MOST					
'nai	2									
Governance										
õ			lependent voting members of the governing body (Part VI, line 1a)		19 19					
s &			14							
Activities &			Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6							
хiv	70	Total uprolato	d business revenue from Part VIII, column (C), line 12		400					
Ă			business taxable income from Form 990-T, Part I, line 11		0.					
	u u	Net unrelated		Prior Year	Current Year					
		Contributions	and grants (Dart) (III line 1b)	1,740,311.	1,908,387.					
Revenue	8		and grants (Part VIII, line 1h)	302.	948,601.					
ver	9	•	ce revenue (Part VIII, line 2g)	6,969.	52,109.					
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	17,126.	9,580.					
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,764,708.	2,918,677.					
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,704,700.	0.					
			milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
			to or for members (Part IX, column (A), line 4)		537,572.					
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	433,563. 0.	0.					
Expense			undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 293,080.	0.	0.					
Хр			3 • • • • • • • • • • • • • • • • • • •	E06 022	2 071 762					
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)	596,922.	2,071,762.					
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,030,485.	2,609,334.					
	19	Revenue less	expenses. Subtract line 18 from line 12	734,223.	309,343.					
Net Assets or Fund Balances				Beginning of Current Year	End of Year					
sset ala	20	Total assets (I	Part X, line 16)	3,495,637.	2,873,974.					
3t As	21		(Part X, line 26)	1,352,063.	603,868.					
			fund balances. Subtract line 21 from line 20	2,143,574.	2,270,106.					
	rt II									
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my l	nowledge and belief, it is					
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.						

Sign	Signature of officer		Date
Here	ARA GUZELIMIAN, EXECUT	IVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Da	Uncok
Paid	CHRISLEY N. REED, CPA		if self-employed P00025230
Preparer	Firm's name 🕒 MCGOWAN GUNTERMA	NN	Firm's EIN 🕨 95-3680171
Use Only	Firm's address 200 E CARRILLO S	STREET, SUITE 300	
	SANTA BARBARA, C	CA 93101-7141	Phone no. (805) 962-9175
May the II	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) OJAI FESTIVALS, LTD.	95-2122508	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: THE OJAI MUSIC FESTIVAL SERVES AS A CREATIVE MUSIC LAB PIONEERING NEW WORKS, CHAMPIONING ADVENTUROUS PROGRAMMI WITH TODAY'S EMERGING ARTISTS WITH EVENTS DURING THE Y	NG, AND WORK EAR AND THE (JJAI
	MUSIC FESTIVAL SERVES AS A CREATIVE MUSIC LABORATORY F	OR PIONEERING	5
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	s 🚺 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	s? Yes	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or revenue, if any, for each program service reported.	thers, the total expenses	, and
4a	(Code:) (Expenses 2,044,232. including grants of) (Rev		,601.)
	OJAI FESTIVALS, LTD. ("FESTIVAL") IS A CALIFORNIA NONP BENEFIT CORPORATION THAT WAS INCORPORATED IN 1947. THR		
	YEAR, THE OJAI FESTIVAL CONTRIBUTES TO SOUTHERN CALIFO		2 ΔΤ.
	LANDSCAPE WITH IN-PERSON AND ONLINE FESTIVAL-RELATED P		
	WELL AS ROBUST EDUCATIONAL OFFERINGS THAT SERVE THOUSA		<u> </u>
	PUBLIC-SCHOOL STUDENTS AND SENIORS. THE ORGANIZATION'S		IS
	THE WORLD-RENOWNED FOUR-DAY FESTIVAL, WHICH TAKES PLAC	E IN OJAI ANJ	D IS
	A PERENNIAL PLATFORM FOR THE FRESH AND UNEXPECTED.		
	THE FESTIVAL'S MISSION STATEMENT IS TO ENABLE ARTISTS .		
	AUDIENCES TO ENGAGE WITH ONE ANOTHER AROUND ADVENTUROU		G IN
	THE INTIMATE SETTING OF THE OJAI VALLEY AND REACH OUT		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)		
÷υ	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 2,044,232.		
		Form	990 (2021)
132002	SEE SCHEDULE O FOR CONTINUATION		. ,

Form	990	(2021)

Form 990 (2021) OJAI FESTIVALS, LTD.
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)?		37	
	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	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		х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	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,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			x
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	17	<u> </u>
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	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		Х

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Form 990 (2021) OJAI FESTIVALS, LTD.
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	290		- 23
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		- 23
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			_
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 69			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

	990 (2021) OJAI FESTIVALS, LTD. 95-2122	508	F	age 5								
Par	Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
•			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14											
h	filed for the calendar year ending with or within the year covered by this return 2a 24 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x									
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.											
3a	Ba Did the organization have unrelated business gross income of \$1,000 or more during the year?											
	 b) If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 											
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X								
b	If "Yes," enter the name of the foreign country ►											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x								
h	any contributions that were not tax deductible as charitable contributions?	6a		- 23								
D	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).	0.5										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b										
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			X								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?											
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h										
n 8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 											
0	sponsoring organizations maintaining donor advised times. Did a donor advised time maintained by the	8										
9	Sponsoring organizations maintaining donor advised funds.	-										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
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:											
	Gross income from members or shareholders 11a	-										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
1 2 a	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 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
а	Is the organization licensed to issue qualified health plans in more than one state?	13a										
	Note: See the instructions for additional information the organization must report on Schedule O.											
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
	organization is licensed to issue qualified health plans 13b											
	Enter the amount of reserves on hand 13c			37								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	46		x								
	excess parachute payment(s) during the year?	15										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x								
.5	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any											
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17										
	If "Yes," complete Form 6069.											

