Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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 Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GADSDEN CULTURAL ARTS FOUNDATION, INC. Name change 63-0899081 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated P.O. BOX 1507 (256)543-2787City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 35902-1507 GADSDEN, AL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TOM BANKS for subordinates? Yes X No P.O. BOX 1507, GADSDEN, AL 35902-1507 **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CULTURALARTS.COM H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 1989 M State of legal domicile: AL Association Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTION OF ARTISTIC ACTIVITIES **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 Total number of individuals employed in calendar year 2022 (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 0. 7h Prior Year **Current Year** 712,729. 482,116. Contributions and grants (Part VIII, line 1h) 660,769. 832,381. Program service revenue (Part VIII, line 2g) 108,278.272,484. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 70,824. 48,748. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,694,730. 493,599. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 552,056. 787,042. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 761,671. 726,362. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,313,727. 1,513,404. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 381,003. -19,805. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,801,232. 3,782,043. Total assets (Part X, line 16) 9,606. 8,990. 21 Total liabilities (Part X, line 26) 792,242. 772,437 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 TOM BANKS, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature KATHRYN E. CONDIT, C 03/14/23 | self-employed P01359977 KATHRYN E. CONDIT, CPA Paid Firm's name MDA PROFESSIONAL GROUP, P.C. Firm's EIN 63-0681783 Preparer Firm's address P.O. BOX 768 Use Only

X Yes

Phone no. 256-546-3371

GADSDEN, AL 35902-0768

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

ı a	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTION OF ARTISTIC ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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? Yes X No
•	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 \$359,893. including grants of \$) (Revenue \$196,118.)
	YOUTH SYMPHONY ORCHESTRA - LOCAL SCHOOL STUDENTS PARTICIPATE IN THIS
	GROUP WHICH HAS 273 MEMBERS AND PERFORMS REGULARLY, BOTH IN GADSDEN AND
	OUT OF STATE.
4b	(Code:) (Expenses \$35,589 •including grants of \$) (Revenue \$4,000 •)
	EXHIBITS - THERE ARE NUMEROUS EXHIBITS AT THE CENTER EACH YEAR.
4c	(Code:) (Expenses \$ 468, 439including grants of \$) (Revenue \$ 373, 038)
	CLASSES - CLASSES DESIGNED TO OFFER INSTRUCTION SUCH AS ART, DANCE, AND
	MUSIC TO APPROXIMATELY 713 PEOPLE IN THE COMMUNITY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 302,947 • including grants of \$) (Revenue \$ 259,225 •)
4e	Total program service expenses 1,166,868.
	Form 990 (2022)

			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? See instructions	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		X
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		X
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 Rev. Proc. 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		<u> </u>
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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
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,			
	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			l
	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			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			_v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_V
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├^
b 21	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			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	l	X

Form 990 (2022) GADSDEN CULTURAL ARTS FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
	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?	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		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			
	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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			37
	"Yes," complete Schedule L, Part IV	28a		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 line 28a or 28b? If			v
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-00		х
0.4	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		Λ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
00	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Λ
33		22		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-25
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
b	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?	000		
-	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			
٠.	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\Omega\Omega\Omega$	

GADSDEN CULTURAL ARTS FOUNDATION, 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 20							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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 Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).			37				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 required	l _		 ₩				
	to file Form 8282?	7c		X				
d	,	7-						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f						
f								
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, '''						
Ü	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
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							
	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							
	Enter the amount of reserves on hand	44		v				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x				
	excess parachute payment(s) during the year?	15						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes." complete Form 6069.	'						

Part VI Governance, Management, and Disclosure. For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	·					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	15					
	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	15					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other					
	officer, director, trustee, or key employee?			2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the							
				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х		
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		Х		
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 ap							
	more members of the governing body?	-		7a	Х			
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1				
_	persons other than the governing body?		•	7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			1.5				
а	The governing body?	-	-	8a	х			
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					T		
Ū	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule O</i>			9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re				ı			
	This Section B requests information about policies not required by the internal he	<u>renue</u>	Code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.			100				
				10b				
11a								
12a								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120				
·	on Schedule O how this was done	,		12c	х			
13	Did the organization have a written whistleblower policy?			13	X			
14				14		Х		
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval			1.4				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Dy III	асрепасті					
a	The organization's CEO, Executive Director, or top management official			15a		х		
	Other officers or key employees of the organization			15b	Х	† <u></u> -		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	vith a					
104				16a		Х		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure			1 100	I			
17	List the states with which a copy of this Form 990 is required to be filedNONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	d 990)-T (section 501(c)(3)	s onlv)	availa	ble		
	for public inspection. Indicate how you made these available. Check all that apply.		(333	;)				
	X Own website X Another's website X Upon request Other (explain	on S	chedule (1)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			d finan	cial			
	statements available to the public during the tax year.		policy, arr					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records					
	DENA THURMOND - 256-543-2787	c uri	2.500.40					
	501 BROAD STREET GADSDEN AL 35902-1507							

