Form **990**

Department of the Treasury
Internal Revenue Service

# 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.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**A For the 2022 calendar year, or tax year beginning 09-01-2022 , and ending 08-31-2023**

**B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization
FRACTURED ATLAS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
228 PARK AVE S 56651

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10003

**D Employer identification number**
11-3451703

E Telephone number
(212) 277-8020

**G** Gross receipts $ 68,064,157

**F** Name and address of principal officer:
RUSSELL WILLIS TAYLOR

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW.FRACTUREDATLAS.ORG

**K** Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 2003

**M** State of legal domicile: NY

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:
THE MISSION OF FRACTURED ATLAS IS TO MAKE THE JOURNEY FROM INSPIRATION TO PRACTICE MORE ACCESSIBLE AND EQUITABLE FOR ARTISTS AND CREATIVES.

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 8 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 8 |
| **5** | Total number of individuals employed in calendar year 2022 (Part V, line 2a) | **5** | 23 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 189,900 |
| **b** | Net unrelated business taxable income from Form 990-T, Part I, line 11 | **7b** | 188,900 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 34,824,794 | 37,877,490 |
| **9** | Program service revenue (Part VIII, line 2g) | 442,675 | 632,775 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 1,090,409 | 1,219,380 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 902 | 191,617 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 36,358,780 | 39,921,262 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 26,851,365 | 30,437,390 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,744,696 | 2,313,227 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶1,067,367 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,854,777 | 3,080,184 |
| **18** | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 30,450,838 | 35,830,801 |
| **19** | Revenue less expenses. Subtract line 18 from line 12 | 5,907,942 | 4,090,461 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 26,189,611 | 30,647,916 |
| **21** | Total liabilities (Part X, line 26) | 163,823 | 151,355 |
| **22** | Net assets or fund balances. Subtract line 21 from line 20 | 26,025,788 | 30,496,561 |

## 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.

**Sign Here**

Signature of officer — Date: 2024-06-07

THERESA HUBBARD CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 2024-06-07 | | P01318254 |

Firm's name ▶ MOSES & SCHREIBER LLP — Firm's EIN ▶ 13-1971216

Firm's address ▶ 1 HUNTINGTON QUADRANGLE STE 3N05
MELVILLE, NY 117474468 — Phone no. (516) 352-7700

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

## Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

**1** Briefly describe the organization's mission:

THE MISSION OF FRACTURED ATLAS IS TO MAKE THE JOURNEY FROM INSPIRATION TO PRACTICE MORE ACCESSIBLE AND EQUITABLE FOR ARTISTS AND CREATIVES.

**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 ☑ No

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 ☑ 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 $ 31,883,638 including grants of $ 30,437,390 ) (Revenue $ 305,425 )

FRACTURED ATLAS, INC. SERVES AS THE FISCAL SPONSOR TO 3,961 INDIVIDUAL ARTISTS AND ARTS ORGANIZATIONS AROUND THE UNITED STATES. FRACTURED ATLAS RECEIVES, HOLDS, AND DISTRIBUTES GRANTS AND CONTRIBUTIONS ON BEHALF OF THESE PROJECTS.

**4b** (Code: ) (Expenses $ 22,233 including grants of $ ) (Revenue $ 327,350 )

PROCESSING CONSULTATION/NO OBJECTION LETTERS FOR O & P VISAS FOR INDIVIDUALS APPLYING TO WORK AS ARTISTS IN THE UNITED STATES.

**4c** (Code: ) (Expenses $ 2,000,452 including grants of $ ) (Revenue $ 5,100,000 )

IN DECEMBER 2021, FRACTURED ATLAS JOINED THE ANDREW W. MELLON FOUNDATION FOR AN INDEPENDENT RESEARCH PROJECT TO REIMAGINE THE SUPPORT LANDSCAPE FOR ARTISTS THROUGH TECHNOLOGY. THIS 3-YEAR GRANT WILL BE A SHARED EXPLORATION WITH MELLON AND OTHER ARTS ORGANIZATIONS INTO WHAT'S NEXT IN THE ROBUST SERVICE AND SUPPORT OF WORKING ARTISTS.

**4d** Other program services (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses** ▶ 33,906,323

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions. | 2 | Yes | |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III | 8 | Yes | |
| 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 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 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. | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI | 11a | | No |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII* | 11c | | No |
| 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 | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | | No |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 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 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions. | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | Yes | |

## 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 | Yes | |
| 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 | Yes | |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | 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 | | No |
| 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 | | No |
| 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 | | No |
| 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 | | No |
| 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): | | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV* | 28a | Yes | |
| b | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | Yes | |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | Yes | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | No |
| 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 | Yes | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 1,640 | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | No |

## Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| **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** | 23 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | Yes |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | Yes |
| **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** | No |
| **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). | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | **5a** | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | No |
| **c** | 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? | | | **6a** | No |
| **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).** | | | | |
| **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** | Yes |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | Yes |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | **7f** | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | **7g** | No |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | **7h** | No |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | **8** | No |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | No |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | No |
| **10** | **Section 501(c)(7) organizations.** Enter: | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | |
| **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: | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | |
| **b** | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | **12a** | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O. | | | **13a** | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | | **15** | No |
| **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. | | | **16** | No |
| **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? If "Yes," complete Form 6069. | | | **17** | |

**Part VI** **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

## Section 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. 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 in Schedule O. | **1a** | 8 | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent | **1b** | 8 | | |
| **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** | | No |
| **3** | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | **3** | | No |
| **4** | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | **4** | | No |
| **5** | Did the organization become aware during the year of a significant diversion of the organization's assets? | | **5** | | No |
| **6** | Did the organization have members or stockholders? | | **6** | | No |
| **7a** | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | **7a** | | No |
| **b** | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | **7b** | | No |
| **8** | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| **a** | The governing body? | | **8a** | Yes | |
| **b** | Each committee with authority to act on behalf of the governing body? | | **8b** | Yes | |
| **9** | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | **9** | | No |

## Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

| | | | Yes | No |
|---|---|---|---|---|
| **10a** | Did the organization have local chapters, branches, or affiliates? | **10a** | | No |
| **b** | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | **10b** | | |
| **11a** | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | **11a** | | No |
| **b** | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| **12a** | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | **12a** | Yes | |
| **b** | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | **12b** | Yes | |
| **c** | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done* | **12c** | Yes | |
| **13** | Did the organization have a written whistleblower policy? | **13** | Yes | |
| **14** | Did the organization have a written document retention and destruction policy? | **14** | Yes | |
| **15** | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| **a** | The organization's CEO, Executive Director, or top management official | **15a** | Yes | |
| **b** | Other officers or key employees of the organization | **15b** | Yes | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| **16a** | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | **16a** | | No |
| **b** | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | **16b** | | |

## Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed ▶ AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, VI, WA, WV

**18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ FRACTURED ATLAS INC 228 PARK AVE S 56651 NEW YORK,NY 10003 (212) 277-8020

## 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, or 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.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THERESA HUBBARD<br>CEO | 40.00 | X | | X | | | | 210,250 | 0 | 27,058 |
| (2) RUSSELL WILLIS TAYLOR<br>CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (3) RAMPHIS CASTRO<br>VICE CHAIR | | X | | X | | | | 0 | 0 | 0 |
| (4) MUKTI KHAIRE<br>TREASURER | | X | | X | | | | 0 | 0 | 0 |
| (5) LISA YANCEY<br>SECRETARY | | X | | X | | | | 0 | 0 | 0 |
| (6) E ANDREW TAYLOR<br>EXECUTIVE TR | | X | | X | | | | 0 | 0 | 0 |
| (7) HOLLY SIDFORD<br>BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (8) ELIZABETH SCOTT<br>BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (9) CHRISTOPHER J MACKIE PHD<br>BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
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Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | **Institutional Trustee;** | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c Total from continuation sheets to Part VII, Section A** . . ▶ | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 210,250 | | 27,058 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|
| Contributions, Gifts, Grants, and OtherAmt Similar Amounts | | | | |
| 1a Federated campaigns . . 1a | | | | |
| b Membership dues . . 1b | 621,212 | | | |
| c Fundraising events . . 1c | | | | |
| d Related organizations 1d | | | | |
| e Government grants (contributions) 1e | 866,978 | | | |
| f All other contributions, gifts, grants, and similar amounts not included above 1f | 36,389,300 | | | |
| g Noncash contributions included in lines 1a - 1f:$ 1g | 886,619 | | | |
| h **Total.** Add lines 1a-1f . . . . . ▶ | 37,877,490 | | | |
| Program Service Revenue — Business Code | | | | |
| 2a PROGRAM SERVICE FEES | 371,890 | 371,890 | | |
| b NON-DEDUCTIBLE PORTION OF CON | 260,885 | 260,885 | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other program service revenue. | | | | |
| g **Total.** Add lines 2a–2f. . . . . ▶ | 632,775 | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) | 480,178 | | | 480,178 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | |
| 5 Royalties . . . . . ▶ | | | | |
| Other Revenue — (i) Real / (ii) Personal | | | | |
| 6a Gross rents 6a | | | | |
| b Less: rental expenses 6b | | | | |
| c Rental income or (loss) 6c | | | | |
| d Net rental income or (loss) . . . . . | | | | |
| (i) Securities / (ii) Other ▶ | | | | |
| 7a Gross amount from sales of assets other than inventory 7a | 28,882,097 | | | |
| b Less: cost or other basis and sales expenses 7b | 28,142,895 | | | |
| c Gain or (loss) 7c | 739,202 | | | |
| d Net gain or (loss) . . . . . ▶ | 739,202 | 739,202 | | |
| 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a | | | | |
| b Less: direct expenses 8b | | | | |
| c Net income or (loss) from fundraising events . . ▶ | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 . . . 9a | | | | |
| b Less: direct expenses 9b | | | | |
| c Net income or (loss) from gaming activities . . ▶ | | | | |
| 10a Gross sales of inventory, less returns and allowances . . 10a | | | | |
| b Less: cost of goods sold . . 10b | | | | |
| c Net income or (loss) from sales of inventory . . ▶ | | | | |
| Business Code | | | | |
| 11a ECV DIVIDEND 541610 | 189,900 | | 189,900 | |
| b MISCELLANEOUS | 1,717 | 1,717 | | |
| OtherRevenueMiscAmt c | | | | |
| d All other revenue . . . . | | | | |
| e **Total.** Add lines 11a–11d . . . . . ▶ | 191,617 | | | |
| 12 **Total revenue.** See instructions . . . . ▶ | 39,921,262 | 1,373,694 | 189,900 | 480,178 |

## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 21,470,204 | 21,470,204 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 8,965,813 | 8,965,813 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 1,373 | 1,373 | | |
| 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) | | | | |
| 7 Other salaries and wages | 1,895,173 | 1,231,862 | 284,276 | 379,035 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 86,364 | 56,137 | 12,954 | 17,273 |
| 9 Other employee benefits | 182,862 | 118,860 | 27,429 | 36,573 |
| 10 Payroll taxes | 148,828 | 96,738 | 22,324 | 29,766 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 18,105 | 11,768 | 2,716 | 3,621 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,043,458 | 1,328,248 | 306,518 | 408,692 |
| 12 Advertising and promotion | 244,662 | 159,030 | 36,700 | 48,932 |
| 13 Office expenses | 23,605 | 15,343 | 3,541 | 4,721 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 62,110 | 40,372 | 9,316 | 12,422 |
| 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 | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 6,809 | 4,426 | 1,021 | 1,362 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SERVICE CHARGES & PROCESS | 425,454 | 276,545 | 63,818 | 85,091 |
| b DUES & SUBSCRIPTIONS | 130,693 | 84,950 | 19,604 | 26,139 |
| c TELECOM & INTERNET | 62,636 | 40,713 | 9,396 | 12,527 |
| d UNRELATED BUSINESS TAX | 56,589 | | 56,589 | |
| e All other expenses | 6,063 | 3,941 | 909 | 1,213 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 35,830,801 | 33,906,323 | 857,111 | 1,067,367 |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

## Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | 6,627,402 | 1 | 8,461,819 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 189,301 | 4 | 424,111 |
| | 5 | Loans and other receivables from 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a | | | |
| | b | Less: accumulated depreciation — 10b | | 10c | |
| | 11 | Investments—publicly traded securities | 18,890,176 | 11 | 21,261,732 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 455,134 | 14 | 455,134 |
| | 15 | Other assets. See Part IV, line 11 | 27,598 | 15 | 45,120 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | 26,189,611 | 16 | 30,647,916 |
| Liabilities | 17 | Accounts payable and accrued expenses | 163,823 | 17 | 151,355 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other 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 | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 163,823 | 26 | 151,355 |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.** | | | |
| | 27 | Net assets without donor restrictions | 1,834,451 | 27 | 4,450,285 |
| | 28 | Net assets with donor restrictions | 24,191,337 | 28 | 26,046,276 |
| | | **Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.** | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 26,025,788 | 32 | 30,496,561 |
| | 33 | Total liabilities and net assets/fund balances | 26,189,611 | 33 | 30,647,916 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 39,921,262 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 35,830,801 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 4,090,461 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 26,025,788 |
| 5 | Net unrealized gains (losses) on investments | 5 | 380,312 |
| 6 | Donated services and use of facilities | 6 | 27,523 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -27,523 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column | 10 | 30,496,561 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | | |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

# SCHEDULE A (Form 990)

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.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**Name of the organization**
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

## Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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:

5 ☐ 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).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **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.**

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.**

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.**

d ☐ **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.**

e ☐ 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.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**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 failed to qualify under the tests listed below, please complete Part III.)

