Form **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)

2018

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

			endar year, or tax year beginning ${ t JUL} \ 1$, $\ 2018$ and ending ${ t JUI}$			2019			
В	Check if applicat	f ole:	C Name of organization	D Emp	loyer	identification number			
Ļ	Addr	ress change	STORYTELLING ARTS, INC.	0	00 2472710				
Ļ	Nam	e change	22-3473712 E Telephone number						
L	Initia	ıl return I return/	·		•				
Ļ	term	inated	P.O. BOX 995			430-1922			
Ļ	Ame	nded return				emption			
		cation pending	WEST WINDSOR, NJ 08550		nber]				
		nting Meth				if the organization is			
		_	TORYTELLINGARTS.NET			ed to attach Schedule B			
			is (check only one) $ \times$ 501(c)(3) \sim 501(c) () \triangleleft (insert no.) \sim 4947(a)(1) or \sim 527	(For	m 990), 990-EZ, or 990-PF).			
		Ü	ion: X Corporation Trust Association Other						
			and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I			1.61 4.47			
	columi	n (B)) are S	1500,000 or more, file Form 990 instead of Form 990-EZ 1500,000 or more, file Form 990 instead of Form 990-EZ 1500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>	161,447.			
P	art I	_	·			·			
_	Т.		f the organization used Schedule O to respond to any question in this Part I			135,178.			
	1		ions, gifts, grants, and similar amounts received		1	18,290.			
	2		service revenue including government fees and contracts		2	10,290.			
	3		hip dues and assessments		3				
	4		nt income		4				
	5a		ount from sale of assets other than inventory 5a						
	b		t or other basis and sales expenses 5b		r.				
	C	,	oss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
	6								
e	a		ome from gaming (attach Schedule G if greater than						
Revenue	١.	\$15,000)	ome from fundraising events (not including \$ 5 , 450 . of contributions						
Be	0								
			draising events reported on line 1) (attach Schedule G if the sum of such	25					
	١.		ome and contributions exceeds \$15,000) oct expenses from gaming and fundraising events 6b 7,82	90					
	1 .		ct expenses from gaming and fundraising events 6c 7, 25 ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	535.			
	d 7a		es of inventory, less returns and allowances 7a		ou	333.			
	'a		t of goods sold 7b						
	"	Grose nr	offit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other rev	enue (describe in Schedule 0) SEE SCHEDULE O		8	154.			
	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	154,157.			
_	10		d similar amounts paid (list in Schedule 0)		10				
	11		paid to or for members		11				
"	12		other compensation, and employee benefits		12	26,087.			
ses	13		nal fees and other payments to independent contractors		13	84,103.			
Expenses	14		y, rent, utilities, and maintenance		14	247.			
Ä	15		publications, postage, and shipping		15	385.			
	16		enses (describe in Schedule 0) SEE SCHEDULE O		16	7,444.			
	17		enses. Add lines 10 through 16		17	118,266.			
	18		(deficit) for the year (Subtract line 17 from line 9)	-	18	35,891.			
ets	19		s or fund balances at beginning of year (from line 27, column (A))			,			
18S	1		ree with end-of-year figure reported on prior year's return)		19	31,234.			
Net Assets	20		nges in net assets or fund balances (explain in Schedule 0)		20	0.			
Z	21		s or fund balances at end of year. Combine lines 18 through 20	•	21	67,125.			
LH	A For		k Reduction Act Notice, see the separate instructions.			Form 990-EZ (2018)			