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			Χ							
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 1a 19										
	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 0.										
h	b Enter the number of voting members included on line 1a, above, who are independent 1b 19										
2											
-	officer, director, trustee, or key employee?										
3											
Ū											
4	of officers, directors, trustees, or key employees to a management company or other person?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		X X							
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X							
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-									
1a		7a		х							
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a									
D D		7b		х							
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		- 23							
8		0-	х								
a	The governing body?	8a oh	X								
	Each committee with authority to act on behalf of the governing body?	8b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х							
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Δ							
Jec	tion D. Policies (<i>This Section B requests information about policies not required by the internal Revenue Code.)</i>		Yes	Na							
100	Did the exception have level chapters, branches, or effiliates?	10a	162	No X							
	Did the organization have local chapters, branches, or affiliates?	10a		- 23							
D D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
110	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.	114									
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120									
U	on Schedule O how this was done	12c	х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent	17									
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
-	The organization's CEO, Executive Director, or top management official	15a	х								
	Other officers or key employees of the organization	15a	X								
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
iou	taxable entity during the year?	16a		х							
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou									
	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 $\blacktriangleright ext{CA}$										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	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, ar	d finar	ncial								
-	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										
	ACCOUNTANT - (805) 646-2094										
	201 S. SIGNAL STREET, OJAI, CA 93023										

Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees,	Highest Compensat	ted
	Employees, and Independe	ent 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless		ss person is both an d a director/trustee)			compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)	,	and related
	below	ndividual trustee or director	In stituti on al trustee	er	emplc	Highest compensated employee	ler			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) GINA GUTIERREZ	40.00									
CHIEF OPERATING OFFICER				Х				110,001.	0.	125.
(2) ARA GUZELIMIAN	40.00									
EXECUTIVE DIRECTOR				Х				100,001.	0.	0.
(3) CATHRYN KRAUSE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(4) JERROLD L. EBERHARDT	5.00									
CHAIR		х		Х				0.	0.	0.
(5) NANCYBELL COE	1.00								0	•
DIRECTOR		X						0.	0.	0.
(6) BRIDGET TSAO-BROCKMAN	1.00								0	•
DIRECTOR		X						0.	0.	0.
(7) FRED FISHER	1.00								0	•
DIRECTOR	– – – –	X						0.	0.	0.
(8) BARRY SANDERS	5.00								0	0
VICE-CHAIR, GOVERNANCE	1 00	X		Х				0.	0.	0.
(9) MERRILL WILLIAMS	1.00	37							0	0
DIRECTOR	F 00	X						0.	0.	0.
(10) MICHELE BRUSTIN	5.00			37					0	0
VICE-CHAIR DEVELOPMENT	F 00	X		Х				0.	0.	0.
(11) STEPHAN FARBER	5.00			37					0	0
TREASURER	1 00	X		Х				0.	0.	0.
(12) MAURICE SINGER	1.00	v						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) OLIN BARRETT	1.00	37							0	0
DIRECTOR (THROUGH 11/2021)	1 00	X						0.	0.	0.
(14) JAMIE BENNETT	1.00	37						0.	0.	0
DIRECTOR	1.00	Х						0.	0.	0.
(15) CHEREE EDWARDS	1.00	v						0.	0.	0
	1.00	Х						0.	υ.	0.
(16) RUTH ELIEL	1.00	x						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	0.
(17) GLENN MERCER	1.00	x						0.	0.	0.
DIRECTOR		Δ						0.	0.	- 000 (1995 ()

132007 12-09-21

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(A) Name and title	(B) (C) Average Position (do not check more than one						one	(D) Reportable	(E) Reportable		Es	(F) timate	ed
	hours per week (list any hours for related organizations below line)	box	, unle	ss pe	rson i lirecto	Highest compensated si employee	h an	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensatio from related organizations (W-2/1099-MIS 1099-NEC)	s	com fr org an	nount other pensa om the anizat d relat	tion e ion ed
(18) HOPE TSCHOPIK SCHNEIDER DIRECTOR	1.00	x						0.		0.			0.
(19) GREG GRINNELL DIRECTOR	1.00	x						0.		0.			0.
(20) THOMAS MCNALLEY	1.00												
DIRECTOR		Х						0.		0.			0.
(21) DON PATTISON	1.00												•
DIRECTOR	1 0 0	Х						0.		0.			0.
(22) NEIL SELMAN DIRECTOR	1.00	x						0.		ο.			0.
										_			
1b Subtotal								210,002.		0.		1	25.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								210,002.		0.		1	25.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	iose	liste	ed al	bove	e) wł	io r	eceived more than \$100	,000 of reportabl	е			2
3 Did the organization list any former officer,	director, trust	ee, I	kev e	emp	love	e, or	hic	phest compensated emp	loyee on	[Yes	No
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•								•		4		х
5 Did any person listed on line 1a receive or a	accrue comper				unr	elat	ed organization or individual for services					37	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J f	or si	JCh	pers	son .					5		X
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors 1	that received more than	\$100,000 of com	pens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	/ear.				
(A) Name and business	address							(B) Description of s	ervices	С)) ompe	;) nsatio	n
AMERICAN MODERN OPERA COM P.O. BOX 3192, NEW YORK		L63	3					MUSIC SERVIC	ES		29	0,1	19.
LOS ANGELES CHAMBER ORCHESTRA 510 W 6TH ST #1001, LOS ANGELES,					001	14		PRODUCTION S	ERVICES		10	4,3	70.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis 2	stec	d above) who received m	ore than				