## Section A. Public Support

| Calendar 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 grant.") . . | 27,451,046 | 24,587,730 | 27,149,132 | 34,824,794 | 37,877,490 | 151,890,192 |
| 2 Tax revenues levied for the organization'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 | 27,451,046 | 24,587,730 | 27,149,132 | 34,824,794 | 37,877,490 | 151,890,192 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 151,890,192 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4. . | 27,451,046 | 24,587,730 | 27,149,132 | 34,824,794 | 37,877,490 | 151,890,192 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . | 215,107 | 191,364 | 222,495 | 416,950 | 480,178 | 1,526,094 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on. . | | | | | 188,900 | 188,900 |
| 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 | | | | | | 153,605,186 |

12 Gross receipts from related activities, etc. (see instructions) . . . . . **12** 1,405,931

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . | **14** | 98.880 % |
| 15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . | **15** | 99.120 % |

16a **33 1/3% support test—2022.** 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 **33 1/3% support test—2021.** 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 **10%-facts-and-circumstances test—2022.** 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 "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

## 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.)

### Section A. Public Support

| Calendar 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 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 organization'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 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 **Public support.** (Subtract line 7c from line 6.) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|---|---|---|---|---|---|
| 9 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. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

### Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | |
| 16 | Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . | 16 | |

### Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2022** (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | |
| 18 | Investment income percentage from **2021** Schedule A, Part III, line 17 . . . . . | 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 . . . . . ▶☐

b **33 1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 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.* | 1 | | |
| 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).* | 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.* | 3a | | |
| 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.* | 3b | | |
| 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.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| 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.* | 4b | | |
| 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.* | 4c | | |
| 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).* | 5a | | |
| 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? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 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.*** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) .* | 7 | | |
| 8 | 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).* | 8 | | |
| 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.*** | 9a | | |
| b | 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.*** | 9b | | |
| 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.*** | 9c | | |
| 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.* | 10a | | |
| 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).* | 10b | | |

## Part IV Supporting Organizations (continued)

| | | | Yes | No |
|---|---|---|---|---|
| 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 on lines 11b and 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on 11a above? | 11b | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.* | 11c | | |

### Section B. Type I Supporting Organizations

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the 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 | | |

### Section 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 | | |

### Section 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 in 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 supported organizations played in this regard.* | 3 | | |

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

| | | | Yes | No |
|---|---|---|---|---|
| a | 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.**

| | | | | |
|---|---|---|---|---|
| a | 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 of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.* | 3b | | |

## Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

### Section 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 | | |

### Section 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): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | **Total** (add lines 1a, 1b, and 1c) | 1d | | |
| e | **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 | | |

### Section 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-functionally-integrated Type III supporting organization (see instructions)

**Part V** **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **1** | |
| **2** Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | **2** | |
| **3** Administrative expenses paid to accomplish exempt purposes of supported organizations | **3** | |
| **4** Amounts paid to acquire exempt-use assets | **4** | |
| **5** Qualified set-aside amounts (*prior IRS approval required - provide 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 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 | **10** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2022** | **(iii) Distributable Amount for 2022** |
|---|---|---|---|
| **1** Distributable amount for 2022 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2022: | | | |
| **a** From 2017. . . . . | | | |
| **b** From 2018. . . . . | | | |
| **c** From 2019. . . . . | | | |
| **d** From 2020. . . . . | | | |
| **e** From 2021. . . . . | | | |
| **f** **Total** of lines 3a through e | | | |
| **g** Applied to underdistributions of prior years | | | |
| **h** Applied to 2022 distributable amount | | | |
| **i** Carryover from 2017 not applied (see instructions) | | | |
| **j** 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 | | | |
| **c** 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. If the amount is greater than zero, *explain in* ***Part VI***. See instructions. | | | |
| **6** Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is 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: | | | |
| **a** Excess from 2018. . . . . | | | |
| **b** Excess from 2019. . . . . | | | |
| **c** Excess from 2020. . . . . | | | |
| **d** Excess from 2021. . . . . | | | |
| **e** Excess from 2022. . . . . | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

| Return Reference | Explanation |
| --- | --- |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

# Schedule B

**(Form 990)**
Department of the Treasury
Internal Revenue Service

## Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | ☐ 501(c)( ) (enter number) organization |
| | ☐ 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33$^{1}/_{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

**Contributors**

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|---|---|---|---|
| RESTRICTED | | $ RESTRICTED | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | $ | ☐ Person ☐ Payroll ☐ Noncash (Complete Part II for 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
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

**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
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

**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 $1,000 or less for the year. (Enter this information once. See instructions.)** ▶ **$** _____

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<br>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<br>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<br>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<br>Transferee's name, address, and ZIP 4 | | Relationship of transferor to transferee |
| | | | |

**Additional**

# Data

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**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

**2022**

**Open to Public Inspection**

**Name of the organization**
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

## Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | Held at the End of the Year |
|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☑ **No**

## Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| **c** | Beginning balance | **1c** |
| **d** | Additions during the year | **1d** |
| **e** | Distributions during the year | **1e** |
| **f** | Ending balance | **1f** |

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

## Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | **(a)** Current year | **(b)** Prior year | **(c)** Two years back | **(d)** Three years back | **(e)** Four years back |
|---|---|---|---|---|---|
| **1a** Beginning of year balance . . . . | | | | | |
| **b** Contributions . . . | | | | | |
| **c** Net investment earnings, gains, and losses | | | | | |
| **d** Grants or scholarships . . . | | | | | |
| **e** Other expenditures for facilities and programs . . . | | | | | |
| **f** Administrative expenses . . . . | | | | | |
| **g** End of year balance . . . . . | | | | | |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | **Yes** | **No** |
|---|---|---|
| **(i)** Unrelated organizations . . . . . **3a(i)** | | |
| **(ii)** Related organizations . . . . . **3a(ii)** | | |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

