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GOVERNMENT COPY

Filing Instructions

Prepared for:

CMCArts, INC P.O.BOX 734

FREDERIKSTED , VI 00841-0734

Prepared by:

COLLINGWOOD & ASSOCIATES PC P.O.BOX 26524 CHRISTIANSTED, VI VIRGIN ISLANDS 0082

2019 FORM 990

Please sign and mail as soon as possible.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

2019 FORM 990-T

Please sign and mail as soon as possible.

No amount is due on Form 990-T.

Mail to - Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax
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.

and ending

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

Open to Public Inspection

OMB No. 1545-0047

В	Check if	C Name of organization	D Employer identifi	cation number
	Addre			
	chang Name chang	e CMCAPUS, INC	66-05291	52
	Initial return	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Final	D O BOX 734	340-772-	
	—lreturn/ termin ated		G Gross receipts \$	334492.
Г	Ameno		H(a) Is this a group re	
	Applic		for subordinates	
	pendir	209 LITTLE LA GRANGE, F'STED , ST. CROIX,		
Τ.	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)
		e: > WWW.CMCARTS.ORG	H(c) Group exemptio	n number 🕨
			Year of formation: 1994 N	A State of legal domicile: VI
Pa		Summary		
Governance		Briefly describe the organization's mission or most significant activities: TO PRESE THE ARTS OF THE CARIBBEAN COMMUNITY	ERVE, PROMOTE A	ND EXHIBIT
rna	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net as	ssets.
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)		8
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		4
Ĭ₹		Total number of volunteers (estimate if necessary)		25
Act		Total unrelated business revenue from Part VIII, column (C), line 12		-7572.
	b	Net unrelated business taxable income from Form 990-T, line 39		20371.
		0	Prior Year 245409.	Current Year 206205.
Revenue		Contributions and grants (Part VIII, line 1h)	25140	21563.
		Program service revenue (Part VIII, line 2g)	L	82.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100871.	13022.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	381553.	240872.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	84462.	69313.
ıse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 12333.		
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	209365.	220609.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	293827.	289922.
	19	Revenue less expenses. Subtract line 18 from line 12		-49050.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	165615.	105348.
ot As	21	Total liabilities (Part X, line 26)	4578.	2196.
	22	Net assets or fund balances. Subtract line 21 from line 20	161037.	103152.
	art II	Signature Block		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		y knowledge and belief, it is
true	, correc	t, and complete. Determation of the party runter that onicer) is based on an information of which pre		
Sig	n	Signature of officer	<u>10/1/20</u> Date	<u> </u>
Her		LISA MORDHORST, SAME AS ABOVE		
1101		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	THERESA COLLINGWOOD	09/28/20 if self-employ	P00292387
Pre	parer	Firm's name COLLINGWOOD & ASSOCIATES PC	Firm's EIN	66-0625498
Use	Only	Firm's address P.O.BOX 26524		
_		CHRISTIANSTED, VI VIRGIN ISLANDS 00	9824 Phone no. 34	0-718-8900
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		Yes No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PRESERVE, PROMOTE AND EXHIBIT THE ARTS OF THE CARIBBEAN COMMUNITY.
	10 PRESERVE, PROMOTE AND EXHIBIT THE ARTS OF THE CARTBBEAN COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 21755 • including grants of \$) (Revenue \$ 12791 •
	TO PRESERVE, PROMOTE AND EXHIBIT THE ARTS OF THE CARIBBEAN COMMUNITY.
	TO PROVIDE AN INTERACTIVE ENVIROMENT THAT ENCOURAGES CHILDREN, YOUTH AND
	ADULTS TO LEARN POSITIVE FORMS OF EXPRESSION.
4b	(Code:) (Expenses \$ 4730 • including grants of \$) (Revenue \$ 7027 •
	EXHIBITS 2019:
	JANUARY 4TH - NEW BLOOD
	FEBRUARY 8TH - IT'S A MATTER OF BIRDS
	APRIL 26TH - AFFORDABLE ART SHOW
	JUNE 8TH - PRIDE EXHIBIT
	OCTOBER 11TH - VIPR
	DECEMBER 8TH - SEA WALLS ST. CROIX
	DURING THE YEAR APPROXIMATELY 7400 PERSONS ATTENDED VARIOUS ART
	EXHIBITS
	LISTED ABOVE.
4c	(Code:) (Expenses \$ 6353 • including grants of \$) (Revenue \$ 1745 •
	EDUCATION AND OUTREACH: VARIOUS ART CLASSES AND WORKSHOPS; YOUTH
	SUMMER ART CAMP ; ARTIST IN RESIDENCE -
	FREE MUSIC CONCERTS - FEBRUARY , MARCH, APRIL, MAY AND JUNE - JAZZ @
	THE MUSUEM
	ADULT FLAY FUN
	COOKING CLASS
	PAINT & SIP
	CLOTH & CLAY
	FIRE IS LYT
	STEPPING INTO TRADITION
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 87872 • including grants of \$) (Revenue \$)
40	Total program service expenses \ 120710.

