			** PUBLIC DISCLOSURE Short Form	COP	Y **	ł			ON	/IB No. 1545-	-0047
Form	99	90-EZ	Return of Organization Exemption							201	Q
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reven	nue Co	ode (ex	cept private	found	lations	5)		3
			Do not enter social security numbers on this for	m, as	it may	be made put	olic.		()pen to Pu	hlic
		of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instructions	and t	he late	st informatio	on.			Inspectio	
			year, or tax year beginning		and en	ding					
B C	heck if oplicab	ole: C Na	ame of organization				D Emp	oloyer i	dentificati	on numbe	r
X	Addre	ess change									
	Name		IEGIFTED ARTS , INC ber and street (or P.O. box if mail is not delivered to street address)			De em /euite			<u>65000</u>	4	
	Final	return/	\mathbf{BOX} 40277			Room/suite		•	number 812–5		
	7	City	or town, state or province, country, and ZIP or foreign postal code						o <u>1 2 – 5</u> mption	6444	
	7	-	ALEIGH, NC 27629					nber 🕨	-		
GA		nting Method:	X Cash Accrual Other (specify)							e organiza	tion is
			THEGIFTEDARTS.ORG							n Schedule	
J T	ax-ex	empt status (ch	eck only one) — 🗴 501(c)(3) 🗌 501(c) ()◀(insert no.)	49	47(a)(1)	or 🗌 527	(Fo	rm 990	, 990-EZ, d	or 990-PF).	
		f organization:		Other							
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more,	or if tota	l assets (Part I				1 0 0	
	olumr I rt I	n (B)) are \$500,0	000 or more, file Form 990 instead of Form 990-EZ	Bala	0000	(ass the instru		► \$		129,4	415.
Fd	IT L I					`			,		X
	1		organization used Schedule O to respond to any question in this Part I gifts, grants, and similar amounts received					1		97,4	
	2		• • • •					2		25,2	
	3	Program service revenue including government fees and contracts Membership dues and assessments						3		<i>i</i>	
	4		ome					4			
	5a	a Gross amount from sale of assets other than inventory 5a									
	b	Less: cost or o	ther basis and sales expenses	5b							
	C	. ,	rom sale of assets other than inventory (subtract line 5b from line 5a)					5c			
	6	-	ndraising events:								
en	а	MIE 000	from gaming (attach Schedule G if greater than	6a							
Revenue	h	. , ,	from fundraising events (not including \$		Itributior	19					
Re			ng events reported on line 1) (attach Schedule G if the sum of such	01 001	inibutioi	15					
			and contributions exceeds \$15,000)	6b		6,7	15.				
	C	Less: direct exp	penses from gaming and fundraising events	6c		5,9	26.				
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract lir	ie 6c) 💠			6d			789.
	7a		inventory, less returns and allowances	7a							
	b		oods sold					_			
	с 8		(loss) from sales of inventory (subtract line 7b from line 7a)					7c 8			
	о 9	Total revenue	(describe in Schedule 0) Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					0 9		123,4	489.
	10		illar amounts paid (list in Schedule O)					10			
	11		o or for members					11			
ŝ	12	Salaries, other	compensation, and employee benefits					12			348.
en se	13		es and other payments to independent contractors					13			191.
Expenses	14		nt, utilities, and maintenance					14			777.
"	15		ations, postage, and shipping	n a				15			184.
	16 17		s (describe in Schedule 0)					16		<u> </u>	133.
-	17 18		s. Add lines 10 through 16 cit) for the year (subtract line 17 from line 9)					17 18			856.
ets	10		und balances at beginning of year (from line 27, column (A))					10	<u> </u>	0,0	
Asse			th end-of-year figure reported on prior year's return)					19		21,0	087.
Net Assets	20		in net assets or fund balances (explain in Schedule 0)					20			0.
2	21	-						21			943.
LHA	For	Paperwork Red	luction Act Notice, see the separate instructions.						Form	990-EZ	(2019)