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

| Description of property | **(a)** Cost or other basis (investment) | **(b)** Cost or other basis (other) | **(c)** Accumulated depreciation | **(d)** Book value |
|---|---|---|---|---|
| **1a** Land . . . . . | | | | |
| **b** Buildings . . . . . | | | | |
| **c** Leasehold improvements | | | | |
| **d** Equipment . . . . . | | | | |
| **e** Other . . . . . | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ | | | | |

**Part VII Investments - Other Securities.**
Complete if the organization answered "Yes" on 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-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3)Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶ | | |

**Part VIII Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶ | | |

**Part IX Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (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' on 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) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶ | |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

## Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 40,329,097 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 380,312 | | |
| b | Donated services and use of facilities | 2b | 27,523 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 407,835 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 39,921,262 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1**: | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) | | | 5 | 39,921,262 |

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 35,858,324 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | 27,523 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 27,523 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 35,830,801 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) | | | 5 | 35,830,801 |

## Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
**2022**
**Open to Public Inspection**

Name of the organization: FRACTURED ATLAS INC
Employer identification number: 11-3451703

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) 18TH & UNION 1404 18TH AVE SEATTLE,WA 98122 | 81-3341268 | | 57,970 | | | | |
| (2) 53RD STATE PRESS 315 GATES AVE APT 1A BROOKLYN,NY 11216 | 45-3036393 | | 15,503 | | | | |
| (3) 5TH WALL STUDIO LLC 156 NORTH 4TH ST BROOKLYN,NY 11211 | 47-3561318 | | 55,327 | | | | |
| (4) 8-BALL COMMUNITY INC 59 EAST 4TH ST NEW YORK,NY 10003 | 81-3963763 | | 9,726 | | | | |
| (5) 99 CANAL LTD 15 GRAMERCY PARK S NEW YORK,NY 10003 | 88-2717055 | | 10,500 | | | | |
| (6) AARON COHEN PRODUCTIONS LLC 575 MAIN STREET APT 605 NEW YORK,NY 10044 | 88-0625905 | | 22,247 | | | | |
| (7) ACADIA FESTIVAL OF TRADITIONAL MUSI 326 N PAYNE ST ALEXANDRIA,VA 223142404 | 87-2354430 | | 66,549 | | | | |
| (8) ADAM B BARAN 260 WITHERS ST APT 3R BROOKLYN,NY 11211 | 15-3883842 | | 30,565 | | | | |
| (9) ADAMS THEATER LLC 27 PARK STREET ADAMS,MA 01220 | 86-2832832 | | 92,316 | | | | |
| (10) AFRO HOUSE PRODUCTIONS LLC 4431 HARCOURT ROAD BALTIMORE,MD 21214 | 45-3950242 | | 24,906 | | | | |
| (11) AGGREGATE THEATRE COMPANY LLC 512 ROSE LN RALEIGH,NC 27610 | 82-1463559 | | 5,053 | | | | |
| (12) ALOHA FRIDAY GALLERY LLC 729 AUAHI STREET HONOLULU,HI 96813 | 81-4030388 | | 41,926 | | | | |
| (13) AMBER ART AND DESIGN LLC 5557 LOCUST STREET PHILADELPHIA,PA 19143 | 45-5355013 | | 9,596 | | | | |
| (14) AMERICAN YOUTH DANCE THEATER 428 EAST 75 STREET NEW YORK,NY 10021 | 13-4094406 | | 6,272 | | | | |
| (15) ANARCHESTRA FOUNDATION INC 16 RIDGEWAY ROAD MEDFORD,MA 02155 | 86-1992288 | | 13,046 | | | | |
| (16) ANGELA HARRIELL 245 SUYDAM STREET BROOKLYN,NY 11237 | 27-2792860 | | 5,050 | | | | |
| (17) ANJA HITZENBERGER LLC 225 EAST 26 STREET NEW YORK,NY 10010 | 52-2459567 | | 12,000 | | | | |
| (18) ANN MORTON DESIGN LLC 1420 EAST BERRIDGE LANE PHOENIX,AZ 85014 | 82-1788584 | | 48,000 | | | | |
| (19) ANOMALOUSCO LLC 216 SAINT PAUL ST BROOKLINE,MA 02446 | 87-3021180 | | 7,077 | | | | |
| (20) APOCALYPTIC ARTISTS ENSEMBLE LLC 91 CLAY ST BROOKLYN,NY 11222 | 85-4031820 | | 69,256 | | | | |
| (21) APOGEE JOURNAL INC 641 W 169TH ST APT D NEW YORK,NY 10032 | 83-2409008 | | 27,267 | | | | |