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation	amount of
	week				rector/trustee)			from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		99/	npen		1099-NEC)	1099-1420)	and related
	below	dual t	ntiona	_	oldm	st col	<u></u>	10001120)		organizations
	line)	Individual t	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			
(1) NOORKARIM NAGJI	0.00									
DIRECTOR		Х						0.	0.	0.
(2) HEIDI PRIME	0.00									
DIRECTOR		Х						0.	0.	0.
(3) CODY ROBINSON	0.00									
DIRECTOR		Х						0.	0.	0.
(4) BO ARTHUR	0.00									
DIRECTOR		Х						0.	0.	0.
(5) JESSICA BROWN	0.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) CATHERINE BAILEY	0.00									
DIRECTOR		Х						0.	0.	0.
(7) ALIE CAUSEY	0.00									
DIRECTOR		Х						0.	0.	0.
(8) HELENE HALLER	0.00									
DIRECTOR		Х						0.	0.	0.
(9) KAY MOORE	0.00									
TREASURER		Х		Х				0.	0.	0.
(10) MAMTA MISHRA	0.00									
DIRECTOR		Х						0.	0.	0.
(11) CATHERINE MARTIN	0.00									
CHAIRMAN		Х		Х				0.	0.	0.
(12) ELISABETH HARDIN	0.00									
SECRETARY				Х				0.	0.	0.
(13) TERESA RHEA	0.00									
DIRECTOR		Х						0.	0.	0.
(14) BELINDA REDDICK	0.00									
DIRECTOR		Х						0.	0.	0.
(15) DAVID SIMMONS	0.00									
DIRECTOR		Х						0.	0.	0.
(16) SPENCER WILLIAMS	0.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2022)

	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c , unle	ss per	more rson i	than dis both	n an	Reportable compensation	Reportable compensation		Estimat amount	of
		(list any	_					ĺ	from the	from related organizations	C	othei ompens	
		hours for related	Individual trustee or director	92			ated		organization	(W-2/1099-MISC	- 1	from th	
		organizations	trustee	al truste		/ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
		below	ividual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,		I	rganizat	
		line)	Pu	lust	# <u></u>	Key	Hig	For					
	Subtotal								0.		•		0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.		•		0.
2	Total number of individuals (including but r								eceived more than \$100,	000 of reportable	•		0
	compensation from the organization											Yes	_
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										4		Х
5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ				
Soc	rendered to the organization? If "Yes, " contion B. Independent Contractors	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on				. 5		X
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	sation	from	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(2)	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Com	(C) pensatio	on
								\dashv					
2	Total number of independent contractors (i		ot lir	nited	d to	thos ۲	_	ted	above) who received mo	ore than			

