Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calenda		01/01/2023	and ending	12/3	1/2023
B c	heck if ap	oplicable:	C Name of organization			D Employ	er identification number
	Address c	hange	ART IMPACT INTERNATIONAL INC				47-4666985
	Name cha	-	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telepho	one number
Initial return Final return/terminated 6445 Luzon Ave NW Suite 208							877-772-6045
=	-mai retur Amended	F Group	Exemption				
=		n pending	Washington, DC 20012			Numb	er
G A	ccount	ting Method:	✓ Cash		Н	Check 🗌	if the organization is not
ΙV	/ebsite	: www.arti	npactinternational.org				o attach Schedule B
			ck only one) – 🔽 501(c)(3) 🗌 501(c) () (insert no.) 4947(a)(1) or 527	(Form 990).
			✓ Corporation ☐ Trust [Association 0			
LA	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If g	ross receipts are \$200,00	00 or more, or if tot	al assets	
(Par	t II, coli	umn (B)) are \$	500,000 or more, file Form 990 instead of F	orm 990-EZ			\$ 19,230
P	art I	Revenu	e, Expenses, and Changes in Net	Assets or Fund Ba	alances (see the	e instructi	ons for Part I)
		Check if	the organization used Schedule O to	respond to any ques	stion in this Part	I	
	1		ns, gifts, grants, and similar amounts r				1 2,413
	2	Program se	ervice revenue including government fe	es and contracts .			2 9,786
	3	_	p dues and assessments				3 4,400
	4	Investment	•			_	4 0
	5a	Gross amo	unt from sale of assets other than inve	ntory	5a	0	
	b		or other basis and sales expenses	•	5b	0	
	С		ss) from sale of assets other than inven		rom line 5a)	!	5c 0
	6		d fundraising events:	, (,		
	а	Gross inc	ome from gaming (attach Schedule	G if greater than			
ne					6a	0	
Revenue	b	Gross inco	me from fundraising events (not includi	ing \$	0 of contributi	ons	
è			aising events reported on line 1) (attac				
_			h gross income and contributions exce		6b	0	
	С	Less: direc	t expenses from gaming and fundraisin	ng events	6c	0	
	d	Net incom	e or (loss) from gaming and fundraising	ng events (add lines 6	a and 6b and si	ubtract	
		line 6c) .				6	6d 0
	7a	Gross sale	s of inventory, less returns and allowan	ces	7a	0	
	b		of goods sold		7b	0	
	С	Gross prof	t or (loss) from sales of inventory (subt	ract line 7b from line 7	'a)		7c 0
	8		nue (describe in Schedule O) . See Sch				8 2,631
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and				9 19,230
	10		similar amounts paid (list in Schedule				10 0
	11	Benefits pa	id to or for members	·		🗀	11 0
Š	12		her compensation, and employee bene	efits			12 0
use	13		al fees and other payments to independ			_	13 0
Expenses	14		r, rent, utilities, and maintenance			_	14 3,189
Ж	15		iblications, postage, and shipping				15 1,993
	16	• • •	nses (describe in Schedule O) .See So				16 14,935
	17		nses. Add lines 10 through 16				17 20,117
	18	Excess or	deficit) for the year (subtract line 17 fro	m line 9)			18 -887
ets	19		or fund balances at beginning of year				007
\ss			r figure reported on prior year's return)				19 2,787
Net Assets	20	-	ges in net assets or fund balances (exp			_	20 0
ž	21		or fund balances at end of year. Comb				21 1,900

Form 990-EZ (2023) Page 2 Part II Balance Sheets (see the instructions for 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 22 Cash, savings, and investments 2.787 22 1,900 0 23 23 Land and buildings 0 24 Other assets (describe in Schedule O) 0 24 0 25 2,787 25 1,900 0 26 26 Total liabilities (describe in Schedule O) 0 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 27 2.787 27 1.900 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? See Schedule O, Statement 3 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for 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. We've continued to produce digital art exhibitions this year we collaborated with two other non-profit organizations. The first, Urban Health 360 sponsored "Urbanization and Health International Art Exhibition" (Continued on Schedule O, Statement 4) 4,413) If this amount includes foreign grants, check here . . . 28a (Grants \$ 4,413 We renewed and uploaded 22 art exhibition videos onto two connected tv channels on ROKU and Amazon Fire TV, growing our presence. These promote the art exhibitions we have done. This is excellent marketing (Continued on Schedule O, Statement 5) (Grants \$ 5,500) If this amount includes foreign grants, check here 29a 5,500 Art Impact(R) International was able to increase our video production by 39 to a total of 813 artist career-building art videos. These have been promoted across the internet on social media via Facebook, (Continued on Schedule O, Statement 6) (Grants \$ 1,194) If this amount includes foreign grants, check here . . . 30a 1,194 (Grants \$ 0) If this amount includes foreign grants, check here 31a 0 32 11,107 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 ar	ny question in this i	Part IV	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Carolyn Goodridge President	35.00	0	0	0
Hubert Jackson Vice President	1.00	0	0	0
Winifred Wallace Secretary	1.00	0	0	0
Nadine James Treasurer	2.00	0	0	0