	Check if Schedule O contains a response or note to any line in this Part VIII								
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Its ts	1	а	Federated campaigns	1a					
iran	-			1b		1			
₹ D Q			Fundraising events		16,990.	1			
ar /			Related organizations		-	1			
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contri			1			
rsi			All other contributions, gifts, g			1			
but			similar amounts not included	above If 1,	891,397.				
d dr		g	Noncash contributions included in	lines 1a-1f 1g \$	891,397.				
aS		h	Total. Add lines 1a-1f		►	1,908,387.			
					Business Code				
e	2	а	FESTIVAL TICK		711130	906,527.			
e šč		b	OTHER PROGRAM	REVENUE	711130	42,074.	42,074.		
Program Service Revenue		с							
ran Rev		d							
бĘ		е							
ā		f	All other program service r	evenue					
		g	Total. Add lines 2a-2f		►	948,601.			
	3		Investment income (includ	-					4- 444
			other similar amounts)			45,014.			45,014.
	4		Income from investment of	•	-				
	5		Royalties						
	_		_	(i) Real	(ii) Personal	-			
	6		Gross rents	6a		-			
			Less: rental expenses	6b		4			
	_		Rental income or (loss) Net rental income or (loss)	6c					
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	d	assets other than inventory	7a 389,203		4			
		h	Less: cost or other basis	78 5 5 7 2 5 5 1	, 	1			
е		D.		7ь 382,108.					
/eni	c Gain or (loss) 7c 7,095.		,	-					
Re			Net gain or (loss)			7,095.			7,095.
Other Revenue	8	а	Gross income from fundraisin	g events (not		.,			.,
δ			including \$ 16	<u>,990.</u> of					
			contributions reported on						
			Part IV, line 18		79,033.	4			
			Less: direct expenses			0 500			0 5 0 0
	_		Net income or (loss) from f		····· ►	9,580.			9,580.
	9	а	Gross income from gaming						
			Part IV, line 19			4			
			Less: direct expenses						
	40		Net income or (loss) from g Gross sales of inventory, le	· · ·					
	10	а	-						
		h	and allowances Less: cost of goods sold			-			
			Net income or (loss) from s		-				
		<u> </u>		sales of inventory.	Business Code				
Miscellaneous Revenue	11	а							
ane		b							
eve		c							
Alisc B.			All other revenue						[
2			Total. Add lines 11a-11d						
	12		Total revenue. See instruction			2,918,677.	948,601.	0.	61,689.

Form 990 (2021)

1 0111 990 (0111		_
Part VII	I	Statement	of	Reve	enu	e

OJAI FESTIVALS, LTD.

Check if Schedule O contains a respon				<u> </u>
o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	210,002.	120,002.	42,500.	47,500.
Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.01	150 (10	46.050	
Other salaries and wages	274,681.	153,619.	46,859.	74,203.
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	10 051	- 1- 6		
Other employee benefits	12,851.	7,176.	2,849.	2,826. 9,359.
Payroll taxes	40,038.	18,093.	12,586.	9,359.
Fees for services (nonemployees):				
a Management				
b Legal	1 = 0.00		1 = 0.00	
c Accounting	15,000.		15,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12 505		12 505	
Investment management fees	13,595.		13,595.	
g Other. (If line 11g amount exceeds 10% of line 25,	1 100 544	1 112 204		20 400
column (A), amount, list line 11g expenses on Sch 0.)	1,186,544.	1,113,374.	44,764.	28,406.
Advertising and promotion	51,510.	41,594.	3,235.	6,681.
Office expenses	396,389.	313,642.	4,667.	78,080.
Information technology				
Royalties	E1 707	44 507	1 000	2 200
Occupancy	51,797. 175,605.	44,597. 149,698.	4,000.	3,200. 20,830.
Travel	1/5,005.	149,090.	5,077.	20,830.
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	39,076.		39,076.	
	39,070.		39,070.	
Payments to affiliates	21,472.	10,736.	5,368.	5,368.
Depreciation, depletion, and amortization	16,435.	12,326.	4,109.	5,500.
Insurance	10,455.	12,520.	4,105.	
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.)				
a EQUIPMENT	75,166.	58,107.	432.	16,627.
BANK AND CREDIT CARD FE	26,222.		26,222.	
LICENSES AND FEES	1,683.		1,683.	
DEVELOPMENT	1,268.	1,268.	_,	
All other expenses				
Total functional expenses. Add lines 1 through 24e	2,609,334.	2,044,232.	272,022.	293,080.
Joint costs. Complete this line only if the organization				<u> </u>
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				
10 12-09-21				Form 990 (2021)

10

X

Form 990 (2021) Part IX Statement of Functional Expenses

7b, 8b, 9b, and 10b of Part VIII.

1

2

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е 25

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Do not include amounts reported on lines 6b,

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

Form 990 (2021) OJAI FESTIVAL Part X Balance Sheet OJAI FESTIVALS, LTD.

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			717,295.	1	299,504.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,060,680.	3	949,720.		
	4	Accounts receivable, net	7,595.	4	1,581.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th	ese perse	ons		5	
	6	Loans and other receivables from other disqu	alified per	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			5,929.	8	16,430.
4	9	Prepaid expenses and deferred charges			66,552.	9	25,336.
	10a	Land, buildings, and equipment: cost or other	·				
		basis. Complete Part VI of Schedule D	. 10a	560,152.			
	b	Less: accumulated depreciation	. 10b	432,289.	136,948.	10c	127,863.
	11	Investments - publicly traded securities			1,281,083.	11	1,269,725.
	12	Investments - other securities. See Part IV, line	e 11		216,313.	12	181,256.
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,242.	15	2,559.		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	3)	3,495,637.	16	2,873,974.
	17	Accounts payable and accrued expenses			46,338.	17	88,837.
	18	Grants payable			400 000	18	
	19	Deferred revenue			438,033.	19	111,522.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
Liak		controlled entity or family member of any of th			750 221	22	402 E00
_	23	Secured mortgages and notes payable to unr		F	750,331. 117,361.	23	403,509.
	24	Unsecured notes and loans payable to unrela			117,301.	24	
	25	Other liabilities (including federal income tax, I					
		parties, and other liabilities not included on lin		05			
	06	of Schedule D Total liabilities. Add lines 17 through 25		Γ	1,352,063.	25 26	603,868.
	26	Organizations that follow FASB ASC 958, c			1,552,005.	20	005,000.
es		and complete lines 27, 28, 32, and 33.	Heck Her				
anc	27	Net assets without donor restrictions			-88,379.	27	-27,456.
Bal	28	Net assets with donor restrictions			2,231,953.	28	2,297,562.
pu	20	Organizations that do not follow FASB ASC			_,,	20	
μ		and complete lines 29 through 33.	, 500, chi				
o	29	Capital stock or trust principal, or current func	10			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,143,574.	32	2,270,106.
2	33	Total liabilities and net assets/fund balances			3,495,637.	33	2,873,974.
					-,,		Eorm 990 (2021)