Page 9

		Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a					
ants		-	1b	23,220.				
جَ جَ			1c	23,220.				
Ťs,			1d					
Contributions, Gifts, Grants and Other Similar Amounts				458,896.				
ns, Sim		9 \ ,	1e	430,030.				
atio er 9	Ť	All other contributions, gifts, grants, and						
^듩		··· •	1f					
ont od (_	•	1g \$		400 116			
<u>0</u> <u>8</u>	h	Total. Add lines 1a-1f			482,116.			
		GT 3 GG 7 G		Business Code	202 020	202 020		
Se		CLASSES		611610	373,038.	373,038.		
ē Ķ		YOUTH SYMPHONY ORCH	IEST	711130	196,118.	196,118.		
Sept		IMAGINATION PLACE		712110	183,033.	183,033.		
eve		GADSDEN SYMPHONY OF	RCHE_	712110	52,122.	52,122.		
Program Service Revenue	е	PROJECTS		711300	24,070.	24,070.		
<u>Ā</u>	f	All other program service revenue		712110	4,000.	4,000.		
	g	Total. Add lines 2a-2f			832,381.			
	3	Investment income (including dividen	ds, intere	st, and				
		other similar amounts)			57,995.	57,995.		
	4	Income from investment of tax-exemp						
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	Gross rents 6a						
	b	Less: rental expenses 6b						
		Rental income or (loss) 6c						
	d	Net rental income or (loss)						
		, ,	ecurities	(ii) Other				
		assets other than inventory 7a 719	,163.					
	b	Less: cost or other basis						
<u>o</u>		and sales expenses 7b 668	.880.					
Revenue	c	Gain or (loss) 7c 50	.283.					
Şe.		Net gain or (loss)			50,283.	50,283.		
her F		Gross income from fundraising events (no			31,211	33,233		
ŎĘ.	o u	including \$						
Ŭ		contributions reported on line 1c). Se						
		Part IV, line 18		119,951.				
	h	Less: direct expenses						
		Net income or (loss) from fundraising		,	68,437.			68,437.
		Gross income from gaming activities.			3371			00,10,
	e a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gaming acti						
	10 a	Gross sales of inventory, less returns						
		and allowances						
		Less: cost of goods sold						
\dashv	С	Net income or (loss) from sales of inve	entory	Duainese Oct				
ပ္ခ		MICCELLANDOUG		Business Code	2 207	2 207		
eor re		MISCELLANEOUS		624110	2,387.	2,387.		
lan en	b							
Miscellaneous Revenue	С							
Mis		All other revenue			0 205			
		Total. Add lines 11a-11d			2,387.	0.42 0.45	_	60 407
	12	Total revenue. See instructions	<u></u>	<u></u>	1,493,599.	943,046.	0.	68,437.

63-0899081

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

secti	on 501(c)(3) and 501(c)(4) organizations must comp			ріете соштп (А).	
	Check if Schedule O contains a response		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5A,55A1000	gonoral expenses	CAPCITOCO .
	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)	632,035.	510,396.	121,639.	
7	Other salaries and wages	,	,	,	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	68,812.	51,719.	17,093.	
9	Other employee benefits	33,029.	17,794.	15,235.	
10	Payroll taxes	53,166.	43,076.	10,090.	
11	Fees for services (nonemployees):	-	-		
а	Management				
b	Legal				
С	Accounting	12,997.	7,002.	5,995.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20,349.	10,963.	9,386.	
g					
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	16,265.	8,980.	7,285.	
13	Office expenses	13,019.	7,876.	5,143.	
14	Information technology				
15	Royalties				
16	Occupancy	81,543.	43,929.	37,614.	
17	Travel	6,360.	3,472.	2,888.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	100 -00			
22	Depreciation, depletion, and amortization	120,792.	65,074.	55,718.	
23	Insurance	43,877.	23,638.	20,239.	
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.)	101 000	101 000		
a	CONTRACT LABOR	101,928.	101,928.		
b	CLASSES VOLUME OF CHECKER	97,307.	97,307.		
С	YOUTH SYMPHONY ORCHESTR	52,195.	52,195.		
d	EXHIBITS EXPENSE	33,660.	33,660.	20 011	
	All other expenses	126,070.	87,859.	38,211.	
25	Total functional expenses. Add lines 1 through 24e	1,513,404.	1,166,868.	346,536.	0.
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 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			311,466.	1	234,681.
	2	Savings and temporary cash investments			290,062.	2	192,088.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	ıntial c	contributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualification	rsons (as defined				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Donnaid annual and defended blacks				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,224,092.			
	b	Less: accumulated depreciation	10b	2,927,278.	1,230,509.	10c	1,296,814. 2,058,460.
	11	Investments - publicly traded securities		1,969,195.	11	2,058,460.	
	12	Investments - other securities. See Part IV, line 17		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	33)	3,801,232.	16	3,782,043.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
jab		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	8,990.		9,606.
				·····		25	9,606.
	26	Total liabilities. Add lines 17 through 25	· · ·	e X	8,990.	26	3,000.
တ္		Organizations that follow FASB ASC 958, chec	K ner	e 🕰			
uce		and complete lines 27, 28, 32, and 33.			3,792,242.	07	3,772,437.
ala	27			·····	3,132,242.	27	3,112,431.
g B	28	Net assets with donor restrictions				28	
Ë		Organizations that do not follow FASB ASC 95	8, cne	eck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.				20	
ats	29	Capital stock or trust principal, or current funds				29	
\ss	30	Paid-in or capital surplus, or land, building, or equ				30	
et A	31	Retained earnings, endowment, accumulated inc			3,792,242.	31	3,772,437.
ž	32	Total liabilities and not assets/fund balances		l l	3,801,232.	32 33	
	33	Total liabilities and net assets/fund balances			J,UUI,434.	ა ა	3,782,043.