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	۷.	
			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		>
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		٧
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 35b		/
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 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~
36	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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or 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	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b 2,631			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911: 0; section 4912: 0; section 4955: 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	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		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		Ť
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
Ч	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u	40c reimbursed by the organization			
е	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		~
41	List the states with which a copy of this return is filed:	100		
		202-29	7-3040	
	Located at: 6445 Luzon Avenue NW Unit 208, Washington, DC 20012 ZIP + 4		012	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		/
	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).			
С	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 Form 1041 —Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
11-	Did the examination maintain any denote advised funds about the visco of "Ves." Farm 000 must be		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		>
b	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		>
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		>
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-F7. See instructions	45h		•/

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-EZ	(2023)						Р	age -
							Yes	No
	the organization engage, directly or in candidates for public office? If "Yes," of							
Part VI	Section 501(c)(3) Organizations		, raiti		<u> </u>	· 46		<u> </u>
r art vr	All section 501(c)(3) organization		stions 47–49b and	d 52. and co	mplete th	e tables fo	or line	es
	50 and 51.	a.c. ao qa.c		u 0_, uu 00				
	Check if the organization used Sch	nedule O to respond	to any question in	this Part VI				
	<u> </u>						Yes	No
	the organization engage in lobbying r? If "Yes," complete Schedule C, Par		section 501(h) elect			tax . 47		~
48 Is th	ne organization a school as described in	n section 170(b)(1)(A)(ii	i)? If "Yes," complete	e Schedule E		. 48		~
	the organization make any transfers to					. 49a		/
	Yes," was the related organization a se							
	mplete this table for the organization's							d key
em	ployees) who each received more than	\$100,000 of comper	1			e, enter "N	one."	
,	(a) Name and title of each employee	(b) Average	(c) Reportable compensation		n benefits, s to employee	(e) Estimate	d amou	int of
(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC 1099-NEC)	C/ benefit plans,	and deferred	other com		
None		·	1099-NEC)	Соттре	nsation			
None								
51 Cor \$10	al number of other employees paid over mplete this table for the organization' 10,000 of compensation from the organization from the	s five highest compenization. If there is no	ensated independer ne, enter "None."					thar
	(a) Name and business address of each independ	ent contractor	(b) Type of se	ervice	(c)) Compensation	on ———	
None								
			1					
d Tota	al number of other independent contra	ctors each receiving	over \$100.000 .					
	the organization complete Schedu	_		anizations n	nust attach	h a		
	npleted Šchedule A					. 🔽 Yes		lo
	es of perjury, I declare that I have examined this r					nowledge and	belief,	it is
true, correct,	and complete. Declaration of preparer (other than	otticer) is based on all info	rmation of which prepare	r has any knowle	:dge.			
0:								
Sign Loro	Signature of officer			Dat	.e			
Here	Carolyn Goodridge, President Type or print name and title							
	 '' '	Preparer's signature	l i	Date		ı PTIN		
Paid	Print/Type preparer's name	oparor o dignaturo	'	- 4.0	Check self-emplo	l if		
Prepare				Fire	n's EIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Use Only	Firm's address				one no.			
May the IR	S discuss this return with the preparer	shown above? See i	nstructions			. Tyes		lo

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer identification number ART IMPACT INTERNATIONAL INC 47-4666985

Par	t Reason for Public Char	ity Status. (All	l organizations mus	t comple	ete this p	oart.) See instructi	ons.	
The o	organization is not a private founda		,		-	•		
1	A church, convention of church	•				0(b)(1)(A)(i).		
2	A school described in section		•		-			
3 4	 ☐ A hospital or a cooperative hos ☐ A medical research organizatio hospital's name, city, and state 	n operated in co					(iii). En	ter the
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	he benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)(nment or govern	tantial part of its sup				n the g	eneral public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organizer or university or a non-land-granuniversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the co	ollege or
10	An organization that normally receives (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	☐ An organization organized and	operated exclus	sively to test for public	safety.	See sect	ion 509(a)(4).		
12	An organization organized and one or more publicly supported the box on lines 12a through 12	organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509	9(a)(3) . Check
а			*			•		•
	the supported organization supporting organization. You					he directors or trust	ees of	the
b	Type II. A supporting organ control or management of t organization(s). You must of	he supporting o	rganization vested in	the same				
С	Type III functionally integree its supported organization(s						ally inte	egrated with,
d	☐ Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
е	 Check this box if the organi functionally integrated, or T 						e II, Ty _l	pe III
f	Enter the number of supported o	•						
g	Provide the following information	about the supp	orted organization(s).					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	othe	Amount of r support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	I							

Schedule A (Form 990) 2023 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2023. 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 b 10%-facts-and-circumstances test - 2022. 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 organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990) 2023 Page **3**

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.)

