## **990-EZ**

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

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

Do not enter social security numbers on this form, as it may be made public.

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury

► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2021 calendar year, or tax year beginning and ending 01/01/2021 12/31/2021 B Check if applicable: C Name of organization D Employer identification number Address change INTERNATIONAL CHILD ART FOUNDATION 52-2032649 Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return Post Office Box 58133 202-530-1000 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Washington, DC 20037 Application pending Number > G Accounting Method: ✓ Cash Accrual Other (specify) ▶ H Check ▶ ☐ if the organization is **not** I Website: ▶ https://icaf.org required to attach Schedule B J Tax-exempt status (check only one) — 🔽 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization: Corporation Trust Association Other non-profit L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 156,337 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . V 1 98,172 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory . . . . 5a Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . . 7a 0 Less: cost of goods sold . . . . . . . . . . . . . . . . . . 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . 7c 0 8 58,165 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . 9 156,337 10 10 0 11 11 0 12 12 32,000 13 Professional fees and other payments to independent contractors . . . . . 13 16,275 14 14 12,662 15 15 26,101 16 16 66,974 17 17 154,012 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 2,325 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 -226,353 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 -280,776 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21

-504,804

	100 EE (ESE 1)					Page Z
Pai						
	Check if the organization used Schedule	O to respond to ar				
22	Cook sayings and investments			(A) Beginning of year		(B) End of year
23	Cash, savings, and investments			4,740	$\overline{}$	6,436
24	Other assets (describe in Schedule O)				23	0
25				298,171		17,380
26	Total liabilities (describe in Schedule O)	* * * * * * *		302,911		23,816
27	Net assets or fund balances (line 27 of column	(B) must agree with	line 21)	529,264 -226,353	_	528,620
Par					21	-504,804
	Check if the organization used Schedule					Expenses
What		See Schedule O, Sta			(Red	quired for section
Desc	ribe the organization's program service accomplis			ogram services		(c)(3) and 501(c)(4) anizations; optional for
as m	easured by expenses. In a clear and concise many consise many benefited, and other relevant information for each	anner, describe the	services provided	the number of	_	ers.)
28	6th World Children's Festival (a) Setup and staging th	ne festival at the Nati	onal Mall across the	J.S. Capitol		
	July 30 - August 1, 2021 and Awards Banquet at the 0					
	festival website https://WorldChildrensFestival.org (\$	16,275), and product	ion management (\$2	4,000)		
	(Grants \$ 99,662) If this amount		nts, check here .	▶ 🗆	28a	99,662
29	6th Arts Olympiad ICAF's school art program that i	s free of charge				
						-
	(Grants \$ 20,753) If this amount	:				
30					298	20,753
50	a) ChildArt quarterly, January-March 2021, Vol. 21, Is ChildArt quarterly, April-June 2021, Vol. 21, Issue 2, I	Sue 1, Number 61 G	lobal Creative Leader	s." b)		
	(Continued on Schedule O, Statement 2)	Number 62 Moral of	Your Story. c) Chila	Art quarterly,		
	(Grants \$ 26,010) If this amount	includes foreign gra	nts chack hara		30a	2/ 010
31	Other program services (describe in Schedule O)	includes foreign gra	itts, check here .		302	26,010
٠.	(Grants \$ 0) If this amount	includes foreign gra	nts, check here .	· · · · · ·	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)			32	// //
Par						
	Check if the organization used Schedule	O to respond to ar	ny question in this F	Part IV		And the second of the second o
			(c) Reportable	(d) Health beautite		
(a) Name and title		(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Ashf	aq Ishaq	60.00	32,000		0	0
Exec	utive Director					
Katt	/ Guerami	30.00	0		0	0
	ctor of Community Engagement					
	Enke	30.00	0		0	0
	aging Editor, ChildArt quarterly					
	na Iqab	30.00	0		0	0
The second	tive Director					
	cia McKee	20.00	0		0	0
Com	munications Officer					
			_			
A THE STATE OF THE						
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North Control						
		1	I .	I .	- 11	

Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part			
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No	
	detailed description of each activity in Schedule O	33		V	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		V	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
С					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0				
b	Did the organization file Form 1120-POL for this year?	37b		V	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b				
39	Section 501(c)(7) organizations. Enter:				
a b	Initiation fees and capital contributions included on line 9				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
-	40c reimbursed by the organization				
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
	transaction? If "Yes," complete Form 8886-T	40e		V	
41	List the states with which a copy of this return is filed ▶				
42a		202-53	0-100	0	
ь	Located at ► Post Office Box 58133 2549 Virginia Avenue NW, Washington, DC 20037 ZIP + 4 ►	200		No	
D	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)?				
	If "Yes," enter the name of the foreign country ▶	42b		~	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		*	▶ □	
	200 000 000 11 1 A	Regions in	Yes	No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V	
С	Did the organization receive any payments for indoor tanning services during the year?	44c		~	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			- The state of the	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	V	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Ja			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AEL			

								Yes	No
46	Did the orga	nization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of o	r in opposi	tion		
	to candidate	es for public office? If "Yes," of	complete Schedule C	, Part I			. 46	5	V
Part		on 501(c)(3) Organization							
	All sed	ction 501(c)(3) organization	is must answer que	stions 47-49b and	52, and co	mplete th	e tables	for lin	ies
	50 and	d 51.							
	Check	if the organization used Sc	hedule O to respond	to any question in	this Part VI			ngo (22)	. П
								Yes	No
47	Did the orga	anization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax	1.00	110
	year? If "Yes	s," complete Schedule C, Par							1
48	Is the organi	zation a school as described i							V
49a	Did the orga	inization make any transfers t	o an exempt pen che	ritable related ergen	instina?		. 40	-	
b	If "Vos." was	s the related organization a se	o an exempt non-cha	iritable related organi	ization?	*1 *1 *1	. 49		V
50	Complete th	s the related Organization a so	ection 527 organization	)N?			. 49	b	٠
50	employees)	is table for the organization's who each received more than	s live nignest compen	sated employees (ot	ner than offic	ers, direct	ors, trust	ees, ar	nd key
	ciripioyees)	who each received more than	1 \$100,000 or comper		anization. If the	nere is non	e, enter "	None.	
	/-V NI	Tang X o F	(b) Average	(c) Reportable compensation	(d) Health		(-) F-6		
	(a) Name ar	nd title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)					
		- WAS 24 (No. ) 2 - 12 (O. ) - 14 (O. )	devoted to position	1099-NEC)	comper	nsation			
None				5011					
		V =======							
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	<del></del>								
T		er of other employees paid ov							
51	Complete th	nis table for the organization	's five highest compe	ensated independen	t contractors	who each	receive	d more	e than
	\$100,000 of	compensation from the orga	nization. If there is no	ne, enter "None."					
	(a) Name ar	nd business address of each independent	dent contractor	(b) Type of ser	vice	lo	Compensa	ation	
	7 AND 10000 AND 10000		A service serv	1-7-7,7-1-1-1		,,	Compone	ation	
None									
			nyanang ore populasiya waa mis sa Rosantaan aan aanka ahiin ya saala si moo sa saya.						
			*						
	(6+								
					-				
	Total	or of other indicates	and It consequents. The same of the same o						
		er of other independent contr	A CONTRACTOR OF THE SECOND CONTRACTOR OF THE S		.▶				
52	Did the or	ganization complete Sched	ule A? <b>Note:</b> All se	ection 501(c)(3) orga	anizations m				
5	completed S		,				► V Ye		No
Under p	enalties of perjur	y, I declare that I have examined this	return, including accompan	ying schedules and staten	nents, and to the	best of my k	nowledge a	nd belief	i, it is
uue, co	rect, and comple	ete. Declaration of preparer/(other tha	noricer) is based on all info	ormation of which preparer	has any knowle	dge.			
	<b></b>	CIVIN PO				5/15/	202	2	
Sign	Sign	Signature of officer Date							
Here	Ashfaq Ishaq, Executive Director								
		e or print name and title							
Paid	Print/T	/pe preparer's name	Preparer's signature	l D	ate	- F	. PTIN		
		e describeration of the Country of t	20 1.3.4 1.7.12.12.2.03.12.04.13.1		on, could	Check _ self-emplo	if		
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