Part		e Sheets (see the instructions for Part I	•					
	Check i	f the organization used Schedule O to r	espond to any ques					X
				(A) Beginning of year			nd of year	
		d investments		104,249	_	1	148,4	<u> 136.</u>
23 l	Land and building	s			23			
		cribe in Schedule 0) SEE SCHEDULE		2,010				210.
25	Total assets			106,259			150,6	
26	Total liabilities (d	describe in Schedule 0) SEE SCHEDULE	0	75,025			83,5	
	Net assets or fun	d balances (line 27 of column (B) must agree with line	21)	31,234	• 27	'	67,1	<u> 125.</u>
Part		ent of Program Service Accomplishm	•	•			cpenses	
		f the organization used Schedule O to r		tion in this Part III	X		for section and 501(c	
What is	the organization'	s primary exempt purpose? SEE SCHEDULE	0				ons; option	
		ogram service accomplishments for each of its three largest progra		enses. In a clear and concise		others.)		
manner,	describe the services	provided, the number of persons benefited, and other relevant info	ormation for each program title.			<u> </u>		
28 <u>T</u>	EACHER M	ENTORING, CLASSROOM RESIL	DENCIES, PROF	'ESSIONAL				
<u>D</u>	EVELOPME	NT WORKSHOPS FOR TEACHERS	S AND STORYTE	LLERS, AND				
A	SSEMBLIE	S FOR LARGE AUDIENCES.						
(G	rants \$) If this amount includes foreign	gn grants, check here	>		28a	99,2	250.
29								
(G	rants \$) If this amount includes foreig	an arants, check here	>	\Box	29a		
30		,	,	,				
(G	rants \$) If this amount includes forei	an arants, check here	•	\Box	30a		
	•		g g					
	rants\$) If this amount includes foreig				31a		
_	-	. (32	99,2	250.
Part	IV List of	Officers, Directors, Trustees, and Key	/ Employees (list each	h one even if not compensated -	see the		r Part IV)	
		f the organization used Schedule O to r					,	
		<u></u>	(b) Average hour		(d) H	ealth benefits,	(e) Esti	mated
		(a) Name and title	per week devoted		` con	tributions to loyee benefit	amount	
		(a) Name and this	position	(if not paid, enter -0-)	plans,	, and deferred	compen	sation
EDN	A FRIMAN					,		
	SIDENT		2.50	0.		0.		0.
	I PAHADE							
	E PRESID		2.50	0.		0.		0.
		LETTIERE, CPA, MACC						
	ASURER		2.50	0.		0.		0.
		ENG, ESQ	2.30	-		•		<u> </u>
	RETARY	LING, LIDQ	2.50	0.		0.		0.
	EN LAVAL	T.FN	2.50			<u> </u>		<u> </u>
	CUTIVE D		20.00	24,000.		0.		0.
1122111	COIIVE D	IKECIOK	20.00	24,000.	+	<u> </u>		<u> </u>
					1			
					+		-	
			 		1			
					-		-	
					1			
					1		-	
					1			
					-			
					1			
			i i	i	1		1	

Form **990-EZ** (2018)

_	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
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		X
35 a	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		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Tall 1978			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities <u>39b</u> N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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		X
C	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			37
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed NJ	102	າ	
42 a	The organization's books are in care of Located at ▶ 2 WOODFIELD DRIVE, EAST WINDSOR, NJ Telephone no. ▶ 609430			
L	· ·	034	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	X
	account)? If "Yes," enter the name of the foreign country:	420		Λ
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
•	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
Ü	If "Voc " ontar the name of the foreign country.	420		-22
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
40		N/A		
	and office the amount of the exempt interest received of decreed during the the year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	114		
J	of Form 990-EZ	44b		Х
r.	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	- 10		
u	in Schedule 0	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
-	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
			90-EZ ((2018)