Form 990 (2019) CMCArts, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the exemplation report on amount for other liabilities in Part X, line 352 If "Yes," complete Schedule D, Part X	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-22
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Dort IV	Chapteliat of Damilyad Cabadula	
Part IV	Checklist of Required Schedule	3S (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3.7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			X
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 • • • • • • • • • • • • • • • • • • •		
UZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

CMCArts, INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the second se	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				37
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the second in		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained		/11		
Ü	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	 			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School up O	LINCOME?	16		Λ
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2019)

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
		-	Yes	No
1a	2. The first the first terms of the governing seal at the one of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			.,
	of officers, directors, trustees, or key employees to a management company or other person?	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	77
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			.,
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u></u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed VI	<u> </u>	· - · ·	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(s only)) avail	able
	for public inspection. Indicate how you made these available. Check all that apply. Output public in an Schodulo Oliver (ovaloin on Schodulo Oliver)			
10	Own website	nd fire s	noia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a statements available to the public during the tax year.	iu iinar	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	LISA MORDHORST, TREASURER - 340-772-2622			

#10 STRAND STREET, FREDERIKSTED, VI 00840

Form 990 (2019) CMCArts, INC 66-0529152 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	, unle	ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAI NIELSEN	5.00	x						0.	0.	0
MEMBER (2) ALLISON JOHNSON	5.00	^						0.	0.	0.
MEMBER	3.00	x						0.	0.	0.
(3) JED JOHNHOPE	5.00	122						0.	0.	•
MEMBER	3.00	X						0.	0.	0.
(4) ORVILLE JAMES	5.00							0.0		
MEMBER		x						0.	0.	0.
(5) KAREEM EDWARDS	20.00									
VICE PRESIDENT		1		Х				0.	0.	0.
(6) JANIS VALMOND	20.00									
PRESIDENT				Х				0.	0.	0.
(7) LISA MORDHORST	20.00									
TREASURER				Х				0.	0.	0.
(8) BOB PALMATIER	20.00	1								
SECRETARY				Х				0.	0.	0.
		-								
		-								
		_								
		$\frac{1}{2}$								
		-								

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

(B)

Average

hours per

week

(list any

hours for

related

organizations below line)

ndividual trustee or director

Institutional trustee

(C)

Position

(do not check more than one box, unless person is both an

officer and a director/trustee)

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

0.

0.

0.

(A)

Name and title

66-0529	152 Page 8
(continued)	
(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
0.	0.
0.	0.
0.	0.

	compensation from the organization			(
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	randared to the arganization? If "Vas " complete Schedule, I for such person	5		Ιx

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(<i>)</i> Name and bus	A) siness address	NONE	(B) Description of services	(C) Compensation
A Tatalan wale and find a sandant a satura	. "			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2019) CMCArts
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	a in this Part VIII			
		Check if Schedule O Contains a response	i note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue	business revenue	
<u>(0 (0)</u>							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a					
		Membership dues 1b					
	С	Fundraising events1c					
la it	d	Related organizations 1d					
imi	е	Government grants (contributions) 1e	5000.				
ions		All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	201205.				
ÖĘ	g						
ang	_	Total. Add lines 1a-1f		206205.			
-		Totali / Ga iii ico Ta Ti	Business Code				
o l	2 a	MEMBERSHIP DUES	900099	12791.	12791.		
Š	_	DIODIZATIONA AND AT A CANA	900099	7027.	7027.		
Je n	b	SUMMER PROGRAMMING	900099	1745.	1745.		
m Ne	C		300033	1/45.	1/43.		
Program Service Revenue	d						
Š	е						
_	f	All other program service revenue		21562			
_		Total. Add lines 2a-2f		21563.			
	3	Investment income (including dividends, inter		0.0			0.0
		other similar amounts)		82.			82.
	4	Income from investment of tax-exempt bond	•				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 25388					
	b	Less: rental expenses 6b 32960					
	С	Rental income or (loss) 6c -7572	•				
	d	Net rental income or (loss)		-7572.		-7572.	
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
e l	_	and sales expenses 7b					
en	_	Gain or (loss) 7c	1				
Revenue		Net gain or (loss)					
her F		Gross income from fundraising events (not					
G.	0 a	including \$ of					
Ĭ		contributions reported on line 1c). See					
			14090.				
		Part IV, line 18	1 2 2 2 2				
		Less: direct expenses 8b		1757.			1757.
		` '	P	1/5/-			1/5/-
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	+				
		Less: direct expenses9t					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
	b	Less: cost of goods sold10	48327.				
	С	Net income or (loss) from sales of inventory .	>	18837.			18837.
S			Business Code				
e eon	11 a						
Miscellaneous Revenue	b						
je je Sel	С						
Risi	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		240872.	21563.	-7572.	20676.

