## Form **990-E**7

## **Short Form Return of Organization Exempt From Income Tax**

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

2017

OMB No. 1545-1150

Open to Public Inspection

Form **990-EZ** (2017)

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Internal Revenue Service A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20 C Name of organization **B** Check if applicable: D Employer identification number ✓ Address change Art Impact International Inc 47-4666985 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 1638 R Street, N.W. 210 (877) 772-6045 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Washingtion, DC 20009 Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ► **H** Check ▶ ☐ if the organization is **not** http://www.artimpactinternational.org required to attach Schedule B **J Tax-exempt status** (check only one) -  $\checkmark$  501(c)(3)  $\square$  501(c) ( (Form 990, 990-EZ, or 990-PF). 527 ) ◀ (insert no.) ☐ 4947(a)(1) or **K** Form of organization: ✓ Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I ✓ 1 78,095 2 Program service revenue including government fees and contracts 2 3 3 5,256 4 4 Gross amount from sale of assets other than inventory 5a h Less: cost or other basis and sales expenses . . . . . . . . . . . . С Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . 6d Gross sales of inventory, less returns and allowances . . . . . 7a 7a Less: cost of goods sold . . . . . . . . . . . . . . . . . . 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c С 8 Other revenue (describe in Schedule O) . . . . . . . . . . . . . . . 8 9,638 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . 9 92,989 10 Grants and similar amounts paid (list in Schedule O) . . 10 11 Benefits paid to or for members . . . . . . . . . 11 12 Salaries, other compensation, and employee benefits . . . . . 12 0 13 Professional fees and other payments to independent contractors . . . . 13 6,418 14 Occupancy, rent, utilities, and maintenance . . . . . . . . . . . . 14 4,535 15 Printing, publications, postage, and shipping . . . . . . . . . . . . 15 7,649 16 16 74,525 17 17 93,127 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 18 -138 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 1,248 20 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . 865 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 2,113

Form 990-EZ (2017) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 1,071 22 22 Cash, savings, and investments 2,113 23 Land and buildings . . . . . . 23 24 Other assets (describe in Schedule O) 24 25 25 Total assets . . . . . . . 1,071 2,113 26 Total liabilities (describe in Schedule O) 26 1,071 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 2,113 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? Inspire humanity through developing artists and exhibits 501(c)(3) and 501(c)(4) organizations; optional for Describe the organization's program service accomplishments for each of its three largest program services, others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Three major art exhibitions installed this year showcasing 265 artists and 302 works of art with a total recorded attendance of 1,385 public visitors to 7 special reception events. Included bringing art to the local D.C. Episcopal and Children's Hospital community. Our online viewership has grown to 59,133 unique visitors. (Grants \$ 60,669) If this amount includes foreign grants, check here . . . 28a 64,742 Artist career building included website promotion, artist portfolio videos, exhibition catalogs published distributed, created networking opportunities for artists to meet prospective art collectors. Exhibits gave 265 artists from 22 countries the chance to exhibit in Washington D.C. and get promoted. (Grants \$ ) If this amount includes foreign grants, check here . . . . 29a 8,611 30 Delivered 7 free career building workshops for 144 artists, covering marketing and communication skills using various online video media production tools. Emerging artists from 18 to 80 have been mentored, guided, instructed, and coached one-on-one, in group class, as well as through group videoconferencing. (Grants \$ ) If this amount includes foreign grants, check here 30a 934 **31** Other program services (describe in Schedule O) . . . . . . . . . (Grants \$ ) If this amount includes foreign grants, check here 31a 0 32 74,287 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, (b) Average contributions to employee (e) Estimated amount of compensation (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Carolyn Goodridge, President 55 0 0 0 Hubert Jackson, Vice President 0 0 0 Renee Nelson, Secretary 5 0 0 Nadine James, Treasurer 0 0

Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
00	detailed description of each activity in Schedule O	33		<b>✓</b>
	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		1
35a	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		1
b	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		1
С	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 requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	<b>√</b>	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
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		1
С	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			
	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		<b>√</b>
	List the states with which a copy of this return is filed ▶			
42a	<u></u>	202) 2	97-304	10
	Located at ► 1638 R Street NW, Ste 210, Washington DC ZIP + 4 ►	20	009	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	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).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
440	Did the appropriation register and denote advised funds during the years If "Vee " Forms 000 regist he		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School 10 O			
	explanation in Schedule O	44d		<b>√</b>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	AEL		,
		45b	1	✓

Form 99	0-EZ (2	017)								Page 4
									Yes	No
46		ne organization engage, directly or in								
		ndidates for public office? If "Yes," o		, Part I			<u> </u>	46		✓
Part '		Section 501(c)(3) organizations								
		All section 501(c)(3) organization	s must answer que	stions 47–49b an	d 52, and	d comple	te the	tables	for lin	nes
		50 and 51.								_
-		Check if the organization used Sc	hedule O to respond	I to any question in	this Par	t VI .	<u> </u>			<u>, L</u>
									Yes	No
47		Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax								
	-	ar? If "Yes," complete Schedule C, Part II								<b>√</b>
48		the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								<b>√</b>
49a		Did the organization make any transfers to an exempt non-charitable related organization?								✓
b	If "Yes," was the related organization a section 527 organization?									<u> </u>
50										
	empi	oyees) who each received more than	1 \$ 100,000 of comper	nsation from the org				, enter 1	vone.	
	(0)	Name and title of each employee	(b) Average	(c) Reportable		lealth benefi Itions to emp		(e) Estimat	ed amo	ount of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)		benefit plans, and deferre compensation		ed other compensation		
			·	,	, cc	mpensation				
							-+			
	T-4-1		<b>(</b> 100,000							
		number of other employees paid ov			-44					
51	\$100	plete this table for the organization ,000 of compensation from the orga	s five nignest compe	ensated independe one enter "None"	nt contrac	ctors who	eacn	received	more	e tna
	(a)	Name and business address of each independ	(b) Type of service			(c) Compensation				
				1						
				1						
				1						
				1						
				1						
d	Total	number of other independent contra	actors each receiving	over \$100,000 .	.▶					
52	Did 1	the organization complete Schedu	ule A? <b>Note:</b> All se	ection 501(c)(3) org	ganization	s must	attach	а		
		oleted Schedule A		<b>7</b>				► ✓ Yes	s 🗌	No
		of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ments, and	to the best o	f my kno	wledge an	d belief	f, it is
true, cor	rect, an	d complete. Declaration of preparer other than	n (fficer) is based on all info	ormation of which prepare	er has any kr	nowledge.				
	11/9/2018									
Sign		Signature of officer Date								
Here		Carolyn Goodridge								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature		Date	Che	eck 🔲	if PTIN		
Prep	arer						-employe	ed		
Use (		Firm's name ▶				Firm's EIN	<b>&gt;</b>			
		Firm's address ▶				Phone no.				
Mav th	ne IRS	discuss this return with the prepare	r snown above? See	instructions			🕨	Yes	. 17	Nο