Form 990 (2021)

Form	OJAI FESTIVALS, LTD.	95-	2122508	Pag	ge 12
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 9 10	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 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,	1 2 3 4 5 6 7 8 9	2,143 -212	9,3 9,3 9,5 2,8	34. 43. 74.
	column (B))	10	2,270),1	06.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul Were the organization's financial statements compiled or reviewed by an independent accountant?		—	Yes	No X
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate			X	
с	consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Sc		2c	x	
	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? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		За		x
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0001)

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form	990)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of	the organization							identification number
_			FESTIVALS						5-2122508
	rt I	Reason for Public (· · · ·	· ·		ee instructior	IS.	
The	orgar	ization is not a private found							
1		A church, convention of ch				on 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i i	i).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ı	unit descrik	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	le or
		university:							
10	Х	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributic	ns, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	ifety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section a	509(a)(2).	See section !	5 09(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	anization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
	_	organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organiz	zation.			
		er the number of supported o	•						
g		vide the following information			(iv) Is the orga	nization listed	(a) Amount of		
		 i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota									

Schedule	A (Form	990) 202
Dort II	Gun	nor	+ 60

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
	faile to succlife under the tests listed below, places complete Dayt III)

	fails to qualify under the tests listed below, please complete Part III.)
Section	A Public Support

300	Stion A. Fublic 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	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							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.							
	ction B. Total Support	•				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	· · · · · · · · · · · · · · · · · · ·	, etc. (see instructi	ons)	•		12		
	First 5 years. If the Form 990 is for the	, (,			501(c)(3)		
	organization, check this box and stor							
See	ction C. Computation of Publ							
14	Public support percentage for 2021 (line 6, column (f), d	divided by line 11,	column (f))		14	%	
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%	
	33 1/3% support test - 2021. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱				
b	33 1/3% support test - 2020. If the							
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation				
17a	10% -facts-and-circumstances tes							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances tes	-		• • • •				
	more, and if the organization meets the	-						
	organization meets the facts-and-circ							
18	Private foundation. If the organization						s ►	
			,	. ,			(Earm 000) 2021	

Schedule A (Form 990) 2021

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

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

36	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.")	1017715.	1314977.	1289898.	1740311.	1908387.	7271288.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	471,471.	471,314.	180,458.	302.	948,601.	2072146.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
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						
6	Total. Add lines 1 through 5	1489186.	1786291.	1470356.	1740613.	2856988.	9343434.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	268,326.	253,500.	244,643.	298,880.	569,500.	1634849.
k	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	287,568.	40,287.	396,776.	296,324.	623,546.	1644501.
	Add lines 7a and 7b	555,894.	293,787.	641,419.	595,204.	1193046.	3279350.
	Public support. (Subtract line 7c from line 6.)				,		6064084.
Se	ction B. Total Support						
-	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	,	1489186.	1786291.	1470356.	1740613.	2856988.	9343434.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	36,560.	45,463.	40,430.	26,909.	45,014.	194,376.
ŀ	Unrelated business taxable income	,		,			
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	36,560.	45,463.	40,430.	26,909.	45.014.	194,376.
	Net income from unrelated business		10,1001	10,1001	20,5050	10,0110	
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	212,566.	185,000.				397,566.
12	assets (Explain in Part VI.)	1738312.	2016754.	1510786.	1767522.	2902002.	9935376.
	First 5 years. If the Form 990 is for th						
17	check this box and stop here	ie organization 5 III	5., 5600 iu, u iiu,		you as a section :	or (o)(o) organizati	
Se	ction C. Computation of Publ	ic Sunnort Pe	rcentage				····· 🕨 📖
	Public support percentage for 2021 (I			column (f))		15	61.04 %
16	Public support percentage from 2020		•			16	52.03 %
	ction D. Computation of Invest						52105 70
-	Investment income percentage for 20		•	20.13 column (fl)		17	1.96 %
	Investment income percentage for 20					18	1.82 %
18	a 33 1/3% support tests - 2021. If the						, -
198							N V
	more than 33 1/3%, check this box a						
r	33 1/3% support tests - 2020. If the	-					
00	line 18 is not more than 33 1/3%, che			-		-	
20	Private foundation. If the organizatio	п ий пот спеск а		a, of 190, check th	iis box and see ins		Form 990) 2021

Yes

No

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.)

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Section C.	Type II Supporting	Organizations	

			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

Schedule A (Form 990) 2021 OJAI FESTIVALS, LTD. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instruc	ctions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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 greate	er amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A	A) 1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, colum	in 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 t	.0		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a r	non-functionally integrat	ed Type III supporting or	ganization (see

instructions).

1

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on 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 exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	าร	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	he organization is responsive	9		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(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				
a	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: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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