Part IX Statement of Functional Expenses

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

-	Check if Schedule O contains a respon	'			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	50250	0.505	45501	
7	Other salaries and wages	50378.	2797.	47581.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12254.		10054	
9	Other employee benefits	12254.	280.	12254. 6401.	
10	Payroll taxes	0001.	200.	0401.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	8778.		8778.	
	Accounting	0110.		0770.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	5983.	296.	5687.	
13	Office expenses	3538.		3538.	
14	Information technology				
15	Royalties				
16	Occupancy	60600.		60600.	
17	Travel				
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	21.		21.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4826.			
23	Insurance	3984.	1154.	2830.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	B0440	50.440		
а	SUMMER PROGRAMMING	73449.	73449.	1.554	
b	UTILITIES	18675.	17001.	1674.	
С	REPAIR AND MAINTENANCE	14389.	13771.	618.	
d	CALENDAR EXPENSES	11346.	11346.	2071	1000
	All other expenses	15020.	616.	2071.	12333.
25	Total functional expenses. Add lines 1 through 24e	289922.	120710.	152053.	12333.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2010)

Form 990 (2019)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			136068.	1	89627.
	2					2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, si	ubstantia	l contributor, or 35%			
		controlled entity or family member of any of	these pe	rsons		5	
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descri	ribed in s	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			9000.	9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	23433.			
	b	Less: accumulated depreciation			20547.	10c	15721.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, li	ine 11			12	
	13	Investments - program-related. See Part IV, I	line 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must			165615.	16	105348.
	17	Accounts payable and accrued expenses			4578.	17	2196.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part l'	V of Schedule D		21	
es	22	Loans and other payables to any current or	former of	ficer, director,			
≝		trustee, key employee, creator or founder, se	ubstantia	l contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pe	rsons		22	
_	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unre				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on I	lines 17-2	4). Complete Part X			
		of Schedule D			4570	25	2106
	26	Total liabilities. Add lines 17 through 25			4578.	26	2196.
Ś		Organizations that follow FASB ASC 958,	check h	ere 🕨 🔼			
ĕ		and complete lines 27, 28, 32, and 33.			101500		C2704
ala	27	Net assets without donor restrictions			121589.	27	63704.
Net Assets or Fund Balances	28	Net assets with donor restrictions			39448.	28	39448.
		Organizations that do not follow FASB AS	SC 958, c	heck here 🕨 📖			
		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current fur				29	
SS	30	Paid-in or capital surplus, or land, building, o				30	
et A	31	Retained earnings, endowment, accumulate			161027	31	102152
ž	32	Total net assets or fund balances			161037.	32	103152.
	33	Total liabilities and net assets/fund balances	3		165615.	33	105348.

Form **990** (2019)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			372.
2	Total expenses (must equal Part IX, column (A), line 25)	2			922.
3	Revenue less expenses. Subtract line 2 from line 1	3)50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1610	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-88	335.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		1031	L52.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	<u> </u>	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (Э.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3	<u> </u>	