| (22) ARIA412 5110 CARNEGIE STREET PITTSBURGH,PA 152012534 | 88-3475560 | | 11,492 | | | | |
| (23) AROESTE MUSIC LLC 57 GREEN RIVER VALLEY ROAD ALFORD,MA 01230 | 80-0009833 | | 12,736 | | | | |
| (24) ARPEGGIONE ENSEMBLE INC 49 STANDLEY ST BEVERLY,MA 019152019 | 88-3941381 | | 11,423 | | | | |
| (25) ART DEPT LP 184 CORSE RD WHITINGHAM,VT 05361 | 80-0887490 | | 119,408 | | | | |
| (26) ART HAUS COLLECTIVE LLC 1161 STANYAN STREET SAN FRANCISCO,CA 941173803 | 83-0655224 | | 8,375 | | | | |
| (27) ART INTERSECTION MKE LLC PO BOX 1689 MILWAUKEE,WI 53201 | 86-2131887 | | 10,046 | | | | |
| (28) ART TAKE PRODUCTIONS 113 STOCKHOLM ST APT 4B BROOKLYN,NY 11221 | 87-3109225 | | 9,200 | | | | |
| (29) ARTISTS AT PLAY INC PO BOX 572 ALHAMBRA,CA 91802 | 88-2248158 | | 8,778 | | | | |
| (30) ARTRAGEOUS WITH NATE LLC 326N KENYON ST INDIANAPOLIS,IN 46219 | 45-5261857 | | 92,933 | | | | |
| (31) ARTS FOR ALL ABILITIES CONSORTIUM L 262 WEST 107 ST NEW YORK,NY 10025 | 81-4976214 | | 23,584 | | | | |
| (32) ARTS WORKERS UNITED 1660 DEKALB AVE APT 2L BROOKLYN,NY 11237 | 85-3126414 | | 23,257 | | | | |
| (33) ASBURY PARK DANCE FESTIVAL 96 FRANKLIN AVENUE OCEAN GROVE,NJ 07756 | 83-3232264 | | 32,244 | | | | |
| (34) ASHON CRAWLEY ARTS LLC PO BOX 8024 CHARLOTTESVILLE,VA 229068024 | 84-3723019 | | 12,469 | | | | |
| (35) ASSOCIATION FOR HERITAGE PRESERVATI 11712 STONEWOOD LANE ROCKVILLE,MD 20852 | 26-3676026 | | 75,705 | | | | |
| (36) AUSTRALIAN THEATRE FESTIVAL LLC 430 EAST 83RD STREET NEW YORK,NY 10028 | 84-4634673 | | 12,709 | | | | |
| (37) AUTTRIANNA PROJECTS LLC 5710 N HERMITAGE AVENUE CHICAGO,IL 60660 | 85-0936359 | | 21,475 | | | | |
| (38) B & I INC 1901 CONNECTICUT AVENUE NORTHWEST WASHINGTON,DC 200096071 | 88-1967364 | | 61,916 | | | | |
| (39) BABY BIRD FILM LLC 62 CLERMONT AVE BROOKLYN,NY 11205 | 88-4084191 | | 10,401 | | | | |
| (40) BACH AT THE ROCK LLC 800 ENERGY CENTER BOULEVARD NORTHPORT,AL 354732718 | 88-2396850 | | 11,483 | | | | |
| (41) BACKYARD STAGES INC 271 CADMAN PLAZA EAST PO BOX 25034 NEW YORK,NY 11202 | 92-3512275 | | 18,984 | | | | |
| (42) BALLET AND BEYOND NYC INC 309 W 75TH ST APT 5 NEW YORK,NY 10023 | 81-1705519 | | 11,896 | | | | |
| (43) BERKELEY CAPOEIRA 1901 SAN PABLO AVE BERKELEY,CA 94702 | 87-1392559 | | 20,234 | | | | |
| (44) BESHERT CREATIVE LLC 1049 HAVENHURST DR LOS ANGELES,CA 90046 | 47-4430356 | | 27,375 | | | | |
| (45) BETTY & BLUE LLC 41 SCHINDLER TERRACE WEST ORANGE,NJ 070521079 | 92-1008602 | | 35,769 | | | | |
| (46) BEYOND CATEGORY PRODUCTIONS LLC 739 MILFORD STREET LOS ANGELES,CA 90042 | 82-5183409 | | 21,699 | | | | |
| (47) BEYOND VIDEO LLC 3021 CRESMONT AVENUE BALTIMORE,MD 21211 | 86-2925727 | | 43,381 | | | | |
| (48) BHD LLC 68 LEMAY STREET WEST HARTFORD,CT 06107 | 84-3195040 | | 6,450 | | | | |
| (49) BIG LITTLE THEATRE COMPANY LLC 4248 BRUNSWICK AVENUE LOS ANGELES,CA 90039 | 92-0986025 | | 92,500 | | | | |
| (50) BLACK GIRL'S GUIDE TO SURVIVING MEN 1940 BUFFALO WAY DURHAM,NC 27704 | 87-2151830 | | 198,986 | | | | |
| (51) BLACK OPERA PRODUCTIONS LLC 89 MURRAY STREET NEW YORK,NY 10007 | 84-3295994 | | 6,202 | | | | |
| (52) BLACK RADISH FILMS LLC 4436 FRANKLIN AVENUE LOS ANGELES,CA 900272769 | 84-4334808 | | 46,508 | | | | |
| (53) BLACK SUN LIT INC 285 CHRIS LONG ROAD ARKVILLE,NY 12406 | 82-5524088 | | 8,484 | | | | |
| (54) BLACK THEATRE COMMONS PO BOX 773 NEW YORK,NY 10108 | 82-3372634 | | 22,756 | | | | |
| (55) BLACK WOMEN ON BROADWAY INC 464 WEST 130TH STREET APT 4C NEW YORK,NY 10027 | 92-2260784 | | 65,950 | | | | |
| (56) BLACK WOMXN FLOURISH LLC 2410 NORTH CHARLES STREET BALTIMORE,MD 21218 | 85-0699007 | | 5,538 | | | | |
| (57) BLIPSWITCH 3510 OAK SPRINGS DR AUSTIN,TX 78721 | 81-1680620 | | 6,500 | | | | |
| (58) BLOOM BLOOM POW PRODUCTIONS LLC 7 CEDAR LANE NEW PALTZ,NY 12561 | 88-3321089 | | 22,719 | | | | |
| (59) BLUE LENS LLC 6437 LANDVIEW RD PITTSBURGH,PA 15217 | 30-0667144 | | 13,103 | | | | |
| (60) BLUE SQUIRREL PRODUCTIONS LLC 1508 SILVERPINES RD HOUSTON,TX 77062 | 87-2006982 | | 6,080 | | | | |
| (61) BMOREART LLC 648 REGESTER AVENUE BALTIMORE,MD 21212 | 46-2443453 | | 340,486 | | | | |