Form **990** (2022)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

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 Name of the organization GADSDEN CULTURAL ARTS FOUNDATION 63-0899081 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).) 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). 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.) 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 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 on 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(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.)

Sec	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	734,966.	704,709.	704,675.	864,995.	602,067.	3611412.				
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	734,966.	704,709.	704,675.	864,995.	602,067.	3611412.				
5	The portion of total contributions										
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.						3611412.				
Sec	ction B. Total Support				T						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	734,966.	704,709.	704,675.	864,995.	602,067.	3611412.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	101,345.	79,757.	54,750.	53,510.	57,995.	347,357.				
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.)	6,866.	8,121.	3,006.	744.	1,487.					
11	Total support. Add lines 7 through 10						3978993.				
12	Gross receipts from related activities,	•	,				<u>,238,512.</u>				
13	First 5 years. If the Form 990 is for the	~		•							
	organization, check this box and stor		_								
	ction C. Computation of Publi						00.76				
14	Public support percentage for 2022 (I		•	***		14	90.76 %				
15	Public support percentage from 2021					15	91.96 %				
16a	33 1/3% support test - 2022. If the c						77				
	stop here. The organization qualifies		•								
b	33 1/3% support test - 2021. If the d										
	and stop here. The organization qual	•	• •								
17a	10% -facts-and-circumstances test										
	and if the organization meets the fact				· ·	VI how the organiz	ation				
	meets the facts-and-circumstances te	· ·	•			7					
b	10% -facts-and-circumstances test	_					IU% or				
	more, and if the organization meets the		•		•	-41					
	organization meets the facts-and-circu						H				
<u> 18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions					

Sch	edule A (Form 990) 2022 G	ADSDEN CU	LTURAL AR	TS FOUNDA!	rion, inc.	63-089	9081 Page 3
Pa		•			• •		
	(Complete only if you checked			organization failed	to qualify under Pa	art II. If the organiz	ation fails to
<u> </u>	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support	Т	1	Г	1	T	г
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	T		Т		T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

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

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.
- 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")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 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.)

	1	.,	
		Yes	No
	1		
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Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	_		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	51,401,011	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	^ 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 GADSDEN CULTURAL ARTS FO			63-0899081 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain is	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplete	e Sections 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

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

5

6

Schedule A (Form 990) 2022

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

INC.

GADSDEN CULTURAL ARTS FOUNDATION

OMB No. 1545-0047

Name of the organization

Employer identification number

63-0899081

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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ 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 X 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), 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 \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization Employer identification number

GADSDEN CULTURAL ARTS FOUNDATION, INC.

63-0899081

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
1	THE EXCHANGE BANK OF ALABAMA 920 CLEVELAND AVE ATTALLA, AL 35954	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ETOWAH COUNTY COMMUNITY DEVELOPMENT COMMITTEE 800 FORREST AVE GADSDEN, AL 35901	\$38,221.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE HOUSEHOLD OF DR. AND MRS. ELIAS GHAFARY 315 LAKE WOOD DR GADSDEN, AL 35901	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 GADSDEN MUSIC CLUB 401 AZALEA DRIVE GADSDEN, AL 35901	* 12,417.	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
	rumo, addross, and En TT	\$	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.)

Name of organization Employer identification number

GADSDEN CULTURAL ARTS FOUNDATION, INC.