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

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

Open to Public Inspection

Employer identification number

CMCArts, INC 66-0529152 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sed	tion 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.")	38077.	66562.	22148.	245409.	206205.	578401.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				0.45400		
4	Total. Add lines 1 through 3	38077.	66562.	22148.	245409.	206205.	578401.
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)						<u> </u>
	Public support. Subtract line 5 from line 4.						578401.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015 38077.	(b) 2016 66562.	(c) 2017 22148.	(d) 2018 245409.	(e) 2019 206205.	(f) Total 578401.
	Amounts from line 4	38077•	00002.	22140.	245409.	200203.	5/8401.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	64.	251.	144.	125.	82.	666.
_	and income from similar sources	04.	451.	144.	143.	04.	000.
9	Net income from unrelated business						
	activities, whether or not the				10854.	20371.	31225.
40	business is regularly carried on				10034.	20371.	31223.
10	Other income. Do not include gain						
	or loss from the sale of capital			965.	73.		1038.
44	assets (Explain in Part VI.)			703.	75.		611330.
	Total support. Add lines 7 through 10	ata (aga inaterratio				12	011330•
	Gross receipts from related activities, First five years. If the Form 990 is for			t fourth or fifth to		•	
13	organization, check this box and stop	•			-		
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2019 (I			olumn (f))		14	94.61 %
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	•		,		,	
b	33 1/3% support test - 2018. If the co						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ū					*
	meets the "facts-and-circumstances"					~	
b	10% -facts-and-circumstances test						
_	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organizatio			•	,		s ▶□

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.)

Geledary rerief (estal year tegrining in) 1. Gifts, grants, contributions, and membership toes received (Co not include any "unusual grants.") 2. Gross receipts from admissions, membership toes received (Co not include any "unusual grants.") 2. Gross receipts from admissions, membership toes received (Co not include any "unusual grants.") 2. Gross receipts from admissions, membership to admissions, membership to admissions, membership to admissions, membership to admissions, and a contributions and a unrelated trade or business under section 513 4. Tax revenues level of for the organization's tax-exempt purpose organization's benefit and either paid to or expended on its behalf 5. The value of services of facilities, furnished by a governmental unit to the organization without charge of Total Add inest a devote on the services of facilities, furnished by a governmental unit to the organization without charge of Total Add inest a facilities. It is the pass of the services of the servi	Section A. Pu	blic Support	elow, please com	piete Part II.)				
I Giffs, grants, contributions, and membership feer received. (Do not include any "unusual grants.") Gress receipts from admissions, merchandise sold or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from admissions, merchandise sold or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from admission or to business under section 51:3 1 Tax revenues level for the organization of the bland of the paid to or expanded on its obhalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. — 7. A mounts included on lines 1, 2, and 3 received from disqualified persons b resonance in the section of th			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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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.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ)	2019

Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the	e organization accepted a gift or contribution from any of the following persons?			
а		on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		the governing body of a supported organization?	11a		
b		y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		. Type I Supporting Organizations			
	1.011 2	Trype reapporting enganizations		Yes	No
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization, be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
			1		
0		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2		e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>		ised, or controlled the supporting organization.	2		
Sec	tion C	. Type II Supporting Organizations			
				Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
		ported organization(s).	1		
Sec	tion D	. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii	i) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reas	son of the relationship described in (2), did the organization's supported organizations have a			
		ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
<u>Sec</u>	tion E	. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	ַן	The organization satisfied the Activities Test. Complete line 2 below.			
b	ַן	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	ШТ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	s).	
2	Activiti	es Test. Answer (a) and (b) below.		Yes	No
а	Did sul	ostantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the sup	oported 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 th	e organization was responsive to those supported organizations, and how the organization determined			
	that the	ese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in (a) 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			
	reason	s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	3a		
b		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.

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations		
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. A				
	other Type III non-functionally integrated supporting organizations must continue to the continue of the conti	omplete Se	ections A through E.		
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 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			
Sect	ion 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			
7	Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting ord	anization (see	
	instructions).	. •		·	

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou				
2	Amou				
	organi	izations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	· · · · · ·		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	J		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:				
а		ed to underdistributions of prior years			
		ed to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
•	and 4	- I			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
e	LAUUS	J U J U J U J U U U			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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

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

CMCArts, INC 66-0529152 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 ☐ 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 ______ 🕨 \$ _ 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

CMCArts, INC

66-0529152

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WARREN MOSLER 5000 ESTATE SOUTHGATE CHRISTIANSTED, VI 00820	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SUSAN ATKINS 4169 ESTATE JUDITH'S FANCY CHRISTIANSTED, VI 00820	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OCWEN MORTGAGE SERVICING 402 STRAND STREET FREDERIKSTED, VI 00840	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	STERISLL CORPORATE MEMBERSHIP 228 STRAND STREET FREDERIKSTED, VI 00840	\$8200.	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
5	LIMETREE BAY REFINING ESTATE HOPE CHRISTIANSTED, VI 00820	\$\$	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
6	ST. CROIX COMMUNITY FOUNDATION 1023 MARKET STREET CHRISTIANSTED. VI 00820	\$ 58300.	Person X Payroll

