Form **990**

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.

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change Space 4 Art Inc. Name change 27-4003216 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 340 16th Street (619) 269-7230 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 92101 San Diego, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: Robert Leathers for subordinates? Yes X No 340 16th Street, San Diego, CA 92101 H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ▶ Space4art.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 2011 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: To establish a dynamic creative **Activities & Governance** center where artists live, work, mentor youth, and interact with the Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 234,858. 290,783. Contributions and grants (Part VIII, line 1h) Revenue 162,326. 295,041. Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 397,184. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 92,366. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 118,028. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 262,329. 288,982. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 407,010. 354,695. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 42,489. 178,814. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 488,481. 564,077. 20 Total assets (Part X, line 16) 618,701. 515,483. 21 Total liabilities (Part X, line 26) 三年 -130,220. 48,594 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Robert Leathers, President Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signatu 06/15/21 self-employed P01257264 Lino D. Cambaliza Paid Firm's name Cambaliza McGee LLP Firm's EIN ▶ 81-5185250 Preparer

Newport Beach, CA 92660

Firm's address 1601 Dove St. Suite 294

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

X Yes

Phone no. (949) 484-8288

Total program service expenses ▶

13410615 152332 SPACE.01

332,466.

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		20a		Х
Od Did the examination report more than \$5,000 of grants or other exciptance to any demostic examination or	b	·	20b		
21 Did the organization report more than \$5,000 or grants or other assistance to any domestic organization or	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		domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form	990 (2020) Space 4 Art Inc. 27-	4003216	<u> </u>	age 4
Pal	T IV Checklist of Required Schedules (continued)		1	
			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			
	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	ie		
	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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		Х
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% control			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	I .		x
00		21		- 25
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			_V
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			3,7
	"Yes," complete Schedule L, Part IV			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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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	I		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 11h and 192			

Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portal	ole gaming				
	(gambling) winnings to prize winners?			1c	Х		

032004 12-23-20

	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)	1 005	210	P	age •						
. u.	otatemente riogarania otrior interningo ana rax compliance (continuea)			Yes	No						
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		162	NO						
Za	filed for the calendar year ending with or within the year covered by this return	2									
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х							
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		ZU	71							
32	Did the consideration because the debugger		За		х						
	ISING THE STORY OF THE CONTROL OF TH		3b								
	of the Tyes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O		JU								
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x						
h	o If "Yes," enter the name of the foreign country		4 a								
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
50	We the considering a set to a set the date of all of the date of all of the date of the da		5a		х						
5a b		ı	5b		X						
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sol		5c								
ua			60		x						
h	any contributions that were not tax deductible as charitable contributions?		6a								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		OD								
7		a navor2	7-		х						
a	If INV a little the appropriation and the decrease of the control of the second and appropriate 10.		7a								
b	, , , , , , , , , , , , , , , , , , , ,		7b								
С			7.		x						
	to file Form 8282?		7c								
d	,		7.								
e			7e								
f	3 , 3 , 1 , 1		7f								
g			7g 7h								
h		190-01	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		•								
	Did the appropriate appropriation made any total distribution and appropriate 40000		9a								
a b			9b								
10	Section 501(c)(7) organizations. Enter:		อม								
a											
11	Section 501(c)(12) organizations. Enter:										
а											
b	amounts due or received from them.)										
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a								
	o If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l	ıza								
	Section 501(c)(29) qualified nonprofit health insurance issuers.										
13		ŀ	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.		ısa								
h	·										
b	, , , , , , , , , , , , , , , , , , , ,										
_	organization is licensed to issue qualified health plans 13b										
C 140			14-		Х						
14a	, , , , , , , , , , , , , , , , , , ,	ı	14a								
_b	, and the state of		14b		\vdash						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		45		x						
	excess parachute payment(s) during the year?		15		_^						
46	If "Yes," see instructions and file Form 4720, Schedule N.		40		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		\vdash^{Δ}						
	If "Yes," complete Form 4720, Schedule O.										