Forr	n 990-EZ (2019) THEGIFTED ARTS, INC		4	45-26	5000	4	Page 2
Pa	art II Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to resp	ond to any questic	on in this Part II				X
			(A) Beginning of year		(B) End	d of yea	r
22	Cash, savings, and investments		26,028.	22		26,	635.
23	Land and buildings			23			
24	Other assets (describe in Schedule 0) SEE SCHEDULE O		0.	24		3,	308.
25			26,028.	25		29,	943.
26	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O		4,941.				0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		21,087.	27		29,	943.
Part III Statement of Program Service Accomplishments (see the instructions for Part III)							
Check if the organization used Schedule O to respond to any question in this Part III II (Requi							
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O				(c)(3) ar anization		
Desc	ribe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expense	es. In a clear and concise	othe	ers.)		
man	her, describe the services provided, the number of persons benefited, and other relevant informati	ion for each program title.					
28	SEE SCHEDULE O						
	(Grants \$) If this amount includes foreign g	rants, check here		28a		35,	075.
29	SEE SCHEDULE O						
	(Grants \$) If this amount includes foreign g	rants, check here	>	29a		17,	503.
30	GIFTEDIMPACT - PROVIDES CLASSES AND						
	SCHOOLS AND OTHER YOUTH SERVING SITE	ES.					
	(Grants \$) If this amount includes foreign g	rants, check here	>	30a		21,	205.
31		,					
	(Grants \$) If this amount includes foreign g			31a			
32	Total program service expenses (add lines 28a through 31a)			. 🕨 32		73,	783.
				> 32 ee the instruc	tions for P	73, Part IV)	783.
	Total program service expenses (add lines 28a through 31a)	nployees (list each on	e even if not compensated - s	ee the instruc	tions for P	73, Part IV)	783.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En	nployees (list each on	e even if not compensated - s on in this Part IV (c) Reportable	ee the instruc	enefits,	73, Part IV) (e) Est	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En	nployees (list each on oond to any questic	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms	ee the instruc (d) Health be contributior employee be	enefits, ns to enefit	Part IV) (e) Est amount	imated of other
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each on bond to any questic (b) Average hours	e even if not compensated - s on in this Part IV (c) Reportable	ee the instruc (d) Health be contributior	enefits, ns to enefit eferred	Part IV) 	imated of other
Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp	nployees (list each on bond to any questic (b) Average hours per week devoted to	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred	Part IV) (e) Est amount	imated of other
Pi RA	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title	nployees (list each on bond to any questic (b) Average hours per week devoted to	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred	Part IV) (e) Est amount	imated of other
P: RA BC	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title .FIK KEITH	nployees (list each on pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion	Part IV) (e) Est amount	imated of other nsation
Pa RA BC CH	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER	nployees (list each on pond to any questic (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion	Part IV) (e) Est amount	imated of other nsation 0 .
RA BC H BC	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion	Part IV) (e) Est amount	imated of other nsation
RA BC CH BC KA	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion	Part IV) (e) Est amount	imated of other nsation 0.
RABCH BC KAB	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00 1.50	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0.	Part IV) (e) Est amount	imated of other nsation 0 .
Pa RABCHBCHBCHBCHBCHBCHBCHBCHBCHBCHBCHBCHBCHB	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH PARD MEMBER RISTINE VANCE PARD MEMBER THLEEN YUSKA PARD MEMBER	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0.	Part IV) (e) Est amount	imated of other nsation 0. 0.
RA BCH BC KA BC ST BC	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER THLEY DAVIS	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00 1.50	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred 0. 0.	Part IV) (e) Est amount	imated of other nsation 0.
RACHCHAR BC	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER PANLEY DAVIS PARD CHAIR	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0.
Pi RABCHCHARS RABCHCHARS RABCHCHARS	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER THLEEN YUSKA ARD MEMBER ARD TREASURER	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health be contribution employee be plans, and de	0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0.
RABCHBCABSTCAABCT	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ANLEY DAVIS ARD CHAIR NDA LASSITER	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit f ferred tition 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER SARD CHAIR NDA LASSITER ARD TREASURER SHA CARNES	nployees (list each on bond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	(d) Health be contribution employee be plans, and de	0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD TREASURER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit deferred tition 0 . 0 . 0 . 0 .	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0.
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit f ferred tition 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key En Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO	nployees (list each on oond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00	ee even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit deferred tition 0 . 0 . 0 . 0 .	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.
RACHCCAST	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp (a) Name and title FIK KEITH ARD MEMBER RISTINE VANCE ARD MEMBER THLEEN YUSKA ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER SARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER ARD MEMBER CHAIR NDA LASSITER ARD TREASURER SHA CARNES ARD SECRETARY/PROGRAM MANAGER CHOLE MORGAN UNDER, CEO ARENCE MORGAN, III	nployees (list each on cond to any questic (b) Average hours per week devoted to position 1.00 1.50 7.00 1.50 1.00 1.00 10.00 50.00	e even if not compensated - s on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health be contribution employee be plans, and de	enefits, ns to enefit eferred ttion 0. 0. 0. 0. 0. 0. 0.	Part IV) (e) Est amount	imated of other nsation 0. 0. 0. 0. 0. 0.