						1		Yes	No
	organization engage, directly or indirectly, complete Schedule C, Part I	in political campaign activities			•		46		Х
	Section 501(c)(3) Organizati	ions Only					70		
	All section 501(c)(3) organizations m		9b and 52, and	complete	the tables for lines	s 50 and 51.			
	Check if the organization used Sche	dule O to respond to any	question in this	Part VI .			<u></u>		
								Yes	No
	organization engage in lobbying activities of						47		X
	ganization a school as described in section						48 49a		X
	organization make any transfers to an exer was the related organization a section 527						49a 49b		Λ_
	e this table for the organization's five high							eived n	nore
•	00,000 of compensation from the organiza		•	-,	.,,				
	(a) Name and title of each empl	oyee	(b) Average		(C) Reportable	(d) Health benefits contributions to	' ') Estim	
			per week dev		compensation (Forms W-2/1099-MISC)	employee benefit		ount of	
	1	NONE	positio	n 		compensation	, co	mpensa	ation
							_		
							+		
							+		
organizat	e this table for the organization's five high tion. If there is none, enter "None." 1 Name and business address of each indep	NONE			Type of service	· 		ensation	1
	mber of other independent contractors each	•			>				
	organization complete Schedule A? Note:	All section 501(c)(3) organiza	tions must attach	а		▶ □	ΧΥ		¬ ".
	ed Schedule As of perjury, I declare that I have examine	d this return, including accom		e and etate	ments and to the he				<u> No</u> it is
	and complete. Declaration of preparer (oth	,			*	•	ye anu	bellel,	11 13
40, 0011001, 4	and domplotes Boolaration of proparer (other	or than omoory to based on a	i iiii oi iii di w	mon propu	ior nas any knowledg				
Sign 📕	Signature of officer					Date			
lere		EXECUTIVE DIRE	CTOR						
	Type or print name and title			_					
	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid	ANN C. ZAWARTKAY,	ANN C. ZAW	ARTKAY,		self- emplo	· I			
aia	CPA, CGMA	CPA, CGMA		1	1	1 D A 1	∢ น ∩	√1/	
Preparer			101 HE T 011	~	~ \	P01			
Preparer	Firm's name ► NON-PROFIT	ACCOUNTING S		S, LL		▶ 46-56	268	38	<u> </u>
	Firm's name ► NON-PROFIT Firm's address ► 2360 HIGH	ACCOUNTING SHOWAY 33, SUITE	304	S, LL	C Firm's EIN Phone no	▶ 46-56	268	38	3
Preparer Jse Only	Firm's name ► NON-PROFIT Firm's address ► 2360 HIGH	PACCOUNTING S WAY 33, SUITE LLE, NJ 08691	304	S, LL		V 46-56 (732)9	268	38 245	3 No

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization STORYTELLING ARTS, 22-3473712 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	92,501.	95,921.	91,564.	99,744.	135,178.	514,908.
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	92,501.	95,921.	91,564.	99,744.	135,178.	514,908.
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)						296,634.
6	Public support. Subtract line 5 from line 4.						218,274.
	ction B. Total Support		<u>'</u>	'			<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	92,501.	95,921.	91,564.	99,744.	135,178.	514,908.
	Gross income from interest,		•	,	•		,
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	61.	95.	121.	178.	154.	609.
9	Net income from unrelated business	-			-	-	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						515,517.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	112,035.
	First five years. If the Form 990 is for	•	,				
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	42.34 %
	Public support percentage from 2017					15	39.64 %
						ore, check this box	x and
	16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "fact	_					
	meets the "facts-and-circumstances"			-	•	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ				-		ightharpoonup
18	Private foundation. If the organization			•	,		· · · · · · · · · · · · · · · · · · ·
	Schedule A (Form 990 or 990-EZ) 2018						

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	the ever-in-ti-	a finate assert the	ا المسلم من فعل ا	 		l
14	First five years. If the Form 990 is for	-			•		
Se	check this box and stop here ction C. Computation of Public						
	Public support percentage for 2018 (li			column (f)\		15	0/
16						16	<u>%</u> %
	ction D. Computation of Inves					10	90
17	· · · · · · · · · · · · · · · · · · ·		<u>_</u>	ine 13 column (f))		17	<u></u> %
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2018. If the						
.56	more than 33 1/3%, check this box an	•		•		*	▶ □
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
20	line 18 is not more than 33 1/3%, checonomic formation. If the organization						
/11	ELIVATE TOTALISTICAL IT THE ORGANIZATION	TOTAL DIOT CHACK 2	00x 00 100 14 19	a or ign check th	us dox and see ing	SOUCHOOS	

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (a) above? If 'Yes' to a.b. or c. provide detail in Part VI. 11b C	Pal	Supporting Organizations (Continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 59% controlled with or a special person described in (a) a for (a) bove? if Yes' to a, b, or c, provide detail in Pert VI. 11b				Yes	No
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	h				
	~		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions 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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).		., ., .,	,

Schedule A (Form 990 or 990-EZ) 2018

Par	LV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou				
2	Amou				
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	e organization is responsive		
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2018 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Unde	distributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From	2013			
b	From	2014			
С	From				
d	From	2016			
е	From	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i	Carry	over from 2013 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2018 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2018 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5	Rema	ining underdistributions for years prior to 2018, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Rema	ining underdistributions for 2018. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions.			
7	Exces	ss distributions carryover to 2019. Add lines 3j			
	and 4	C.			
8	Break	down of line 7:			
а	Exces	s from 2014			
b	Exces	s from 2015			
С	Exces	s from 2016			
d	Exces	s from 2017			
е	Exces	s from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number STORYTELLING ARTS, INC. 22-3473712

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; 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					
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

STORYTELLING ARTS, INC.