Pai	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and for	a "No" r	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See i	nstructions.		·	
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members, stockholders, or other persons who had the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the power to elect or applying the organization have members and the organization have members and the organization have the organization of the organization have been declared the organization of the organization have been declared the organization of the organization have been declared the organization of	ooint	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, sto	ockho	lders, or			
	persons other than the governing body?			7b		X
8	$ Did the \ organization \ contemporaneously \ document \ the \ meetings \ held \ or \ written \ actions \ undertaken \ during \ the \ year \ yea$	by the	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached any officer.					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue</u>	Code.)		_	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, affiliates,			
	•			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe			
	in Schedule O how this was done			12c	77	
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 in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
a	The organization's CEO, Executive Director, or top management official			15a	X	
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 arrangem					37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
500	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	-T (Section 501/c)/	3)s only)	availa	hle
.0	for public inspection. Indicate how you made these available. Check all that apply.	J 000	. (00000011001100)(o,o orny)	avalla	
	Own website X Another's website X Upon request X Other (explain	on C	shadula (O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			nd finan	cial	
.5	statements available to the public during the tax year.		toroot policy, a	ii a iii al l	ciui	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records			
_0	Robert Leathers - (619) 269-7230	ai it				
	340 16th Street, San Diego, CA 92101					

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.

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

(A) Name and title	(B) Average hours per week	box offi	not c , unle:	Pos heck i ss per	more rson i	than of s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) 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) Robert Leathers	10.00									
President		Х		Х				0.	0.	0
(2) Cheryl Nickel	2.00	l								
Co-Founder	1 00	Х						0.	0.	0
(3) Linda Litteral	1.00	.,		٠,					_	0
Secretary (4) Michael Stepner	1.00	X		Х				0.	0.	0
Director	1.00	X						0.	0.	0
(5) Alyce Dutile Fraher	1.00	^						0.	0.	0
Director	1.00	х						0.	0.	0
(6) Emily Knapp	4.00	T-								
Vice President		Х		Х				0.	0.	0
(7) Martha Zapata	1.00									
Director		Х						0.	0.	0
(8) Beth Smith	1.00									
Director		Х						0.	0.	0
(9) Tim Wolf	1.00	_							_	_
Director		Х						0.	0.	0
		-								
		\vdash								
		\vdash								
		1								

Part VII	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	<u>iH t</u>	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(-1-		Pos				Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	than dis	n an	compensation	compensatio	n	an	nount (of
		week		cer an	nd a di	irecto	or/trus	tee)	from	from related			other	
		(list any	ector						the	organization			pensa	
		hours for	or dir	9			ated		organization	(W-2/1099-MIS	SC)		om the	
		related organizations	ıstee	truste		eo.	bens		(W-2/1099-MISC)				anizati	
		below	ual tri	ional		ploye	t com	١.					d relate anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ariizati	3115
		,	_=	=	0	ž	王喜	Œ						
							\vdash							
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			ł											
											_			
	otal								0.		0.			0.
	I from continuation sheets to Part VII								0.		0.			0.
	I (add lines 1b and 1c)							<u> </u>						0.
	number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	•			^
comp	pensation from the organization												V	0
													Yes	No
	he organization list any former officer,	-	-	•	•	•		•	·	•		_		37
	a? If "Yes," complete Schedule J for se											3		<u>X</u>
	ny individual listed on line 1a, is the su													77
and r	related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
	any person listed on line 1a receive or a													
	ered to the organization? If "Yes." com	plete Schedule	J fo	or st	ıch ı	oers	on .					5		Х
	Independent Contractors													
	plete this table for your five highest con										ensa	tion fro	om	
the o	rganization. Report compensation for t	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.				
	(A)	addraga	37/	\ *TT	,				(B)	on iooo)) (C		_
	Name and business	address	М	ONE	<u> </u>			\dashv	Description of s	er vices		ompe	nsatior	1
								\dashv						
								\dashv						
-								\dashv						
								\dashv						
										-				
	number of independent contractors (in		ot lin	nited	ot to	thos	se lis 1	ted	above) who received mo	ore than				
\$100	,000 of compensation from the organiz	zation >				()							