Forn	<u>990-EZ (2019) THEGIFTED ARTS, INC 45-2650</u>			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	;	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax		/	
U	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
30		36		x
07.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions I 37a O .			
				x
	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made			v
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0.			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization \bullet 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NC			
42 a	The organization's books are in care of ► CLARENCE MORGAN, III Telephone no. ► 919-81			
	Located at \blacktriangleright 103 WEST MAIN ST, GARNER, NC ZIP + 4 \blacktriangleright 2	<u>2752</u>	9	
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
2	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
u	in Schedule 0	44d		
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	τJa		
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
	ס זבנט אווי זיט אווי סט מווע סטופעעופ זי וומא וופפע נט שב טטוואובנפע ווואנפמע טו דטוווו שטי-בב. ספר ווואנועגנוטוא	1 400		L

Form	990-EZ	(2019) THEGIFTED	ARTS,	INC					45-265	0004	l	Page 4
											Yes	No
46		e organization engage, directly or ind "complete Schedule C, Part I						-		46		x
Pa	rt VI		nizations	Only						40		
		All section 501(c)(3) organizati			7-49b and 52, and	d complete	e the table	es for lines	50 and 51.			
		Check if the organization used	d Schedule	O to respond to an	ny question in this	Part VI						
											Yes	
47		e organization engage in lobbying act		. ,								X X
48		organization a school as described in e organization make any transfers to										X
		" was the related organization a secti								49a 49b		- 23
50		ete this table for the organization's fi									ceived r	nore
	than \$	100,000 of compensation from the o	rganization. I	f there is none, enter	"None."	-			,			
		(a) Name and title of eac	h employee		(b) Average		(C) Re	eportable ation (Forms	(d) Health bene contributions	to I V	e) Estin	
			NON		per week dev positio			99-MISC)	employee ben plans, and defe	efit all rred c	ount of ompens	
			NON	E					compensatio	n Č		
					_							
							1					
					_							
					-							
f	Total n	umber of other employees paid over	\$100,000			•						
51		ete this table for the organization's fi				o each recei	ved more t	han \$100,0	00 of compen	sation fr	om the	
	organiz	zation. If there is none, enter "None."	NON	E								
	(a) Name and business address of eac	h independer	nt contractor		(b)) Type of s	ervice	(c) Comp	ensatio	n
	Total n	umber of other independent contrac	toro ocob roo	aiving over \$100,000								
u 52		e organization complete Schedule A?		-		 h а						
02										ΧY	es	No
Unde	er penalt	ties of perjury, I declare that I have e				les and state	ments, an	d to the bes	t of my knowl	edge an	d belief,	it is
<u>true,</u>	correct	, and complete. Declaration of prepar		n officer) is based on	all information of v	which prepa	rer has any	/ knowledge				
.		Signature of officer	rgan						8/20/	2020		
Sig Hei			0	T 000					Duto			
		Type or print name and title	чи, тт	1, 000								
		Print/Type preparer's name		Preparer's signatur	е	Date		Check	if PTIN			
Pai	Ч							self- emplo				
	u eparei	MATTHEW HIGGINS	5	MATTHEW H	IGGINS	08/17	/20			1861		
	e Only	Firm's name MPCOMPA							▶ 56-1			
		Firm's address ► 615 OI			FE 200			Phone no.	919-8	36-9	200	
				27605						v		<u> </u>
Мау	the IRS	discuss this return with the prepare	r shown abov	/e? See instructions		<u></u>			🕨	ΧY	es 🗌	No