		Cumplement	L Financial Otator			OMB No. 1545-0047
	HEDULE D m 990)	Complete if the organization	al Financial Staten anization answered "Yes" on Fo , 11a, 11b, 11c, 11d, 11e, 11f, 12	orm 990,		2021
	tment of the Treasury		Attach to Form 990.			Open to Public
	al Revenue Service		90 for instructions and the late	st information.	1	Inspection
	ne of the organizat	OJAI FESTIVALS, LT				bloyer identification number 95-2122508
Pa		ations Maintaining Donor Advise on answered "Yes" on Form 990, Part IV, lin		r Funds or A	CCOL	ints. Complete if the
	5	, ,	(a) Donor advised funds		(b) Fun	ids and other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	Did the organizati	on inform all donors and donor advisors in	writing that the assets held in do	nor advised fur	nds	
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes No
6	•	on inform all grantees, donors, and donor a	• •		-	
		poses and not for the benefit of the donor of			Ũ	
Da	impermissible priv	vate benefit? vation Easements. Complete if the org	ranization anoward "Vac" on Fo			
1		servation easements held by the organizati		0111 990, Part IV	, iii ie <i>i</i>	
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	vation of a histo	orically	important land area
		of natural habitat		vation of a cert		
	Preservatio	n of open space				
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation contribution in	the form of a co	onserv	ation easement on the last
	day of the tax yea	ar.				Held at the End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
С		rvation easements on a certified historic str			2c	
d		rvation easements included in (c) acquired				
2		nal Register rvation easements modified, transferred, re			2d	during the tax
3	year	rvation easements modified, transferred, re	leased, extilliguistied, or terminat	led by the organ	IIZALIOI	r duning the tax
4		where property subject to conservation ea	sement is located			
5		ation have a written policy regarding the pe	·	ndling of		
	-	forcement of the conservation easements i		-		Yes No
6		er hours devoted to monitoring, inspecting,				
	▶					
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation ea	asemei	nts during the year
~		nuction opportunity and the O(-P)	a potiofy the menuinements of	ation 170/->/ 4)/	אור	
8		rvation easement reported on line 2(d) abov				Yes No
9		n)(4)(B)(ii)? ibe how the organization reports conservati				
Ŭ		id include, if applicable, the text of the foot		-		
		counting for conservation easements.				
Pa	rt III Organiz	ations Maintaining Collections o	f Art, Historical Treasure	es, or Other	Simil	ar Assets.
	Complete i	if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	•	n elected, as permitted under FASB ASC 95	· •			
		easures, or other similar assets held for pul			ince of	public
		n Part XIII the text of the footnote to its final				
b	-	n elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or researc	cn in furtherand	e of pu	JUIC SERVICE,
	•	ring amounts relating to these items: uded on Form 990, Part VIII, line 1				\$
						Ψ \$
2	.,	received or held works of art, historical tre			provid	 le
_		unts required to be reported under FASB A				
а	-	d on Form 990, Part VIII, line 1	-			\$

á	Revenue included on Form 990, Pa	rt VIII, line 1
Ŀ	Assets included in Form 990, Part >	<pre></pre>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21 ▶ \$

		STIVALS, L						B Page 2
Par	t III Organizations Maintaining C		•				ts (contini	ued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	s, check any of the	following that mak	e significant us	se of its		
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	he organization's e	xempt purpos	e in Part	: XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		<u> L</u>	Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "Yes"	on Form 990, I	Part IV, I	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	is or other assets i	not included	_	-	
	on Form 990, Part X?					∟	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		·			
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe					∟	Yes	L No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part	<iii< th=""><th></th><th></th><th></th></iii<>			
Par	t V Endowment Funds. Complete i	-	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	irs back	(e) Four	years back
	Beginning of year balance	1,523,623.	1,523,623.	1,523,623	1,490	0,379.		388,030.
b	Contributions							100,000.
с	Net investment earnings, gains, and losses		231,207.	69,895	103	3,393.		71,292.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		231,207.	69,895	5. 70	0,149.		68,943.
f	Administrative expenses							
	End of year balance	1,523,623.	1,523,623.	1,523,623	1,523	3,623.	1,	490,379.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:	•			
а	Board designated or quasi-endowment		%					
	Permanent endowment 100	%	_					
		<u></u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administered fo	or the organizat	tion		
	by:						Ŀ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations							X
h	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule B?				3b	
4	Describe in Part XIII the intended uses of the						0.0	
_	t VI Land, Buildings, and Equipm		which tunds.					
	Complete if the organization answere). Part IV. line 11a. S	See Form 990. Parl	X. line 10.			
	Description of property	(a) Cost or of			Accumulated		(d) Book	value
	Description of property	basis (investm			depreciation		(u) Dook	value
10	Land		,	4,340.		_		.,340.
	Land			7,908.	177,25	8.),650.
	Buildings			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11,23			,,
	Leasehold improvements		20	7,904.	255,03	1.	72	2,873.
	Equipment			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			.,5,5.
	Other		V aakuma (D) ka d			$ \rightarrow $	125	7,863.
Iota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	∧, column (B), line T	00.)			<u> </u>	,005.

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	OJAI	FESTIVALS,	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	11b Soo Form 990 Part V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives	()		5
(2) Closely held equity interests			
(3) Other			
(A) VENTURA COUNTY COMMUNITY			
(B) FOUNDATION ENDOWMENT	181,256.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	181,256.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" c (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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1 e 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)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

LTD.

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

Schedule D (Form 990) 2021

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	2,722,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	_ 2a	-212,811.		
b	Donated services and use of facilities	2b	30,000.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-182,811.
3	Subtract line 2e from line 1			3	2,905,082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	13,595.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	13,595.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,918,677.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.		Retu	
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ι.		Retu 1	rn. 2,595,739.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			Retu 1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	_ 2a		Retu 1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	_ 2a		Retu 1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a . 2b		Retu 1	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c		Retu	
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	2,595,739.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	2,595,739.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		1 2e	2,595,739.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a		1 2e	2,595,739. 0. 2,595,739.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	13,595.	1 2e	2,595,739. 0. 2,595,739. 13,595.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	13,595.	1 2e 3	2,595,739. 0. 2,595,739.

OJAI FESTIVALS, LTD.

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

PART V, LINE 4:

Schedule D (Form 990) 2021

THE ORGANIZATION ESTABLISHED AN ENDOWMENT FUND TO PROVIDE INCOME TO ENSURE

BOTH THE FESTIVAL AND ITS EDUCATIONAL OUTREACH PROGRAM BRAVO! CONTINUE THE

TRADITION OF TOP CALIBER PROGRAMS FOR THE COMMUNITY, CALIFORNIA, THE

NATION, AND THE WORLD.