			Check if Schedule O	conta	ins a resno	nse (or note to any lin	e in this Part VIII			
			Check ii coneddie o t	Jonica	ino a roopt	71100 (or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
—т											Sections 512 - 514
nts	1										
ir a		b	Membership dues		1b						
S, G		С	Fundraising events		1c						
ar ji		d	Related organizations		1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibutio	ns) 1e		97,128.				
S S		f	All other contributions, gifts,	grants	s, and						
her			similar amounts not included				193,655.				
		g	Noncash contributions included in				19,724.				
No.		_	Total. Add lines 1a-1f				<u> </u>	290,783.			
<u> </u>		<u>''</u>	Total: Add lines ta 11				Business Code	23077000			
_	•	_	Rent				532000	167,980.	167,980.		
Program Service Revenue			Other				532000	127,061.	127,061.		
erv ne							332000	127,001.	127,001.		
n S		С									
rar Sev		d									
o F		е									
- ۵		f	All other program service	reven	ue						
		g	Total. Add lines 2a-2f				>	295,041.			
	3		Investment income (include	ling d	lividends, i	ntere	st, and				
			other similar amounts)								
	4		Income from investment of								
	5		Royalties		·	· 					
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a	.,						
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			` '								
			Net rental income or (loss)	· · · · ·	(i) Securi	········	(ii) Other				
	′	а	Gross amount from sales of	l_	(i) Securi	lies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Revenue			and sales expenses								
Ver		С	Gain or (loss)	7с							
		d	Net gain or (loss)			<u></u>	<u></u>				
Jer	8	а	Gross income from fundraising	ng eve	nts (not						
₹			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fundr	aising eve	nts					
			Gross income from gamin		-	$\overline{}$					
	-		Part IV, line 19	_		9a					
		h	Less: direct expenses			9b					
			Net income or (loss) from			_					
			Gross sales of inventory, I	-	-	Ĭ					
	10	а	• • • • • • • • • • • • • • • • • • • •			40-					
			and allowances			10a					
			Less: cost of goods sold			10b					
\longrightarrow		С	Net income or (loss) from	sales	ot invento	ry					
<u>0</u>							Business Code				
30 L	11	а							-		
Miscellaneous Revenue		b									
Sell Sell		С									
Ais		d	All other revenue								
_			Total. Add lines 11a-11d				>				
	12		Total revenue. See instruction	ns .				585,824.	295,041.	0.	0.