63-0899081

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

Name of organization **Employer identification number** GADSDEN CULTURAL ARTS FOUNDATION, INC. 63-0899081 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 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 Inspection

Name of the organization

GADSDEN CULTURAL ARTS FOUNDATION, INC. **Employer identification number** 63-0899081

Pa	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius	Complete if the
		(a) Donor advise	d 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 v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	conferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	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			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and no	ot on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	ion easements during the year
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 conservation	on easements in its reven	ue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the
D-	organization's accounting for conservation easements.	Aut Historical Tues		and Oineilan Annata
Pa	rt III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form	•	asures, or Oti	ner Similar Assets.
				ad balanca abaat wada
та	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			•
	service, provide in Part XIII the text of the footnote to its finan			
a	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service,
	provide the following amounts relating to these items:			Φ.
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			gain, provide
	the following amounts required to be reported under FASB AS			*
	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990 Part V			u·

		CULTURAL							99081	Page 2
Par	t III Organizations Maintaining C	collections of A	t, Histo	orical Tre	asures, or	r Other	Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	make sig	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	•	d 💹	Loan or exc	hange progra	am				
b	Scholarly research	•	e	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exem	ot purpo:	se in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma								Yes	X No
Par	t IV Escrow and Custodial Arran	gements. Compi	lete if the	organizatio	n answered "	'Yes" on F	orm 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contributions	s or other ass	ets not in	cluded		_	
	on Form 990, Part X?							<u> </u>	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow or cu	ustodial acco	unt liabilit	y?		Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three y	ears back/	(e) Four y	ears 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 curr	rent year end balanc	e (line 1g	j, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held ar	nd administer	ed for the				
	organization by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Par										
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book v	/alue
		basis (invest	ment)	basis	(other)	dep	reciation			
1a	Land									
	Buildings			96	6,844.	7	03,0	36.	263	,808.
	Leasehold improvements			2,77	9,146.	1,9	17,1	71.	861	,975.
	Equipment	I		23	6,271.	1	95,7	62.	40	,509.
	Other			24	1,831.		11,30			,522.

Schedule D (Form 990) 2022

1,296,814.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities. Complete if the organization answered "Yes" or	n Form 990. Part IV. line	: 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or		_	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	7114. 333 1 3111 333, 1 4177, 1110 13.	(b) Book value
(1)			() =
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	- ,		
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PAYROLL WITHHOLDINGS			9,606
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2	25.)		9,606
2. Liability for uncertain tax positions. In Part XIII. provide the	,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GADSDEN CULTURAL ARTS FOUNDATION, INC.

Employer identification number 63-0899081

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: VARIOUS OTHER PROGRAMS - IMAGINATION PLACE, GADSDEN SYMPHONY ORCHESTRA, PROJECT INCOME EXPENSES \$ 302,947. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 259,225.** PART VI, SECTION A, LINE 7A: FORM 990, 2/5THS OF THE BOARD ARE ELECTED BY THE BOARD MEMBERS THEMSELVES. 3/5THS OF THE BOARD ARE APPOINTED BY THE MAYOR OF THE CITY OF GADSDEN, ALABAMA. FORM 990, PART VI, SECTION A, LINE 8B: NO ADDITIONAL COMMITTEES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY IS REVIEWED BY THE BOARD ON AN ANNUAL BASIS AND ALL MEMBERS MUST SIGN A STATEMENT AFFIRMING ADHERANCE TO THE POLICY. FORM 990, PART VI, SECTION B, LINE 15B: THE ORGANIZATION'S SALARY SCHEDULE IS REVIEWED BY THE BOARD OF DIRECTORS ON AN ANNUAL BASIS AFTER BEING DISCUSSED BY THE FINANCE COMMITTEE IN THE BUDGET REVIEW AND APPROVAL PROCESS. THE SALARY SCHEDULE IS COMPARED TO GUIDESTAR'S NONPROFIT COMPENSATION REPORT WHICH SHOWS THE COMPENSATION FOR OTHER ORGANIZATIONS IN ALABAMA.

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** GADSDEN CULTURAL ARTS FOUNDATION, INC. 63-0899081 FORM 990, PART VI, SECTION C, LINE 19: NOTIFICATION OF AVAILIBILITY PUBLISHED IN LOCAL PRINTED NEWSPAPERS. FORM 990, PART XI, LINE 2C: NO CHANGE FROM PRIOR YEAR.

CARRYOVER DATA TO 2023

Based on the information provided with this return, the following are possible carryover amounts to next year. FEDERAL AMT NET OPERATING LOSS 1,000.	Name GADSDEN CULTURAL ARTS FOUNDATION, INC.	Employer Identification Number 63-0899081
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√ame:	GADSDEN CULTUR	RAL ARTS FOUN	DATION, IN							FEIN:	63-0899081
	•	NOL FED			DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	82 Annual Limitation Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for							
2012	1,000.										
=											<u> </u>
Detail	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Туре	B										
								 	<u> </u>	 	1

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