PART X, LINE 2:

THE FESTIVAL IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION, WHICH

IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3)

AND STATE OF CALIFORNIA REVENUE AND TAXATION CODE SECTION 23701(D);

THEREFORE, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE FESTIVAL

QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)

95-2122508 Page 4

(1) (A) AND HAS BEEN CLASSIFIED AS A FESTIVAL THAT IS NOT A PRIVATE

FOUNDATION UNDER SECTION 509(A) (1).

THE FESTIVAL EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF AUGUST 31, 2022, THE FESTIVAL HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE FESTIVAL FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE FESTIVAL IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE AUGUST 31, 2018 AND AUGUST 31, 2017, RESPECTIVELY.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" or rganization entered more than \$				or 19,	or if the	2021
Department of the Treasury Internal Revenue Service		Attach to Form 99	0 or Fo	rm 99	0-EZ.	_		Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for inst	ruction	is and	the latest informat	ion.	Employer i	identification number
	OJAI FE	STIVALS, LTD.					95-212	
	complete this par	Complete if the organization answ	ered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
 Indicate whether the a Mail solicitate Mail solicitate Internet and Phone solicitate Phone solicitate In-person solicitate	e organization rais itions email solicitations tations blicitations on have a written o red in Form 990, P highest paid indiv east \$5,000 by the	ed funds through any of the follow e Solicita f Solicita g Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclue profess uant to	non-g gover aising ding o ional f agree	overnment grants nment grants events fficers, directors, trus fundraising services? ements under which	stees the fu	́Г Р	4
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundi have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
Total								
		n is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt fror	n registration

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

Schedule G (Form 990) 2021

132082 10-21-21

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 WOMEN ' S COMMITTEE	(b) Event #2 SUPPERS IN THE PARK	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	62,066.	33,957.		96,023.
	2	Less: Contributions	16,990.			16,990
	3	Gross income (line 1 minus line 2)	45,076.	33,957.		79,033
	4	Cash prizes				
ŝ	5	Noncash prizes				
berise	6	Rent/facility costs				
nireci Experises	7	Food and beverages				
	8 9	Entertainment Other direct expenses		41,204.		69,453.
	10					69,453
		Net income summary. Subtract line 10 from I				9,580
a	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
-		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
2			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
uevel Level	1	Gross revenue				
	1	Gross revenue				
	1 2 3					
Ulrect Expenses Revenue		Cash prizes				
_	3 4	Cash prizes				
_	3 4 5	Cash prizes Noncash prizes Rent/facility costs		└── Yes% └── No	└── Yes% └── No	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes% └── No		□ No	
	3 4 5 6 7	Cash prizes	Yes% No No	□ No	□ No	
	3 4 5 6 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No No	□ No	□ No	
	3 4 5 7 8 Entils t	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	□ No	□ No ►	YesNo
	3 4 5 7 8 Entils t	Cash prizes	h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	□ No	□ No ►	YesNo
	3 4 5 6 7 8 Enti Is t Is t 	Cash prizes	Yes % No No for column (d) % from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or the subserver determine the subserver determin	states?	No	

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 OJAI FESTIVALS, LTD. 95-2122508 11 Does the organization conduct gaming activities with nonmembers?	No No %
 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	%
13 Indicate the percentage of gaming activity conducted in: 13a a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	%
a The organization's facility 13a b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
 b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: 	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	/0
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party \triangleright \$	
c If "Yes," enter name and address of the third party:	
c in res, enter name and address of the tillio party.	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year 🕨 \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9	b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.
 Co to wnw in gov/Eerm900 for instructions and the latest information.

Open to Public Inspection

Name of the	organization
-------------	--------------

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

OJAI FESTIVALS, LTD.

Employer	identification number
9	5-2122508

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d		•	
		applicable		Form 990, Part VIII, line 1	noncash contrib	ution am	IOUNTS	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7								
	Boats and planes							
8	Intellectual property	X	10	329,230	.FMV ON DATE		CO	אדידי
9	Securities - Publicly traded	А	10	529,230	•PMV ON DAIL	1 01	0.0	IN T •
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (INTEREST)	X	1	12.378	FMV DISCOUN	1T		
26	Other \blacktriangleright (MATERIALS AND)	X	5		ESTIMATED E			
20	Other ► ()							
27 28	Other ()							
29		ration durin	l a tha tay year for a					
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	53, Part V, L	Jonee Acknowledg	gement 29		<u> </u>	V	
	Devices the concern did the set of the set						Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							v
	exempt purposes for the entire holding period?	·····				30a		X
b	If "Yes," describe the arrangement in Part II.							
31				31		X		
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	3 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule I	√l (Form	990)	2021

95-2122508 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

OJAI FESTIVALS, LTD.

Employer identification number 95 - 2122508

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPORTANT ARTISTS AND COMPOSERS TO INTERNATIONAL PROMINENCE FOR OVER 70

YEARS.

132211 11-11-21

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NEW WORKS, CHAMPIONING ADVENTUROUS PROGRAMMING, AND WORKING WITH TODAY'S EMERGING ARTISTS WITH EVENTS DURING THE YEAR AND CULMINATING WITH A FOUR-DAY IMMERSIVE EXPERIENCE IN JUNE IN OJAI, CALIFORNIA. THE FESTIVAL IS KNOWN FOR ITS UNIQUE STRUCTURE OF HAVING THE ARTISTIC DIRECTOR APPOINT A NEW MUSIC DIRECTOR EACH YEAR, GIVING AUDIENCES THE OPPORTUNITY TO DISCOVER A MULTITUDE OF MUSIC FORMS. AN ESSENTIAL PART OF THE FESTIVAL IS ITS BRAVO MUSIC EDUCATION & COMMUNITY PROGRAM WHICH OFFERS FREE WORKSHIPS, ARTIST RESIDENCIES, AND CONCERTS FOR OJAI'S PUBLIC-SCHOOL STUDENTS AND RESIDENTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FESTIVAL AND THE OJAI COMMUNITY THROUGHOUT THE YEAR TO CONNECT WITH BROADER AUDIENCES.