22-3473712

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTESS MOIRA CHARITABLE FOUNDATION P.O. BOX 8078 PELHAM, NY 10803	\$\$	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	PINE TREE FOUNDATION OF NEW YORK 1324 LEXINGTON AVENUE SUITE 229 NEW YORK, NY 10128	\$\$9,932.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PNC FOUNDATION TWO TOWER CENTER BOULEVARD EAST BRUNSWICK, NJ 08816	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 RWJ PRESIDENTS GRANT FUND OF THE PRINCETON AREA COMMUNITY FOUNDATION 15 PRINCESS ROAD LAWRENCEVILLE, NJ 08648	* 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	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

STORYTELLING ARTS, INC.

22-3473712

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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	990 990.EZ or 990.PE\/2018\

Name of organization **Employer identification number** STORYTELLING ARTS, 22-3473712 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Go	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Поресноп	
Name of the organization STORYTE	LLING ARTS, INC.					Employer ide 22-3473	ntification number 712	
	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	ine 1			
				<u> </u>				
1 Indicate whether the organization rais								
a Mail solicitations			-	overnment grants				
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants				
c Phone solicitations	g Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or		
key employees listed in Form 990, P	art VII) or entity in connection with p	rofessi	onal f	undraising services?		Yes	No No	
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) pursu	ant to	agree	ments under which th	he fui	ndraiser is to be	e	
compensated at least \$5,000 by the	organization.							
		/:::\			(,,)	Amount poid		
(i) Name and address of individual	(ii) A otivity	fundr	Did raiser	(iv) Gross receipts	to (Amount paid or retained by)	(vi) Amount paid	
or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of	from activity		fundraiser	to (or retained by) organization	
		contributions?			IIS	ted in col. (i)		
		Yes	No	-				
Total			•					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is	exempt from re	gistration	

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

Schedule G (Form 990 or 990-EZ) 2018

22-3473712 Page 2 Schedule G (Form 990 or 990-EZ) 2018 STORYTELLING ARTS, INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MT HOLLY 5K NONE (add col. (a) through FUNDRAISER FUNDRAISER col. (c)) (total number) (event type) (event type) 2,955. 10,320. 13,275. Gross receipts 4,015. 1,435. 5,450. 2 Less: Contributions 6,305 7,825. Gross income (line 1 minus line 2) 1,520. 40. 40. 4 Cash prizes 527. 5 Noncash prizes 527. Direct Expenses 970. 970. 6 Rent/facility costs 2,020. 2,020. 7 Food and beverages 2,525. 2,925. 400. 8 Entertainment 240. 568. 808. Other direct expenses 7,290. **10** Direct expense summary. Add lines 4 through 9 in column (d) 535. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990 or 990-EZ) 2018

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 STORYTELLING ARTS, INC.	22-34	473	712	Page 3
11			,	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	No
12	Indicate the percentage of gaming activity conducted in:				
		1	13a		%
	The organization's facility		13b		
	An outside facility		130		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Y es	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party \$\bigs\\$				
	E If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
a	s the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Ш,	Y es	∟ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the			
_	organization's own exempt activities during the tax year > \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					
		-			
_					

Schedule G	G (Form 990 or 990-EZ)	STORYTELLING	ARTS,	INC.	22-3473712	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)	•			g
		(continued)				
						

10021__1

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Internal Revenue Service Name of the organization

Employer identification number

STORYTELLING ARTS, INC.	22	-3473712
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST		154.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
INSURANCE		4,208.
ADMINISTRATIVE EXPENSES		1,510.
ADVERTISING AND MARKETING		1,726.
TOTAL TO FORM 990-EZ, LINE 16		7,444.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE AND PREPAID EXPENSES	2,010.	2,210.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITI	ES:	
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	25.	21.
DEFERRED REVENUE		83,500.
TOTAL TO FORM 990-EZ, LINE 26	75,025.	83,521.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE	- PRESERVE, PROM	OTE, AND
IMPART THE LIVING ART OF STORYTELLING TO DEVEL	OP LITERACY, STR	ENGTHEN
COMMUNITIES, AND NURTURE THE HUMAN SPIRIT.		

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization STORYTELLING ARTS, INC.	Employer identification number 22-3473712
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
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