Form 990 (2020) Space 4 Art Inc. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	(5)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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)	110 000	50.000	27.222	
7	Other salaries and wages	118,028.	62,202.	27,322.	28,504.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	20,969.	20,969.		
12	Advertising and promotion	1,093.	1,093.		
13	Office expenses	3,998.	3,370.	113.	515.
14	Information technology				
15	Royalties	125 140	125 140		
16	Occupancy	137,140.	137,140.	124	
17	Travel	709.		134.	575.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	30,141.	26,517.	3,624.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,952.	8,222.	730.	
23	Insurance	3,574.	3,574.		
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)				
а	amount, list line 24e expenses on Schedule 0.) Professional fees	53,439.	44,556.	8,883.	
a b	In-Kind Contribution Ex	19,724.	15,692.	718.	3,314
C	Taxes	5,073.	4,961.	112.	3,311
d		3,0,3.	1,501.		
e	All other expenses	4,170.	4,170.		
25	Total functional expenses. Add lines 1 through 24e	407,010.	332,466.	41,636.	32,908
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)				
	<u> </u>			L	Form 990 (202)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			95,701.	1	148,392
	2	Savings and temporary cash investments			19,250.	2	15,429
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,171.	4	32,660
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sect	ion 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			2,027.	9	11,300
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	415,103.			
	b	Less: accumulated depreciation		58,807.	364,332.	10c	356,296
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, lin	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		1	488,481.	16	564,077
	17	Accounts payable and accrued expenses		3,520.	17	1,500	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple		1		21	
S	22	Loans and other payables to any current or for	ormer office	er, director,			
litie		trustee, key employee, creator or founder, su	bstantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese perso	ns	249,793.	22	273,806
ב	23	Secured mortgages and notes payable to uni	related third	d parties	350,000.	23	225,000
	24	Unsecured notes and loans payable to unrela	ted third p	arties		24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	nes 17-24).	Complete Part X			
		of Schedule D			15,388.	25	15,177
	26	Total liabilities. Add lines 17 through 25			618,701.	26	515,483
		Organizations that follow FASB ASC 958, or	heck here	x ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lau	27	Net assets without donor restrictions			-130,220.	27	11,744
Ba	28	Net assets with donor restrictions		<u></u>		28	36,850
pur		Organizations that do not follow FASB ASC	C 958, che	ck here 🕨 🔛			
딘		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipmen	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Ne.	32	Total net assets or fund balances			-130,220.	32	48,594
	33	Total liabilities and net assets/fund balances			488,481.	33	564,077

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		5,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2		7,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		8,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-13	0,2	20.
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			
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	4	8,5	94.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

2020

Open to Public Inspection

Name of the organization **Employer identification number** Space 4 Art Inc. 27-4003216 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						_
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
_	organization, check this box and stop	here					>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (I		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		~				
k	o 33 1/3% support test - 2019. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		•	•	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•	*	-		
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	83,156.	108,767.	93,075.	234,858.	290,783.	810,639.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				162,326.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	321,114.	264,625.	243,801.	397,184.	585,824.	1812548.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
8 Sec	Public support. (Subtract line 7c from line 6.)						1812548.
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	321,114.	264,625.	243,801.	397,184.	585,824.	1812548.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		·	·		·	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	321,114.	264,625.	243,801.	397,184.	585,824.	1812548.
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Publi					<u> </u>	100 00
	Public support percentage for 2020 (li	, (,,	,	olumn (f))			100.00 %
	Public support percentage from 2019					16	100.00 %
	ction D. Computation of Inves			10 1 (0)		4=	00 %
	Investment income percentage for 20					17	.00 %
	Investment income percentage from 2			na line 14 and line		18	.00 %
198	33 1/3% support tests - 2020. If the						▶ ▼
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did ne	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	n did not chack a l	nov on line 14 10c	or 10h chock th	ic hav and can incl	ructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	За		
	- Oa		
	26		
	3b		
	3c		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	50		
	_		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
_	_		

Fai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
С	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	il in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion I	D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described in line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s)	
2	Activi	rities Test. Answer lines 2a and 2b below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in **Part VI.** See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.
 B Preakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported						
	organizations, in excess of income from activity			2				
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
_4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
_6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
<u>g</u>	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

2020

Name of the organization

Space 4 Art Inc.

27-4003216

Organization type (check one):

organization type (check only).							
Filers of:		Section:					
Form 99	00 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	00-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	l Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \bigsim \$\frac{1}{2}\$						
but it m	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

Space 4 Art Inc.

27-4003216

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	David Zemans Milbank LLP 55 Hudson Yards New York, NY 10001	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Synergy Art Foundation 251 Barbara Ave. Solana Beach, CA 92075	\$3,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Seth Sprague Educational Found. 114 West 47th Street Ney York, NY 10036	\$\$_	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4 City of San Diego 202 C Street San Diego, CA 92101	* Total contributions	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	Parker Foundation 2508 El Camino Real Carlsbad, CA 92008	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Roberto Malinow 9500 Gilman Drive La Jolla, CA 92093	\$10,000.	Person X Payroll

Name of organization

Employer identification number

Space 4 Art Inc.