Form 990-EZ (2019)	
---------------------------	--

SCI	HED	UL	Ε.	Α
-----	-----	----	----	---

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

Name of the organization	
	mttt

						identification number			
Pa	rt I	Reason for Public (mploto th	is part) Sc	o instructions		5-2650004
).	
	organ	ization is not a private found					IV AV:		
1	\square	A church, convention of ch					I)(A)(I).		
2	\square	A school described in sect					:)		
3	\square	A hospital or a cooperative A medical research organiz					•	(iii) Entor	the bespital's name
4		city, and state:	ation operated in col	njunction with a nospital	uescribeu	in sectio	A)(1)(d)0111(A)		the hospital's hame,
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a do	vernmental u	hit describe	ed in
5		section 170(b)(1)(A)(iv). (0			or operat	ca by a go			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v)		
7	\square	An organization that norma						e deneral r	oublic described in
•		section 170(b)(1)(A)(vi). (C			oni a gove			io gonorar j	
8		A community trust describe		(1)(A)(vi). (Complete Part	EIL)				
9	\square	An agricultural research org				ed in coniu	inction with a	land-orant	college
		or university or a non-land-				-		-	-
		university:	5 5 5			j		5	
10	X	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its supp	port from o	contributio	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o			ame perso	ns that co	ntrol or manao	ge the supp	ported
	_	organization(s). You mus	-						
С		Type III functionally inte		• •				ly integrate	ed with,
_	_	its supported organization							
d		☐ Type III non-functionally						-	
		that is not functionally int	0 0	• •			•	an attentiv	/eness
		requirement (see instruct	,	•					
е		Check this box if the orga functionally integrated, or					турет, турет	n, rype m	
f	Ente	er the number of supported of		nally integrated supportin	iy organiz	ation.			
		vide the following information	•	nd organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
_									