| (62) BOMBAY BEACH BIENNALE LLC 3324 NORTH KNOLL DRIVE LOS ANGELES,CA 900681520 | 92-2483005 | | 88,570 | | | | |
| (63) BOOMBOOM PRESENTS 106 VANDERBILT AVENUE BROOKLYN,NY 112052348 | 20-5705531 | | 49,965 | | | | |
| (64) BRAMBLE THEATRE COMPANY 5545 NORTH CLARK STREET CHICAGO,IL 606401222 | 84-4163844 | | 14,420 | | | | |
| (65) BROADWAY CHAMBER PLAYERS INC 101 W12TH STREET APT 10T NEW YORK,NY 10011 | 46-4697187 | | 10,905 | | | | |
| (66) BROADWAY KIDS AUDITIONS LLC 415 W 23RD STREET NEW YORK,NY 100111405 | 46-3765583 | | 5,968 | | | | |
| (67) BRONX IS READING LLC 314 E 143RD STREET 6B BRONX,NY 10451 | 83-3216405 | | 70,993 | | | | |
| (68) BROOKLYN MALONE MEDIA LLC 233 MOUNTAIN STREET PHILADELPHIA,PA 191481319 | 26-2844003 | | 10,849 | | | | |
| (69) BROWN GIRL RECOVERY LLC 780 CONCOURSE VILLAGE WEST BRONX,NY 10451 | 81-5313698 | | 89,663 | | | | |
| (70) BS ART SERVICES LLC 9 PELL STREET NEW YORK,NY 100135134 | 37-2017727 | | 20,147 | | | | |
| (71) BUCKYBALL MUSIC INC 456 WEST 49TH STREET NEW YORK,NY 10019 | 13-4049674 | | 6,047 | | | | |
| (72) BUTTERFLY EFFECT PRODUCTIONS LLC 120 HAVEN AVENUE NEW YORK,NY 100322636 | 88-2099373 | | 5,240 | | | | |
| (73) CAFE CIII LLC 103 WAVERLY PLACE NEW YORK,NY 10011 | 13-4092564 | | 26,312 | | | | |
| (74) CARMEN VINCENT FILMS LLC 512 W 1100 N APT 3B CHESTERTON,IN 46304 | 87-1299960 | | 5,650 | | | | |
| (75) CATALINA FILM INSTITUTE 13547 VENTURA BLVD SHERMAN OAKS,CA 91423 | 61-1640934 | | 41,525 | | | | |
| (76) CATALYST QUARTET 500 FORT WASHINGTON AVE NEW YORK,NY 10033 | 82-4414829 | | 18,803 | | | | |
| (77) CHANGE ARTS INC 117 W 117TH ST NEW YORK,NY 10026 | 88-1684808 | | 57,856 | | | | |
| (78) CHICKEN & CLOUD LLC 182 HART STREET BEDFORDSTUYVESANT,NY 112066802 | 88-4327129 | | 20,056 | | | | |
| (79) CHICKEN & CLOUD LLC 119 MACON STREET BROOKLYN,NY 112162113 | 88-4327129 | | 37,002 | | | | |
| (80) CHRYSALIS INSTITUTE L3C 2339 CRANE AVENUE KALAMAZOO,MI 49001 | 86-1452587 | | 34,361 | | | | |
| (81) CINE MAS SF 695 CONNECTICUT APT 1 SAN FRANCISCO,CA 94107 | 27-0299309 | | 6,900 | | | | |
| (82) CLAPPING HANDS LLC 3348 ALSTON CHAPEL ROAD PITTSBORO,NC 27312 | 86-3885914 | | 19,912 | | | | |
| (83) CO-CREATIVE CENTER 137 UNION ST 1ST FLOOR NEW BEDFORD,MA 02740 | 84-3854582 | | 7,085 | | | | |
| (84) COIL RECORDS INC PO BOX 275 WHATELY,MA 01093 | 46-3536381 | | 5,060 | | | | |
| (85) COLLABORATIVE FILMS LLC 14 BEDFORD STREET NEW YORK,NY 10014 | 85-4081598 | | 14,793 | | | | |
| (86) COMMON DANCE LLC 1535 N DAYTON ST CHICAGO,IL 60642 | 83-4624284 | | 6,503 | | | | |
| (87) CONSENSES LLC 150 LAKE VIEW AVE CAMBRIDGE,MA 02138 | 87-2000942 | | 75,939 | | | | |
| (88) CONTRARIAN AQUARIAN LLC 1103 N COLLINGTON AVE BALTIMORE,MD 212133318 | 85-2408842 | | 14,904 | | | | |
| (89) COUNTDOWN IMPROV FESTIVAL LLC 39-42 46TH STREET SUNNYSIDE,NY 11104 | 83-0691727 | | 8,248 | | | | |
| (90) COURAGEOUS STAGE LLC 297 STEVENSON RD WESTPORT,NY 12993 | 85-3291030 | | 63,900 | | | | |
| (91) CRANE ARTS 1400 N AMERICAN STSUITE PHILADELPHIA,PA 191223828 | 73-1691394 | | 35,225 | | | | |
| (92) CRAZY 4 JAZZ LLC 116 WEST 116TH STREET 7B NEW YORK,NY 10026 | 46-4634763 | | 5,096 | | | | |
| (93) CREATE FORWARD LLC 1666 CALLOWHILL ST PHILADELPHIA,PA 19130 | 81-0790779 | | 108,409 | | | | |
| (94) CREATENET STUDIO LLC 412 BENEDICT AVENUE TARRYTOWN,NY 10591 | 47-3862048 | | 18,040 | | | | |
| (95) CREATIVE REUSE CENTER OF RI 498 PINE STREET PROVIDENCE,RI 02907 | 88-2799231 | | 28,726 | | | | |
| (96) CREATIVE SOUND PLAY LTD 544 PACIFIC STREET BROOKLYN,NY 11217 | 87-3632519 | | 39,649 | | | | |
| (97) CRENSHAW DAIRY MART LLC PO BOX 1212 INGLEWOOD,CA 90308 | 84-3149208 | | 1,414,614 | | | | |
| (98) CULTUREVERSE 309 S MAIN STREET ANN ARBOR,MI 48104 | 86-3938363 | | 177,750 | | | | |
| (99) CURATED BY THE SEA LLC 217 OCEAN VIEW AVE SANTA CRUZ,CA 95062 | 86-1495402 | | 29,717 | | | | |
| (100) CURRENT LLC 421 N HOWARD ST BALTIMORE,MD 21201 | 20-1914921 | | 5,971 | | | | |
| (101) CYLAND FOUNDATION INC 901 BRICKELL KEY BLVD APT 3705 MIAMI,FL 33131 | 86-3365746 | | 658,127 | | | | |
| (102) DAME MEDIA LLC 1059 SUPERBA AVENUE VENICE,CA 90291 | 38-3751873 | | 57,500 | | | | |
| (103) DAMM CREATIVE LLC POBOX 321 NORWICH,CT 06360 | 84-3680451 | | 83,374 | | | | |