Name of organization

Employer identification number

CMCArts, INC

66-0529152

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRIGHT SPARK P.O.Box 7969 CHRISTIANSTED, VI 00823	\$12500.	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	VIRGIN ISLANDS LOTTERY 81CC & 81D Kronprindsens Gade (the former Waterfront Scotia Bank Location ST.THOMAS , VI 00802	* 5000.	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Trume, addi ess, dila Eli ^e T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

66-0529152

CMCArts, INC

Name of organization Employer identification number

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization CMCArts, 66-0529152 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CMCArts, INC

Employer identification number 66-0529152

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emiliar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximplicity, cadeation, or recognitivities	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

	t III Organizations Maintaining C	Collections of A	rt Hietori	al Tr	reactires	or Oth	or Si		COZSIC		age Z
	· · ·									iriuea)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any	of the	following that	at make	signifi	cant use o	it its		
	collection items (check all that apply):										
а	Public exhibition	d			change progr	am					
b	Scholarly research	е	Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they f	urther t	the organizat	ion's exe	empt p	ourpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, histori	cal trea	asures, or oth	er simila	ar asse	ets		_	_
	to be sold to raise funds rather than to be m										<u></u> No
Par	t IV Escrow and Custodial Arran		ete if the orga	anizatio	on answered	"Yes" or	n Forn	n 990, Parl	IV, line 9, o	or	
	reported an amount on Form 990, Pa	•									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cont	ributior	ns or other as	ssets no	t inclu	ded		_	_
	on Form 990, Part X?								Yes		∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	:			_				
							L		Amou	nt	
С	Beginning balance							1c			
	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanation ha	s beer	n provided or	Part XII	ı			. \square	
Par											
	•	(a) Current year	(b) Prior		(c) Two yea			ree years b	ack (e) For	ır years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end haland	e (line 1a. ca	dumn (:	a)) held as:						
a	Board designated or quasi-endowment	Torre your orra balanc	%	, amin'ny	ajj riola ao.						
b	Permanent endowment	%									
C	The percentages on lines 2a, 2b, and 2c sho										
22	Are there endowment funds not in the posse	•	ation that are	hold a	and administ	arad for	tha ar	aanization			
Sa		ssion of the organiza	alion mai are	i i c iu a	and administ	sieu ioi	li le Oi	gariizatiori		Yes	No
	by:								20(i)	_	NO
	(i) Unrelated organizations								3a(i)	1	_
h	(ii) Related organizations									1	
					·				3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tuna	S.							
ı aı	Complete if the organization answere) Dort IV line	110	Soo Form 00) Dart V	lino	10			
	Description of property	(a) Cost or o			t or other			ulated	(d) Bo	ak volu	
	Description of property	basis (investr	,	•	(other)		precia		(u) Bo	JK Vail	
1a	Land										
b	Buildings										
С	Leasehold improvements										
	Equipment										
	Other				23433.			7712.		157	21.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	B), line	10c.)			🕨		157	21.

Schedule D (Form 990) 2019

rait VII	Investments - Other Securities.	5 000 D . W. W		
(a) Descri	Complete if the organization answered "Yes" ption of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
<u> </u>		(b) DOOK VAIGE	(c) Wethod of Valuation. Gost of en	u-or-year market value
	cial derivatives			
	y held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1) 15 200 5 17 1 (5) 1 (6) 5			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	II Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	J			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1
	(a) I	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line	: 15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1.	(a) Description of liability			(b) Book value
(1) Fe	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(-)				
(9)				
(9) Total. (Col	lumn (b) must equal Form 990. Part X-col (R) line	25.)	•	
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line y for uncertain tax positions. In Part XIII, provide			that reports the

Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	-	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	rt XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; l		; Part V, line 4; Part X, line 2; Part XI,	
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CMCArts, INC

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

Employer identification number 66-0529152

Schedule O (Form 990 or 990-EZ) (2019)