 Schedule A (Form 990 or 990-EZ) 2019
 THEGIFTED ARTS, INC
 45-2650

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

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

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

Calendar year (of fical year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Tetal (b) 2019 (f) Tetal (c) 2017 (c) 2018 (e) 2019 (f) Tetal (c) 2019 (c) 2	Sec	tion A. Public Support		-		-		
membership fees received. (Do not include any 'unusual grants.')	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
include any 'unusual grants.') 2 2 Tax revenues levied for the organization's there pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its benefit and ether pad to or expended on its of the organization's multicular darge 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. Bolines the shown of the T1, column (f) 1 Celleradir ysar (of fisal ysar beginnis in INF (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Celleradir ysar (of fisal ysar beginnis in INF (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Celleradir ysar (of fisal ysar beginnis in INF (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Celleradir ysar (of fisal ysar beginnis in INF (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Celleradir ysar (of fisal ysar beginnis in INF (a) 2015 <td< th=""><th>1</th><td>Gifts, grants, contributions, and</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	1	Gifts, grants, contributions, and						
2 Tar evenues levid of the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities turnised 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 to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Setterative 5 tom ins 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles, and income from similar sources. 9 Net income. Do not include gain or related activities, etc. (see instructions) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 11 Total support payments received on securities loans, entry, oryalles, and income the said or capital assets (Explain in Part VI). 13 That value of zons receipts from related activities, etc. (see instructions) 12 Gross receipts from 2016 (Support Percentage Section C. Computation of Public Support Percentage Image: Support Support 2016 (Support Support Percentage Support 2016 (Support Percentage Support Percentage 14 15		membership fees received. (Do not						
tation'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		include any "unusual grants.")						
ar expended on its behalf 3 The value of services or facilities turnished 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 25% of the amount shown on line 11, column (f) 6 Public support. detract time 5 ton line 4. Section B. Total Support Callendar year (or fised year beginning in) 7 Amounts from line 4 8 Gross income from linetaes, and income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, payments received on securities loans, rents, royallies, and income from interest, dividends, payments received on securities loans, rents, royallies, and income from sinilar sources 14 Public support. Additions 7 through 10 15 Fort time years. If the form 990 is for the organization 's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support tercentage for 2019 (line 6, column (l) divided by line 11, column (l)) 15 Total support tercentage for 2019 (line 6, column (l) divided by line 13, or line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization and if the organization dualifies as a publicly supported organization and if the organization dualifies as a publicly supported organization and if the organization dualifies as a publicly supported organization and if the organization dualifies as a publicly supported organization and if the organization qualifies as a publicly supported organization and if the organization dualifies as a publicly supported organization	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge in the organization without charge in the organization without charge in the organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 5 The portion or facial certifications included on line 1 that exceeds 2% of the amount shown on line 11, column (i) Image: Column (i) 6 Public support context is non-line 4. Image: Column (i) Image: Column (i) 6 Public support context is non-line 4. Image: Column (i) Image: Column (i) 7 Amounts from line 4. Image: Column (i) Image: Column (i) Image: Column (i) 7 Amounts from line 4. Image: Column (i) Image: Column (i) Image: Column (i) Image: Column (i) 8 Gross income from line 4. Image: Column (i)		ization's benefit and either paid to						
function by a governmental unit to the organization without charge		or expended on its behalf						
the organization without charge Image: charge in the organization is through 3 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ther 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. Subject us 3 from the 4. Section B. Total Support Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 7 Amounts from line 4. 8 Gross income from interest, dividends, payment received on securities loans, rents, royatiles, and income from similar sources. 9 Net income from unrelated business activities, whether or not the sale of capital assets (Explain in Part VI) 11 Total support. Advision of the capital assets (Explain in Part VI) 12 Gross receits from related activities, etc. (see instructors) 12 Gross receits from related activities, etc. (see instructors) 13 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax years as section 5010(c)(arransize from 2018 Check Appart 11, ine 14 14 Public support precentage for 2019 (ine 6, column (f) 14 15 56 16 Public support test - 2019. If the organization did not check the box on line 13, and li	3	The value of services or facilities						
4 Total. Add lines 1 through 3		furnished by a governmental unit to						
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) Image: Column (f) 6 Public support. Subratime is from line 4. Image: Column (f) 7 Amounts from line 4. Image: Column (f) 8 Cross income from interest, dividends, payments received on securities loans, renst, royalties, and income from similar sources Image: Column (f) 9 Net income from unreleted business activities, whether or not the business is regularly carried on or loss from the sale of capital assest (Explain in Part VI). Image: Column (f) 11 Total support. Add lines 7 through 10 Image: Column (f) Image: Column (f) 12 Cross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Column (f) 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Column (f) Image: Column (f) 15 Public support ter- 2018. If the organization did not check the box on line 13, rdia, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organ		the organization without charge						
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) Image: Column (f) 6 Public support. Subratime is from line 4. Image: Column (f) 7 Amounts from line 4. Image: Column (f) 8 Cross income from interest, dividends, payments received on securities loans, renst, royalties, and income from similar sources Image: Column (f) 9 Net income from unreleted business activities, whether or not the business is regularly carried on or loss from the sale of capital assest (Explain in Part VI). Image: Column (f) 11 Total support. Add lines 7 through 10 Image: Column (f) Image: Column (f) 12 Cross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) Image: Column (f) 13 First five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Image: Column (f) 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Column (f) Image: Column (f) 15 Public support ter- 2018. If the organization did not check the box on line 13, rdia, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organ	4	Total. Add lines 1 through 3						