| (104) DAVE SHARP ENTERPRISES LLC 1005 HUTCHINS AVE ANN ARBOR,MI 48103 | 47-3923641 | | 257,463 | | | | |
| (105) DELLA CHEN PHOTOGRAPHY LLC 7012 17TH AVE NW SEATTLE,WA 98117 | 47-2001413 | | 73,257 | | | | |
| (106) DENVER PRO CHORALE 4592 S GIBRALTAR ST DENVER,CO 80247 | 46-1768288 | | 12,620 | | | | |
| (107) DILETTANTE ARMY LLC 1 GRAND ARMY PLZ APT 5M BROOKLYN,NY 11238 | 81-1375720 | | 12,850 | | | | |
| (108) DIRECTORS GATHERING 3308 WEST QUEEN LANE PHILADELPHIA,PA 19129 | 46-5215656 | | 15,546 | | | | |
| (109) DIZZY BOOKS LLC 611 FLATBUSH AVENUE BROOKLYN,NY 11225 | 86-2814921 | | 10,395 | | | | |
| (110) DNAWORKS LLC 1617 PARK PLACE AVE SUITE 110 FORT WORTH,TX 76110 | 26-3181751 | | 13,715 | | | | |
| (111) DO GOOD LLC 368 BROADWAY NEW YORK CITY,NY 10013 | 47-2522555 | | 79,156 | | | | |
| (112) DOCTORBIRD LLC 26 SOUTH PROSPECT STREET AMHERST,MA 01002 | 87-3140423 | | 93,882 | | | | |
| (113) DONKEYSADDLE PROJECTS LLC 5932 42ND AVE SW SEATTLE,WA 98136 | 30-1157615 | | 232,803 | | | | |
| (114) DREAMING LANGUAGES INC 2093 PHILADELPHIA PIKE CLAYMONT,DE 19703 | 61-1987030 | | 9,446 | | | | |
| (115) EARSPACE ENSEMBLE 933 N CALVERT ST BALTIMORE,MD 21202 | 81-3685131 | | 17,075 | | | | |
| (116) EARTHSEED COLLECTIVE 145 A RUST AVE HOLLY SPRINGS,MS 38635 | 85-3544039 | | 7,599 | | | | |
| (117) EAST CITY ART MEDIA LLC 922 G STREET SE WASHINGTON,DC 20003 | 46-2202199 | | 10,232 | | | | |
| (118) EAST CREEK ART LLC 12251 SW EAST CREEK ROAD WILLAMINA,OR 97396 | 81-1808707 | | 40,893 | | | | |
| (119) ECLECTIC BREW 215A CARROLL STREET SE SEATTLE,WA 98144 | 27-0359275 | | 112,897 | | | | |
| (120) EDEN THEATER COMPANY 255 FIELDSTON TERRACE STE 6L BRONX,NY 10471 | 87-0958709 | | 6,040 | | | | |
| (121) EDDA HOUSE INC 426 EAST 9TH STREET NEW YORK,NY 10009 | 56-2420211 | | 11,684 | | | | |
| (122) ELEMENTS URBAN ARTS COLLECTIVE LLC 3909 WALLACE RD NORTH BRENTWOOD,MD 20722 | 82-1012395 | | 14,515 | | | | |
| (123) ELEVATE THEATRE COMPANY LLC 772 ST NICHOLAS AVE NEW YORK,NY 10031 | 85-3218149 | | 5,500 | | | | |
| (124) ELYSION PRODUCTIONS 3401 E VIA PALOMITA TUCSON,AZ 85718 | 81-4094804 | | 11,670 | | | | |
| (125) EMBRACING ARLINGTON ARTS 754 NORTH VERMONT STREET ARLINGTON,VA 22203 | 82-4017765 | | 10,435 | | | | |
| (126) ENTER GRACE YOGA 311 WEST 127TH ST APT 406 NEW YORK,NY 10027 | 46-3649450 | | 10,395 | | | | |
| (127) ESPOCINEMA LLC HOME 100 WOODSMEADOW LANE ROCHESTER,NY 14623 | 81-1590194 | | 7,147 | | | | |
| (128) FEMINISM STATIC LLC 3826 E SHOMI ST PHOENIX,AZ 85044 | 47-3981380 | | 24,721 | | | | |
| (129) FEMINIST MEDIA FOUNDATION 8 E RANDOLPH SUITE 2206 CHICAGO,IL 60601 | 83-1763578 | | 36,650 | | | | |
| (130) FERMATA INC 1137 MASSACHUSETTS AVE APT 36 CAMBRIDGE,MA 02140 | 83-0788869 | | 5,160 | | | | |
| (131) FILM ETC LLC 89-19 89 AVENUE NEW YORK,NY 11421 | 46-1264876 | | 8,500 | | | | |
| (132) FIRST WOMAN LLC PO BOX 1419 NEW YORK,NY 10026 | 87-2160904 | | 10,940 | | | | |
| (133) FIT4DANCE LLC 1583 LINCOLN PLACE APT 3 BROOKLYN,NY 11233 | 46-4598881 | | 7,590 | | | | |
| (134) FLEMING CONSULTING INC 11 ISLAND AVE APT 2005 MIAMI BEACH,FL 33139 | 46-1795631 | | 67,398 | | | | |
| (135) FLOCKWORKS DANCE LLC 8205 LUPINE LN CLINTON,WA 98236 | 88-4373634 | | 18,000 | | | | |
| (136) FORK THE MAN PRODUCTIONS LLC 350 SEDGEWICK CT CHICAGO,IL 60626 | 45-3004583 | | 10,165 | | | | |
| (137) FRENCH DOG FILMS LLC 4624 FOREST AVENUE SOUTHEAST MERCER ISLAND,WA 980404307 | 83-4212856 | | 18,320 | | | | |
| (138) FRONT PORCH ARTS CENTER INC 311 NORTH WALLER AVENUE CHICAGO,IL 60644 | 84-2527895 | | 14,128 | | | | |
| (139) FULL CIRCLE PROD (FCP) INC 1810 BRUCKNER BLVD BRONX,NY 10473 | 13-3966391 | | 60,163 | | | | |
| (140) GABRIELLE VAN HORN DBA FEMMEDY TRI 5066 ROMAINE ST APT 14 LOS ANGELES,CA 90029 | 92-1007118 | | 14,516 | | | | |
| (141) GAS GALLERY LLC 2005 NORTH ALVARADO STREET LOS ANGELES,CA 90039 | 82-2549536 | | 9,719 | | | | |
| (142) GLOBAL PLAY BRIGADE LLC 455 EAST 14 STREET NEW YORK,NY 10009 | 87-2667623 | | 50,897 | | | | |
| (143) GLORY EDIM WELL-READ BLACK GIRL L 1040 1ST AVENUE NEW YORK,NY 10022 | 81-4165668 | | 126,679 | | | | |
| (144) GOLDEN CAGE MUSIC INC BOX 1039 ARLINGTON,MA 02474 | 22-3866890 | | 9,500 | | | | |