27-4003216

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Robert Leathers 906 Hayes Avenue San Diego, CA 92103		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Name of organization Employer identification number

Space 4 Art Inc.

27-4003216

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
7	Pro-Bono Architectural Services						
		\$10,828.	03/31/20				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
000450 44 0			000 000 F7 av 000 PE) (0000)				

Name of organization **Employer identification number** 27-4003216 Space 4 Art Inc. Part III 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 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 (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 (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 (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 (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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

Space 4 Art Inc.

Employer identification number 27-4003216

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	.
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				> 5	.
	Assets included in Form 990, Part X					> 9	

032051 12-01-20

Schedule D (Form 990) 2020

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10,

Complete in the digarinzation and red of the office of the office of the order of the cooperation.								
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value				
	basis (investment)	basis (other)	depreciation	. ,				
1a Land		354,835.		354,835.				
b Buildings								
c Leasehold improvements		58,077.	58,077.	0.				
d Equipment		2,191.	730.	1,461.				
e Other								
Total. Add lines 1a through 1e. (Column (d) must equ	356,296.							

Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
(-) Danasii	Complete if the organization answered "Yes"			al after a constitution live
	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
	cial derivatives			
	y held equity interests			
(3) Other				
(A) (B)			1	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
	II Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part IX		on Form 000 Port IV line	11d Coo Form 000 Part V line 15	
	Complete if the organization answered "Yes"	Description	Tid. See Form 990, Part X, line 15.	(b) Book value
(1)	(4)	Doddiption		(D) Dook value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u> 15.)</u>	>	-
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	5
1.	(a) Description of liability			(b) Book value
(1) Fe	ederal income taxes			
(2) T	enant Deposits			15,177.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line	25.))	15,177.
2. Liabilit	ty for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	that reports the
organi	zation's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been p	rovided in Part XIII

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Name	of the	organization

Space 4 Art Inc.

Employer identification number

27-4003216

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected?

Yes No

Person and organization (c) Description of transaction (d) Corrected?

Yes No

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Excess Benefit Transaction (c)(29) organizations only).

(d) Corrected?

Yes No

Solvential (d) Corrected?

Yes No

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990. Part X, line 5, 6, or 22.

reported an amo	unt on Form 990	<u>, Paπ X, line 5, 6</u>	, or 22	<u> </u>								
(a) Name of interested person	(b) Relationship with organization	(0) 1 al pooc		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa) In ault?	(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
Robert S. Leath	Co-Found	Operatio	Х		150,000.	273,806.		X	X		Х	
Total				ı	> \$	273,806.				<u> </u>		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2020

See Part V for Continuations

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
	-					
	-					
Part V Supplemental Information.						
Provide additional information for resp	oonses to questions on Schedule L (see in	nstructions).				
Schedule L, Part II, Loans	s To and From Interes	ted Persons	5:			
(a) Name of Person: Robert	S. Leathers					
(b) Relationship with Orga	anization: Co-Founder					
(2) Holdstonding with orga						
(c) Purpose of Loan: Opera	ations					

SCHEDULE 0

(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 Inspection

Name of the organization

Space 4 Art Inc.

Employer identification number 27-4003216

Form 990, Part I, Line 1, Description of Organization Mission:
community in an innovative and educational environment.
Form 990, Part VI, Section B, line 11b:
Line 11b Explanation - The form 990 is reviewed by the Board.
Form 990, Part VI, Section B, Line 15:
The Board of Directors used national and local survey data for comparable
positions with organizations having similar amounts of gross proceeds.
Form 990, Part VI, Section C, Line 18:
The organization's offices.
Form 990, Part VI, Section C, Line 19:
The organization's governing documents and financial statements are
available on Guidestar and other nonprofit reporting agencie's websites and
at the organization's offices.