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)	_	•						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subvactive 5 hom line 4. Image: Column (f) 7 Amounts from line 4 Image: Column (f) 8 Gross income from interest, dividends, payments received on securites loan, rents, royalties, and income from similar sources Image: Column (f) 9 Net income from unelated business activities, whether or not the business is regularly carried on Image: Column (f) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Image: Column (f) 12 Gross receipts from related activities, etc. (see instructions) Image: Column (f) 13 First five years Image: Column (f) 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Column (f) 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Column (f) 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Image: Column (f) 16 So fract: and-circumstances' test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization so and it the organization qualifies as a publicly supported organization meets the "facts-and-circumstances' test. Theroganization did not check a box on line 1								
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Image: Column (f) 6 Public support. Subtractines 5 trem rev. Section B. Total Support Image: Column (f) Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 Image: Column (f) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from interest, dividends, payments received on securities loans, enets, royalties, and income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI) Image: Column (f) Im								
on line 1 that exceeds 2% of the amount shown on line 11, column () 6 Public support. Subtractine 8 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securites loans, rents, royatties, 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 2 Gross receipts from related activities, etc. (see instructions) 12 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (ine 6, column (f) divided by line 11, column (fi) 14 5 Solid a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check ta box on line 13, fa, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization b 10% - facts-and-circumstances test 2019. If the organization did not check the box on line 13, fa, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization b 10% - facts-and-circumstances test 2019. If the organization did not check the box on line 13, fa, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organ		•						
column (f) 9 Public support. Subtract line 5 rom line 4. Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a								
column (f) 9 Public support. Subtract line 5 rom line 4. Section B. Total Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a a		amount shown on line 11.						
6 Public support. Subtract line 3 torm line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 8 Gross income from initerest, dividends, payments received on securities loans, rents, royatiles, and income from nurelated business activities, whether or not the business is regularly carried on thouse and in payments of explant assets (Explain in Part VI) (c) Computation of company (c) Computation of payments of explant assets (Explain in Part VI) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) (c) Explant for the organization site, sec. (see instructions) 12 11 Total support. Add lines 7 through 10 (c) Computation of Public Support Percentage (c) Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)	6							
7 Amounts from line 4								1
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sinilar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 12 14 Public support percentage form 2018 Schedule A, Part II, line 14 14 % 15 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources Image: Comparison of the com	7	Amounts from line 4						
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 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	8	Gross income from interest,						
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 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, or 16a, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		dividends, payments received on						
and income from similar sources 9 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2018 Schedule A, Part II, line 14. 14 15 Mys support test - 2019. If the organization did not check the box on line 13 and line 14 is 31 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16a 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization and if the organization qualifies as a publicly support dorganization 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the ck this box and stop here. Explain in Part VI how the organization meets the								
 9 Net income from unrelated business activities, whether or not the business is regularly carried on								
activities, whether or not the business is regularly carried on Image: Construction of the sale of capital assets (Explain in Part VI.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Construction of Constructions) 12 11 Total support. Add lines 7 through 10 Image: Construction of Constructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization. check this box and stop here Image: Construction of Construction of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Construction of the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Construction of the organization 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Image: Con	9							
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 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	Ū							
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 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization > 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances								
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, not line 14 is 10% or more, and if the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	10	• •						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. If the organization did not check a box on line 13, faa, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	10							
11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 15 15 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	44	· · · · · · · · · · · · · · · · · · ·						
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the			oto (coo instructio				12	
organization, check this box and stop here Image: Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Schedule A, Part II, line 14 Image: Schedule A, Part II, line 14 Image: Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Schedule A, Part II, line 14 Image: Schedule A, Part II, line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Schedule A, Part II, line 14 I		-						
 Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 	10	-	-			•		
 15 Public support percentage from 2018 Schedule A, Part II, line 14	Sec							
 15 Public support percentage from 2018 Schedule A, Part II, line 14	14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, o	olumn (f))		14	%
 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 							15	%
 b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 							nore, check this bo	x and
 b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 		stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶□
 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 	b	33 1/3% support test - 2018. If the c	organization did no	t check a box on				
 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the 		and stop here. The organization quali	fies as a publicly s	supported organiz	ation			
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	17a							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the organ	nization
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the								
	b		-	-	• • • •	-		
		more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how th	9
						• •		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	•		•		,		s >