Secti	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	104,287	48,648	58,030	26,631	19,230	256,826
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose	14,208	11,299	16,233	0	0	41,740
3	Gross receipts from activities that are not an unrelated trade or business under section 513		_	_	_	_	
		2,723	0	0	0	0	2,723
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities	0	0	0	0	U	0
3	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	121,218	59,947	74,263	26,631	19,230	301,289
7a	Amounts included on lines 1, 2, and 3	121/210	21/111	,		11/200	221/221
	received from disqualified persons .	0	0	0	0	0	0
b	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	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
Sooti.	on B. Total Support						301,289
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(c) 2021	(4) 0000	(e) 2023	(f) Total
9	Amounts from line 6	(a) 2019			(d) 2022		(f) Total
ี 10a	Gross income from interest, dividends,	121,218	59,947	74,263	26,631	19,230	301,289
iva	payments received on securities loans, rents,						
	royalties, and income from similar sources	0	0	0	0		0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0		0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on	0	0	0	0		0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						•
13	Total support. (Add lines 9, 10c, 11,	0	0	0	0		0
.0	and 12.)	121,218	59,947	74,263	26,631	19,230	301,289
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Suppor	t Percentage)				
15	Public support percentage for 2023 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	100 %
16	Public support percentage from 2022 Sch	nedule A, Part I	II, line 15 .			16	100 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2023 (-		17	0 %
18	Investment income percentage from 2022					18	0 %
19a	331/3% support tests—2023. If the organ						
	17 is not more than 33 ¹ / ₃ %, check this box	_	_	-		_	_
		arion did not ch	IECK A DOX OD	une 14 or line 1	ya and line 16	us more than 3	.ร∵/३५/ก and
b	331/3% support tests—2022. If the organize line 18 is not more than 331/3%, check this is						

Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Se

secti	on A. All Supporting Organizations		V	NI-
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		Yes	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 500(a)(1) or (2)2 If "Yes," explain in Part VI how the organization determined that the supported	1		
	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).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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)			
50	purposes. Did the ergenization add substitute or remove any supported ergenizations during the tay year? If "Vee."	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
b	was accomplished (such as by amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
С	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 .	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI</i> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990) 2023 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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 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 Section C. Type II Supporting Organizations Yes No 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 Section 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 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 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3b

Schedule A (Form 990) 2023 Page 6

				. ugo -
Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		integrated Type III suppo	rting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 L (Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Name	of the organization								Employ	er ide	ntificat	ion nu	mber		
ART	IMPACT INTERNATION	IAL INC									47-4	46669	85		
Par		fit Transaction e organization												40b.	
1	(a) Name of disqualif	ied person	(b) Relationship be			person and		(c) D	escription	of trai	nsactio	n		(d) Cor	rrected
			C	organizat	tion									Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
2	Enter the amount of under section 4958		by the organiz	zation 	manage	-	ualifie 	d persor	ns durir 	ng the	e year 	\$			
3	Enter the amount o	f tax, if any, on	line 2, above,	reimbu	ırsed by	the organi	izatior	١				\$_			
Par	Complete if th	or From Inter e organization eported an amo	answered "Yes	s" on F				38a, or	Form 9	90, Pa	art IV,	line 2	26; or	if the	
(a) N	Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Origir principal an		(f) Balan	ce due	(g) In o	default?		proved pard or nittee?	l ',	ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)	Carolyn Goodridge	Executive Dire	Operating Exp	~			2,631		2,631		~	~		~	
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Tota	<u>l</u>							\$	2,631						
Part		sistance Bener ne organization				0, Part IV, I	ine 27								
(a) Name of interested persor		ship between intere			mount of stance	(4	d) Type of a	assistanc	е	(e)) Purpo	ose of a	ıssistan	се
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(40)															

Schedule L (Form 990) 2023 Page **2**

Part IV	Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring o			
					Yes	No			
(1)									
(2)									
(3)									
(4)									
(5)						-			
(6) (7)									
(8)									
(9)									
(10)									
Part V	Supplemental Information								
	Provide additional information	n for responses to questions	on Schedule L. See	instructions.					