Form 990, Part III, Line 4c, Program Service Accomplishments:
WEST END MUSIC AND ARTS
WHEEL THROWING
BIG BLUE AND YOU AFTER SCHOOL ART AND STEM
APPROXIMATELY 1000 YOUTHS AND ADULTS WERE SERVED THROUGH EDUCATIONAL
AND CULTURAL ARTS PROGRAMS.
Form 990, Part III, Line 4d, Other Program Services:
OTHER PROGRAM SERVICES INCLUDE SUMMER PROGRAMMING AND WORKSHOPS AND
CLASSES
Expenses \$ 87872. including grants of \$ 0. Revenue \$ 0.
Form 990, Part VI, Section A, line 4:
ORGANIZATION CHANGED ITS NAME FROM CARIBBEAN MUSEUM CENTER OF THE ARTS ,
INC
TO CMCArts , Inc.
Form 990, Part VI, Section B, line 11b:
A COPY OF THE FORM 990 IS REVIEWED BY THE BOEARD DURING A BOARD MEETING AND
PRIOR TO FILING.
Form 990, Part VI, Section B, Line 12c:
EACH BOARD MEMMBER SIGNS A COMFLICT OF INTEREST AGREEMENT AT THE BEGINNING
OF THEIR FIRST TERM. THE AGREEMENT STATES THAT THE BOARD MEMBER WILL SELF
DISCLOSE ANY POTENTIAL CONFLICTS, SELF MONITORING IS TO CONTINUE AND

CMCArts, INC	66-0529152
DISCLOSURE IS TO BE MADE IMMEDIATELY AT WHICH POING THAT	MEMBER IS NOT
PERMITTED TO VOTE NOR CONTINUE TO PARTICIPATE IN THE DECI	SION MAKING
PROCESS.	
Form 990, Part VI, Section B, Line 15:	
A REVIEW IS PERFORMED BY THE BOARD AND APPROVED BY A QUOR	UM VOTE.
Form 990, Part VI, Section C, Line 18:	
CMCArts, Inc MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC INS	SPECTION UPON
REQUEST AND AT THIER ANNUAL MEETING.	
Form 990, Part VI, Section C, Line 19:	
EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST AGREEMENT	AT THE BEGINNING
OF THEIR FIRST TERM. THE AGREEMENT STATES THAT THE BOARD	MEMBER WILL SELF
DISCLOSE ANY POTENTIAL CONFLICTS. SELF MONITORING IS TO C	ONTINUE AND
DISCLOSURE IS TO BE MADE IMMEDIATELY AT WHICH POINT THAT	MEMBER IS NOT
PERMITTED TO BOTE NOR CONTINUE TO PARTICIPATE IN THE DECI	SION MAKING
PROCESS.	

Form 990-T	990-T Exempt Organization Business Income Tax Return									
		•	nd proxy tax unde	er se	ction 6033(e))			2019		
	For ca	lendar year 2019 or other tax ye			, and ending		- ·	2019		
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbe	rs on this form as it may	be ma			- 50	pen to Public Inspection for 11(c)(3) Organizations Only		
A Check box if address changed		Name of organization (X Check box if name ch	hanged	and see instructions.)		DEmployer identification number (Employees' trust, see instructions.)			
B Exempt under section	Print	CMCArts, IN	С				66	-0529152		
X 501(c)(3)	or	Number, street, and room		, see in	structions.			ed business activity code tructions.)		
408(e) 220(e)	Туре	P.O.BOX 734					(000 1113	u detions.)		
408A 530(a)		City or town, state or pro					F 2 1 2			
529(a)		FREDERIKSTE F Group exemption numl			0/34		5313	90		
C Book value of all assets at end of year 1053	48.	G Check organization typ	trust	Other trust						
H Enter the number of the				3	. ,	he only (or first) un				
		NTAL REAL ES				complete Parts I-V.		nan one,		
describe the first in the b	lank spa	ice at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade o	or		
business, then complete										
I During the tax year, was				ıt-subsi	diary controlled group?	▶ L	Yes	X No		
		tifying number of the parer		מק	Tolombo		10 7	72 2622		
J The books are in care of		de or Business Inc	•	EK	(A) Income	ne number > 3 (B) Expenses		(C) Net		
1a Gross receipts or sale		de of Buomicoo mic			(r) meeme	(2) 2/40/1000		(c) net		
b Less returns and allo		-	c Balance ▶	1c						
		A, line 7)		2						
3 Gross profit. Subtract				3						
-		ch Schedule D)		4a						
		art II, line 17) (attach Form		4b						
c Capital loss deduction	n for trus	sts		4c						
		ship or an S corporation (a	· ·	5						
				6	25388.	35	60.	21828.		
		me (Schedule E)		7						
		and rents from a controlled	-	8						
		on 501(c)(7), (9), or (17) o		-			-			
		ome (Schedule I)		10 11						
		e J) ns; attach schedule)		12						
		gh 12			25388.	35	60.	21828.		
		ot Taken Elsewhei					000	223231		
		oe directly connected w								
		rectors, and trustees (Sche					14			
							15			
							16			
17 Bad debts							17			
		ee instructions)					18			
		562)					19			
		n Schedule A and elsewher					21b			
							22			
		mpensation plans					23			
							24			
		chedule I)					25			
26 Excess readership c	osts (Sc	hedule J)					26			
27 Other deductions (a	ttach sch	nedule)			See State	ement 1	27	29400.		
		14 through 27					28	29400.		
		ncome before net operating					29	-7572.		
	-	loss arising in tax years be	-					0		
		naama Cuhtraat lina 20 fra					30	-7572 .		
31 Unrelated business	iaxable l	ncome. Subtract line 30 fro	<u> </u>		<u></u>		31	1314.		