THE FESTIVAL HAS NURTURED MANY IMPORTANT ARTISTS AND COMPOSERS TO INTERNATIONAL PROMINENCE SINCE ITS INCEPTION. THROUGH ITS SIGNATURE STRUCTURE OF THE ARTISTIC DIRECTOR APPOINTING A DIFFERENT MUSIC DIRECTOR EACH YEAR, OJAI HAS PRESENTED A "WHO'S WHO" OF MUSIC FROM JOHN ADAMS, AMOC (AMERICAN MODERN OPERA COMPANY), BARBARA HANNIGAN, AND PATRICIA KOPATCHINSKAJA IN RECENT YEARS TO THE LIKES OF AARON COPLAND, IGOR STRAVINSKY, MICHAEL TILSON THOMAS, KENT NAGANO, PIERRE BOULEZ, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 Name of the organization

OJAI FESTIVALS, LTD.

ESA-PEKKA SALONEN THROUGHOUT ITS HISTORY.

DURING THE FY22 SEASON, THE ORGANIZATION VENTURED INTO PRESENTING TWO

SUCCESSFUL FESTIVALS - ONE IN SEPTEMBER 2021, ORIGINALLY PEGGED FOR

JUNE 2021, BUT MOVED DUE TO THE COVID-PANDEMIC, AND ANOTHER "NORMAL"

FESTIVAL IN JUNE 2022.

HIGHLIGHTS:

THE 75TH FESTIVAL WHICH WAS HELD SEPTEMBER 16 TO 19, 2021, FEATURED ACCLAIMED AMERICAN COMPOSER AND CONDUCTOR JOHN ADAMS AS MUSIC DIRECTOR. TOGETHER WITH FESTIVAL ARTISTIC AND EXECUTIVE DIRECTOR ARA GUZELIMIAN, ADAMS' CURATED PROGRAMS THAT CELEBRATED AND FOCUSED ON THE NEXT GENERATION OF COMPOSERS INCLUDING SAMUEL CARL ADAMS, TIMO ANDRES, RHIANNON GIDDENS, DYLAN MATTINGLY, GABRIELA ORTIZ, GABRIELLA SMITH, AND CARLOS SIMON. ADDITIONALLY, THE FESTIVAL INVITED SOME OF TODAY'S MOST CREATIVE AND INNOVATIVE ARTISTS, WHO INCLUDED PIANIST/COMPOSER TIMO ANDRES, ATTACCA QUARTET, VIOLINIST MIRANDA CUCKSON, PIANIST VIKINGUR OLAFSSON, MEMBERS OF THE LOS ANGELES PHILHARMONIC NEW MUSIC GROUP, THE LOS ANGELES CHAMBER ORCHESTRA, AND FREELANCE MUSICIANS FROM SOUTHERN CALIFORNIA.

DURING THIS FESTIVAL, THE BOARD OF DIRECTORS AND STAFF LEADERSHIP IMPLEMENTED A FESTIVAL COVID-SAFETY PLAN WHICH CREATED BEST PRACTICES AND GUIDELINES ADHERING TO THE HIGHEST STANDARDS OF HEALTH AND SAFETY FOR FESTIVAL PATRONS, ARTISTS, VOLUNTEERS, STAFF, AND THE GREAT OJAI COMMUNITY. THESE PROTOCOLS INCLUDED PROOF OF VACCINATION AND MASKING REQUIREMENTS FOR ALL ARTISTS, PRODUCTION TEAM, STAFF, VOLUNTEERS, AND 132212 11-11-21 Schedule O (Form 990) 2021 PATRONS. THIS WAS WELL-RECEIVED BY THE FESTIVAL COMMUNITY AND THE

GREATER OJAI COMMUNITY.

THE 75TH FESTIVAL, DESPITE THE MOVE TO THE FALL, WAS A HIGHLY

SUCCESSFUL AND JOYOUS OCCASION DESCRIBED BY THE LOS ANGELES TIMES

"AGAINST UNSETTLINGLY UNCERTAIN ODDS, OJAI'S 75TH ANNIVERSARY FESTIVAL

HAPPENED AS HOPED AND PROMISED, AND IT WAS SPECIAL."

FOLLOWING THE FESTIVAL, THE ORGANIZATION CONTINUED PRODUCING FREE ONLINE OJAI TALKS FOR PATRONS. THESE ENGAGING AND INSIGHTFUL SESSIONS WITH UPCOMING 2022 FESTIVAL ARTISTS GAVE VIEWERS AN OPPORTUNITY TO LEARN ABOUT THE FESTIVAL IN JUNE AND ENJOY MUSIC VIA THE VIRTUAL WORLD.

THE 76TH FESTIVAL, JUNE 9 TO 12, 2022, FEATURED THE DISCIPLINE-COLLIDING COLLECTIVE CALLED AMOC (AMERICAN MODERN OPERA COMPANY), WHICH COMPRISED OF 17 OF MOST ADVENTUROUS SINGERS, DANCERS, INSTRUMENTALISTS, CHOREOGRAPHERS, AND COMPOSERS AT WORK TODAY IN MUSIC AND DANCE. AMOC WAS THE FIRST-EVER MULTI-DISCIPLINARY COLLECTIVE TO HOLD THE POSITION OF MUSIC DIRECTOR IN THE FESTIVAL'S 75-YEAR HISTORY. THE FOUR-DAY IMMERSIVE EXPERIENCE IMPRESSIVELY PRESENTED NINE WORLD PREMIERES, FREE COMMUNITY EVENTS INCLUDING A FAMILY CONCERT IN LIBBEY PARK, AND A RANGE OF WORKS FROM VIVALDI AND BACH TO JULIUS EASTMAN AND HANS OTTE.