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number
ART IMPACT INTERNATIONAL INC	47-4666985
AKT IWI ACT INTERNATIONAL INC	47-4000703

Schedule O, Statement 1 ART IMPACT INTERNATIONAL INC

Form: Form 990-EZ (2023) EIN: 47-4666985

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
Loan from President for operating expenses	2,631
Total:	2,631

Schedule O, Statement 2 ART IMPACT INTERNATIONAL INC

Form: **Form 990-EZ (2023)** EIN: **47-4666985**

Page: 1 Part I, Line 16

Other Expenses Structured Explanation

Description	Amount
Adobe Creative Cloud	660
Aweber eMail Marketing Platform	621
Animoto Video Creation and Editing Tool	234
Website Hosting and Builders	807
Misc Internet Fees	6,428
Insurance	642
Office Supplies	185
Google Ads	2,413
Taxes and Licenses	80
Telephone	709
Travel	250
Advertising	100
Computer Hardware	1,806
Total:	14,935

Schedule O, Statement 3 ART IMPACT INTERNATIONAL INC

Form: **Form 990-EZ (2023)** EIN: **47-4666985**

Page: 2 Part III

Primary Exempt Purpose

Primary Exempt Purpose

Art Impact(R) International inspires and nurtures humanity by developing great artists and by producing great art exhibitions that raise awareness about global challenges. We support and encourage emerging artists around the world. We facilitate international art exhibitions artist talks, virtual and physical gallery tours that focus on global issues. Our promoted events provide the platform for artists to share their backgrounds, stories, philosophies, passions, creations, technical processes, and aesthetics. This exchange expands their cultural experience and strengthens their creative spirit. We produce and facilitate these events so artists can enlighten, enrich, expand and brighten human culture.

Schedule O, Statement 4 ART IMPACT INTERNATIONAL INC

Form: Form 990-EZ (2023) EIN: 47-4666985 Page: 2 Part III, Line 28

First Program Service Accomplishments Description

Description

(https://www.artimpactinternational.org/urbanization-and-health-art-exhibition) This show opened on March 2022 and will run through May,31 2023. This exhibit brings light to health in urban poor communities. The second non-profit collaboration was with Youth For Human Rights International. "War or Peace? International Art Exhibition and Global Competition" opened on September 21, 2022 in honor of the International Day of Peace. The show is creating and increasing awareness about The Universal Declaration of Human Rights. How does War or Peace affect human rights? The artists present their answer through their artwork.(https://www.artimpactinternational.org/war-or-peace) The show runs all the way through May 31, 2023. "FEMME Champions International Art Exhibition" (https://www.artimpactinternational.org/femme) was launched in October, addressing the global challenge of gender equality and ran through February 2022. "Protect Habitat, Save the Planet" continued our work to bring together the different cultures using the artwork. This Global Art Exhibition and Competition creates awareness about our need to protect the natural habitats. Art with this topic in mind NOW generates stronger awareness in people, that protecting Earth's natural habitats will save our planet for FUTURE generations. We've invited artists from all over the world to create original artwork based on this subject. Here they are are showcasing their talent to inspire the global public to remember and protect the Earth's habitats. (https://www.artimpactinternational.org/protect-habitat-save-planet). All the artists were commended with Certificates of Participation. We utilized 7 online 3-D virtual art gallery exhibition spaces to make these works beautiful, accessible, and convenient to everyone, no matter their location or time zone. We benefitted twice the number of artists with these gorgeous virtual platforms. These group shows presented, 261 artists representing 50 countries, with double the works of art, 429. We had attendance of over 360 registered Zoom attendees to the 9 special events (gallery talks, tours and interviews) with artists. These virtual exhibits facilitated artist promotion, exposure and networking. This year we had 18,707 unique visitors to our main international website. Artist career-building included website and social media promotion and 4 hard copy and digital exhibition catalogs published and distributed. We continued to be known to 16,100 artists clicking on our Google Ads via AdGrant used across the entire year. These exhibition themes gave the artists, attendees and viewers an opportunity to consider their own stand on these global challenges.

Schedule O, Statement 5 ART IMPACT INTERNATIONAL INC

Form: Form 990-EZ (2023) EIN: 47-4666985

Page: 2 Part III, Line 29

Second Program Service Accomplishments Description

Description

and promotion to spread awareness about our global issue concerns. We increased the number of countries from which the artists gain benefits of exhibiting. We now highlight the artists from over 28 countries.

Schedule O, Statement 6 ART IMPACT INTERNATIONAL INC

Form: Form 990-EZ (2023)

Page: 2

EIN: 47-4666985

Part III, Line 30

Third Program Service Accomplishments Description

Description

Twitter, Instagram, Pinterest, and Reddit. Our Instagram and YouTube followers continue to increase. The videos are intended to inspire humanity across the globe. These videos included the work of all our exhibiting artists, helping the public to learn more about their artistry and to become more aware of our world challenges through the eyes of the artists. videos this year!(https://www.artimpactinternational.org/video-playlists)