Part	III 7	otal Unrelated Business Taxa	ble Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades or bu	ısinesses (see i	nstructions)		. 32	_	75	72.
33		s paid for disallowed fringes								
34										0.
35										72.
36	Deduction									
37	Total of			75	72.					
38				_	00.					
39										
00		e smaller of zero or line 37	•				. 39	_	75	72
Dart		ax Computation					. 39		7.5	7 2 •
		ations Taxable as Corporations. Multiply line	20 by 210/ (0.21)				10			
40							40			
41		axable at Trust Rates. See instructions for to					44			0.
		x rate schedule or Schedule D (Form								<u> </u>
42		x. See instructions								
43	Alternat	ve minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instruction	ons				. 44			
45	Total. A	dd lines 42, 43, and 44 to line 40 or 41, which	never applies				. 45			0.
		ax and Payments								
		tax credit (corporations attach Form 1118; tr			46a		_			
					46b					
C	General	business credit. Attach Form 3800			46c					
d	Credit fo	r prior year minimum tax (attach Form 8801	or 8827)		46d					
е	Total cr	edits. Add lines 46a through 46d					. 46e			
47	Subtrac	t line 46e from line 45					. 47			0.
48	48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Uther (attach schedule)									
49	49 Total tax. Add lines 47 and 48 (see instructions)									0.
50		t 965 tax liability paid from Form 965-A or Fo								0.
51 a		ts: A 2018 overpayment credited to 2019			51a					
		timated tax payments			51b					
		osited with Form 8868			51c					
		organizations: Tax paid or withheld at source			51d					
		withholding (see instructions)			51e					
		or small employer health insurance premiums			51f					
		edits, adjustments, and payments:								
9			ther	Total ▶	51g					
52		yments. Add lines 51a through 51g					52			
53		ed tax penalty (see instructions). Check if For]			53			
54		. If line 52 is less than the total of lines 49, 50				.	54			
55		ment. If line 52 is larger than the total of line					55			
56		e amount of line 55 you want: Credited to 20		ovorpaid		funded	► 56			
Part		Statements Regarding Certain	-	Informatio			1 00 1			
57		me during the 2019 calendar year, did the or				0110110)			Yes	No
01	•	nancial account (bank, securities, or other) in		•				-	103	140
		Form 114, Report of Foreign Bank and Financ		-	-					
		Torri 114, Report of Foreign Bank and Finance	iai Accounts. II 165, enter the	name of the to	reigir country					Х
50	here	ha tayyyaan did tha annaninatian maaiya a dia			-f f	a.a. 4		—— <u> </u>		X
58	-	he tax year, did the organization receive a dis		ntor of, or trans	sieror to, a iorei	gn trust?				
ΕO	-	see instructions for other forms the organization	-	ው						
59		e amount of tax-exempt interest received or a			totomonto and to	the best of much		d baliat it is to		
Sign	coi	der penalties of perjury, I declare that I have examine rect, and complete. Declaration of preparer (other tha	n taxpayer) is based on all information	n of which prepar	er has any knowle	dge.	nowledge an	d bellet, it is tr	ue,	
Here		Just T	10/1/20 ▶ :	~~~	3 00110	Ī	May the IRS	discuss this r	eturn w	/ith
пеге		Significant of African		SAME AS	ABOVE			r shown below	· —	1
		Signature of officer		tle	-		instructions			No
		Print/Type preparer's name	Preparer's signature	Dat	ie	Check	if PTIN	1		
Paid	l				,00,100	self- employe				
	arer	THERESA COLLINGWOOD			/28/20			002923		
-	Only	Firm's name ► COLLINGWOOD		PC		Firm's EIN	► 66	6-0625	498	<u>პ</u>
	-	P.O.BOX 26						-46		
		Firm's address ► CHRISTIANS	TED, VI VIRGII	N ISLAN	DS 0082	Phone no.	340-	718-89	00	