THE FESTIVAL'S CELEBRATED BRAVO MUSIC EDUCATION PROGRAM WAS ABLE TO BEGIN SAFE IN-PERSON WORKSHOPS AND CLASSES IN OJAI PUBLIC ELEMENTARY THROUGH ITS EDUCATION THROUGH MUSIC PROGRAM 660 STUDENTS IN SCHOOLS. 132212 11-11-21

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Name of the organization OJAI FESTIVALS, LTD.	Employer identification number 95-2122508
ALL SIX ELEMENTARY SCHOOLS WERE SERVED. THANKS TO ADDITI	ONAL FUNDING,
BRAVO LAUNCHED AN ARTISTS-IN-RESIDENCE PROGRAM. IT ALSO	BROUGHT BACK
THE IMAGINE CONCERT HELD AT THE LIBBEY BOWL IN THE SPRIN	G OF 2022. THIS
WAS THE FIRST TIME FOR MANY UPPER ELEMENTARY STUDENTS TO	SEE A LIVE

IN THE FALL OF 2021, THE OJAI MUSIC FESTIVAL'S SECOND PPP LOAN WAS FORGIVEN. THE ORGANIZATION WAS A GRANT RECIPIENT OF THE CALIFORNIA SVOG (SHUTTERED VENUE OPERATORS GRANT) RECEIVING \$225,000 AND WAS GRATEFUL TO RECEIVE A VENTURA COUNTY GRANT TO ASSIST WITH FUNDING THE FESTIVAL'S COVID-SAFETY PROTOCOL EXPENSES.

EVEN THROUGH THE CHALLENGES OF THE PANDEMIC, THE BOARD OF DIRECTORS, UNDER THE LEADERSHIP OF CHAIR JERRY EBERHARDT, TOOK UPON THE GOAL TO CONTINUE WORKING ON A COMPREHENSIVE CAMPAIGN TO ENSURE THE FUTURE OF THE FESTIVAL. THIS "FUTURE FORWARD" CAMPAIGN WAS SUPPORTED BY THE BOARD WITH 100% COMMITMENT BEFORE THE END OF THE YEAR. THE THREE PILLARS OF THE CAMPAIGN ARE SUPPORTING NEW ARTISTIC PROGRAMS AND WORKS, GROWTH OF THE BRAVO EDUCATION PROGRAM, AND EXPANSION OF ONLINE INITIATIVES.

THROUGH THE BOARD'S CONTINUED EFFORTS, THE FESTIVAL WAS ALSO ABLE TO RETIRE THE FESTIVAL'S LINE OF CREDIT BY THE END OF AUGUST 2022, AND THE BOARD APPROVED MOVING \$225,000 IN THE FESTIVAL'S ENDOWMENT. IN RECENT MONTHS, THE FESTIVAL ALSO PAID OFF THE COMMERCIAL LOAN WITH BANK OF SIERRA. THE FESTIVAL HAS NOW RETIRED ALL DEBTS.

THE 77TH OJAI MUSIC FESTIVAL TOOK PLACE JUNE 8 TO 11, 2023 AND WELCOMED

Schedule O (Form 990) 2021	Page 2			
Name of the organization OJAI FESTIVALS, LTD.	Employer identification number 95-2122508			
DIRECTOR. PROGRAMS TOUCHED ON GIDDENS' INTERESTS ACROSS M	USICAL			
BOUNDARIES, FROM OPERA AND BAROQUE MUSIC TO BLACK TRADITIONS IN				
AMERICAN ROOTS MUSIC, FROM THE CLASSICAL TRADITIONS OF MUSIC FROM CHINA				
AND PERSIA TO THE INFLUENCE OF NON-WESTERN MUSIC ON AMERICAN				
CONTEMPORARY MUSIC. A FEW OF THE CONCERT PILLARS INCLUDED THE WORLD				
PREMIERE OF OMAR'S JOURNEY, AN OJAI-COMMISSIONED WORK FOR VOICES AND				
CHAMBER ENSEMBLE DRAWN FROM THE PULITZER PRIZE WINNING OPERA OMAR; A				
REIMAGINING OF TAN DUN'S PIONEERING GHOST OPERA; AND A PERFORMANCE OF				
CARLOS SIMON'S BETWEEN WORLDS. FEATURED ARTISTS WERE KAYHAN KALHOR,				
STEVEN SCHICK, FRANCESCO TURRISI, WU MAN, MEMBERS OF THE	SILKROAD			
ENSEMBLE, AND ATTACCA QUARTET.				

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL BOARD MEMBERS AND KEY STAFF COMPLETE A FORM DISCLOSING ANY CONFLICTS OF INTEREST. THE CHAIR OF THE BOARD REVIEWS AND MONITORS ALL POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION FOR THE ARTISTIC AND

EXECUTIVE DIRECTOR. THE SALARY IS BASED UPON A COMBINATION OF COMPARABLE

DATA AND PAST PERFORMANCE. THE BOARD REVIEWS AND APPROVES THE ARTISTIC AND

EXECUTIVE DIRECTOR EMPLOYMENT CONTRACT.

Schedule O (Form 990) 2021	Page 2
Name of the organization OJAI FESTIVALS, LTD.	Employer identification number 95-2122508
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAIABLE UP	ON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTISTS AND RELATED FEES:	
PROGRAM SERVICE EXPENSES	1,113,374.
MANAGEMENT AND GENERAL EXPENSES	44,764.
FUNDRAISING EXPENSES	28,406.
TOTAL EXPENSES	1,186,544.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,186,544.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S OVERSIGHT PROCESS AND SELECTION PROCES	S REALTED TO
THE FINANCIAL STATEMENT AUDIT FOR THE PERIOD ENDED AUGUST	31, 2022,

REMAINED UNCHANGED FROM THE PRIOR YEAR(S).

FORM 990, PART XII, LINE 3B:

RETURN IS BEING AMENDED TO CORRECT A SPELLING ERROR IN SCHEDULE O

RELATED TO FROM 990, PART III, LINE 4A.