Schedule A (Form 990 or 990-EZ) 2019 THEGIFTED ARTS, INC 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	80.	5,352.	14,116.	65,379.	97,434.	182,361.
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	10,973.	9,087.	17,223.	14,821.	25,266.	77,370.
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	11,053.	14,439.	31,339.	80,200.	122,700.	259,731.
78	a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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				44,332.	39,000.	83,332.
c	Add lines 7a and 7b				44,332.		83,332.
	Public support. (Subtract line 7c from line 6.)						176,399.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,053.	14,439.	31,339.	80,200.	122,700.	259,731.
k	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	11,053.	14,439.	31,339.	80,200.	-	
14	First five years. If the Form 990 is for	e e			•		
0.0		- Current Dev				<u></u>	X
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li			.,,		15	%
<u>16</u> Se	Public support percentage from 2018 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	%
	a 33 1/3% support tests - 2019. If the					· · · ·	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, che			•		e e	

1

2

3a

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

10b

			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? 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	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. <i>Complete</i> 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 government entity (see inst	ructiona	`	
2	Activities Test. Answer (a) and (b) below.	uctions,	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
a	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	za		
U				
	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	Oh		
2	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		30		
L	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
U	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 THEGIFTED ARTS, INC Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (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 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
 Check here if the current year is the organization's first as a non-functional 			nization (and

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

Schedule A (Form 990 or 990-EZ) 2019 THEGIFTED ARTS, INC

Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2019 from Section C, line 6			
0	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
~	Excess from 2019			

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

45-2650004

THEGIFTED	ARTS.	INC

Section:				
\fbox 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation				
527 political organization				
501(c)(3) exempt private foundation				
4947(a)(1) nonexempt charitable trust treated as a private foundation				
501(c)(3) taxable private foundation				

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

THEGIFTED ARTS, INC		45	45-2650004	
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	

Payroll

\$

Name of organization

Employer identification number

45 - 2650004

THEGIFTED ARTS, INC

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Page **4**

Name of or	ganization		Employer identification numb
THEGIF	TED ARTS, INC		45-2650004
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch Use duplicate copies of Part III if additional sp	hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the y
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
_	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif I ZIP + 4	ift Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transformal administration	(e) Transfer of gif	
	Transferee's name, address, and		Relationship of transferor to transferee

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

INC

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 990-EZ. Go to www.irs.gov/Form990 for the latest information. Employer identification number

OMB No. 1545-0047

45-2650004

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

THEGIFTED ARTS,

FORM 990-EZ, PARI I, LINE IO, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:	AMO	UNT:
ADVERTISING		4,635.
BOOKS, SUBSCRIPTIONS, REFERENCE		636.
INSURANCE		1,056.
INTEREST		320.
MISCELLANEOUS EXPENSES		516.
PROGRAM EXPENSES		830.
SUPPLIES		9,827.
TRAVEL		7,313.
TOTAL TO FORM 990-EZ, LINE 16		25,133.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR END	OF YEAR
INVENTORY ASSET	0.	3,308.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES	5:	
DESCRIPTION	BEG. OF YEAR END	OF YEAR
CHASE CREDIT CARD	4,941.	0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	OUR MISSION IS TO	
STRENGTHEN THE CHARACTER, CONFIDENCE AND LEADERS	SHIP SKILLS OF YOUTH,	
EMPOWERING YOUNG PEOPLE TO BE BOLD IN THEIR ASP:	IRATIONS AND BECOME	

AGENTS OF SOCIAL CHANGE IN THEIR COMMUNITIES.

WE ENCOURAGE ACADEMIC EXCELLENCE AND BUILD CONFIDENCE WITH OUR

STUDENTS, WITH CHARACTER BUILDING TECHNIQUES AND THE ARTS AS A MEANS OF

	Dava 0			
Schedule O (Form 990 or 990-EZ) (2019) Name of the organization THEGIFTED ARTS, INC	Page 2 Employer identification number 45-2650004			
BOTH CREATIVE EXPRESSION AND SOCIAL PERSONAL DEVELOPMENT.				
WE STRONGLY BELIEVE IN THE POWER OF INTENTION THAT BY	PROVIDING			
IN-DEPTH OPPORTUNITIES FOR PERSONAL DEVELOPMENT, EXPRESSIO	N THROUGH THE			
ARTS AND ACCESS TO CARING ADULTS YOUTH ARE THEN ABLE TO DI	SCOVER AND			
MANIFEST THEIR PERSONAL POWER, UNIQUE GIFTS AND TALENTS.				
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:			
GIFTEDACADEMY - A SIGNATURE YEAR-ROUND PROGRAM WHERE 30				
STUDENTS EXPLORE DANCE, DRAMA, FASHION AND MUSIC				
PROGRAMMING AT OUR STUDIO ON MAIN STREET IN GARNER AND				
PERFORM IN COMMUNITY-WIDE SHOWCASES AND EVENTS				
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISH	MENTS:			
GIFTEDSUMMER - SUMMER CAMPS OFFERING A UNIQUE AND				
INTERACTIVE FULL DAY, WEEK-LONG PERFORMING ARTS EXPERIENCE				
FOR RISING 6TH - 10TH GRADE YOUTH WHO ARE INTERESTED IN				

EXPLORING THE WORLD OF DANCE/STEPPING, DRAMA, FASHION DESIGN AND

PERFORMANCE