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory val	uation ► N/A						
1 Inventory at beginning of year							6			
2 Purchases				ost of goods sold. St						
3 Cost of labor			_	rom line 5. Enter here						
4 a Additional section 263A costs			_				7			
(attach schedule)	4a			o the rules of section				١,	/es	No
b Other costs (attach schedule)				roperty produced or a	,	·				
5 Total. Add lines 1 through 4b			_							
Schedule C - Rent Income ((see instructions)		Property an	nd Pers	onal Property	Leas	ed With Real Pro	per	ty)	•	
1. Description of property										
(1) REAL ESTATE REN	ral .									
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued				0(-)				
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	and personal property (if the percentage personal property exceeds 50% or if ent is based on profit or income) 3(a) Deductions directly connected with the incomposition of the columns 2(a) and 2(b) (attach schedule). See Statement 2						ome in	1		
(1)				110	40.				350	<u>60.</u>
(2)				143	48.					
(3)										
(4)										
Total	0.	Total		253	88.					
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column				253	88.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		350	60.
Schedule E - Unrelated Deb	t-Financed	I Income (see	e instruct	ions)						
				Gross income from allocable to debt-	(-)	3. Deductions directly cor to debt-finan-		perty		
1. Description of debt-fin	anced property			inanced property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach scher	uctions dule)	3
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)			8. Allocable de (column 6 x total 3(a) and 3	of colu	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A).		Enter here and or Part I, line 7, col		
Totals				•		0				0.
Total dividends-received deductions ind							-			0.

Form **990-T** (2019)

				Exempt 0	Controlled O	rganizati	ons					
1. Name of controlled organ	ization	2. Employer identification number			3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Orga	anizations			1				•				
7. Taxable Income	8. Net	unrelated incor (see instruction		9. Total	of specified pay made	ments	10. Part of colu in the controll gross	mn 9 tha ing orga s income	nization's		eductions directly connected h income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colur Enter here and line 8,		e 1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).	
Totals									0.		0.	
Schedule G - Investn	nent Inco	me of a	Section	n 501(c)(7), (9), or	(17) Or	ganization	1		ı		
(see in	structions)						3. Deduction	ons			5. Total deductions	
1. D	escription of inc	come			2. Amount of	income	directly conne	ected	4. Set-	asides schedule)	and set-asides (col. 3 plus col. 4)	
(1)							(attaon some	<i></i>			(coi. o pius coi. 4)	
(2)												
(2)												
(4)												
(4)					Enter here and	on page 1					Enter here and on page 1	
					Part I, line 9, co	olumn (A).					Part I, line 9, column (B).	
Totals						0.					0 .	
Schedule I - Exploite	d Exemp	t Activity	/ Incon	ne, Othe	r Than Ac	lvertisi	ing Income	Э				
(000 1110	1				4. Net incom	20 (1000)					1_	
1. Description of exploited activity	unrelate inco	Gross d business me from r business	directly with po of ur	xpenses connected roduction nrelated ss income	from unrelated business (co minus colum gain, comput through	d trade or blumn 2 n 3). If a e cols. 5	5. Gross incompressing from activity is not unrelated business incompressing from the second secon	that ted		penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
	page	ere and on 1, Part I, 0, col. (A).	page	ere and on 1, Part I,), col. (B).							Enter here and on page 1, Part II, line 25.	
Totals		0.		0.							0.	
Schedule J - Adverti	sing Inco		netructio									
Part I Income From					solidated	Basis						
							•					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c col. 3). If a g	tising gain ol. 2 minus ain, comput nrough 7.			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)												
(3)												
(2) (3) (4)			1									
Totals (carry to Part II, line (5))			0.	0	•		1				0.	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form **990-T** (2019)

Form 990-T	Other	Deductions		Statement	1
Description				Amount	
OCCUPANCY - REI	NT		-	2940	00.
Total to Form !	990-T, Page 1, line 27		-	2940	00.
Form 990-T	Deductions Connected	with Rental	Income	Statement	2
Description		Activity Number	Amount	Total	
REPAIRS	- Subtotal	1	3560.	350	60.
Total to Form	990-T, Schedule C, Colum	nn 3		350	60.