| (145) GOOD APPLES COLLECTIVE LLC 359 7TH AVENUE BROOKLYN,NY 112154320 | 92-1314075 | | 35,669 | | | | |
| (146) GOSTIA LLC 2821 21ST AVE S SEATTLE,WA 98144 | 47-3724089 | | 34,700 | | | | |
| (147) GRASS CEILING PRODUCTIONS LLC 672 PRESIDENT STREET BROOKLYN,NY 11215 | 87-4636208 | | 28,553 | | | | |
| (148) GREEN CANVAS PRODUCTIONS 1020 GRAND CONCOURSE BRONX,NY 10451 | 88-3414340 | | 6,055 | | | | |
| (149) GREENHOUSE CENTER LLC 165 WEST 127TH STREET NEW YORK,NY 10027 | 47-4749941 | | 16,500 | | | | |
| (150) GREENWOODS 2058 47 LAUREL WAY EXT NORFOLK,CT 06058 | 87-2341219 | | 5,903 | | | | |
| (151) GRIFFIN THEATRE CHRISTOPHER EVERET 142 BANFF ST BEAR,DE 19701 | 84-2838224 | | 19,074 | | | | |
| (152) GROVER KNOWS PRODUCTIONS LLC 107 BROOKLYN AVENUE APT BROOKLYN,NY 11216 | 47-4124794 | | 24,600 | | | | |
| (153) GRX IMMERSIVE LABS 17412 VENTURA BLVD ENCINO,CA 91316 | 83-1695649 | | 297,817 | | | | |
| (154) HANNAH REIMANN INNOVATIONS INC 336 W 11TH ST NEW YORK,NY 10011 | 47-4219146 | | 10,257 | | | | |
| (155) HAPPENSTANCE THEATER INC 12718 VEIRS MILL RD ROCKVILLE,MD 208533505 | 20-4639247 | | 45,557 | | | | |
| (156) HAPPYMESS AT OUTSIDERS 718 IREDELL STREET DURHAM,NC 27705 | 27-4750487 | | 5,220 | | | | |
| (157) HARLEM9 INC 1855 ADAM CLAYTON POWEL JR BLVD NEW YORK,NY 10026 | 47-4120850 | | 42,700 | | | | |
| (158) HARMONIC ENTROPY LLC 152 FRANKLIN AVE NUTLEY,NJ 07110 | 81-1638794 | | 5,316 | | | | |
| (159) HELIAND CONSORT PO BOX 15 BAKERSFIELD,VT 05441 | 46-2943281 | | 11,498 | | | | |
| (160) HILLARY GREENHOUSE PAWPRINT PRODUC 50 WEST STREET APT18C NEW YORK,NY 10006 | 80-0703546 | | 27,451 | | | | |
| (161) HIP ENTERPRISES LLC PO BOX 90645 SANTA BARBARA,CA 93190 | 56-2507526 | | 71,048 | | | | |
| (162) HOLOCAUST MUSIC LOST & FOUND INC 348 WEST 57TH STREET NEW YORK,NY 10019 | 87-1567482 | | 9,154 | | | | |
| (163) HORSE TRADE THEATRE GROUP 85 E 4TH STREET NEW YORK,NY 10003 | 13-4031477 | | 9,023 | | | | |
| (164) HUBBUB INC 377 S HARRISON STREET APT 11B EAST ORANGE,NJ 07018 | 22-3437756 | | 14,331 | | | | |
| (165) HUDSON HOUSE HUDSON LLC 824 WARREN STREET HUDSON,NY 12534 | 88-0872323 | | 22,891 | | | | |
| (166) HUNGER AND THIRST THEATRE COLLECTIV 87 BLACKHEATH ROAD LIDO BEACH,NY 115614807 | 45-5017669 | | 44,264 | | | | |
| (167) I LEARN AMERICA LLC 443 12TH STREET BROOKLYN,NY 11215 | 27-3895930 | | 24,327 | | | | |
| (168) I TURN GRILLS ON LLC 258 MARCUS GARVEY BLVD APT 2A BROOKLYN,NY 11221 | 92-3647046 | | 25,522 | | | | |
| (169) IAMRESIDENCY 2709 RIBAULT SCENIC DRIVE JACKSONVILLE,FL 32208 | 82-1184793 | | 18,947 | | | | |
| (170) IN THE GARDEN OF TULIPS LLC 423 ARNAZ DRIVE LOS ANGELES,CA 90048 | 88-3524171 | | 10,139 | | | | |
| (171) INANNA LLC DBA MA-SACK MEDIA 4315 ABINGDON DRIVE STONE MOUNTAIN,GA 300833206 | 92-2307407 | | 9,000 | | | | |
| (172) INSPIRED MASSES 40 ELSON RD BOSTON,MA 02196 | 84-2141217 | | 21,246 | | | | |
| (173) INTERSTATE LIMITED LIABILITY COMPAN 424 E 115ST ST NEW YORK,NY 10029 | 82-5290509 | | 5,610 | | | | |
| (174) IRON JOHN PRODUCTIONS LIMITED LIABI 200 W 18TH STREET 6F NEW YORK,NY 10011 | 88-4319878 | | 9,934 | | | | |
| (175) IRVINE MUSIC FESTIVAL 4790 IRVINE BOULEVARD IRVINE,CA 92614 | 47-2261319 | | 7,630 | | | | |
| (176) ISHAMI LLC 4434 SACRAMENTO AVE FREMONT,CA 94538 | 88-4358105 | | 12,266 | | | | |
| (177) JAG PROJECTS LLC 336 GREENE AVE APT 2 NEW YORK,NY 11238 | 46-4409210 | | 15,289 | | | | |
| (178) JAMES WESTON TWARDOWSKI (DBA THIRD 2210 WEST DALLAS STREET HOUSTON,TX 77019 | 82-3572683 | | 28,111 | | | | |
| (179) JAMIAN JULIANO VILLANI 194 VERNON AVENUE BROOKLYN,NY 11206 | 15-2960372 | | 120,776 | | | | |
| (180) JASON MCKINNEY 1507 SHARON RD WINSTON SALEM,NC 27103 | 39-1942310 | | 11,136 | | | | |
| (181) JAZZ MANAGEMENT GROUP LLC 2621 PLAZA DEL AMO TORRANCE,CA 90503 | 47-3196231 | | 9,200 | | | | |
| (182) JENISE MORGAN CREATIVE 25 NEW STREET COXSACKIE,NY 12051 | 88-2719301 | | 18,886 | | | | |
| (183) JERRY GOGO LLC 75 HARVESTER ROAD FAIRFIELD,CT 068251124 | 87-1578525 | | 27,000 | | | | |
| (184) JUNETEENTH LP PO BOX 340 NEW YORK,NY 10037 | 87-3803764 | | 37,470 | | | | |
| (185) KAILUA ONSTAGE ARTS 1219 KAINUI DR KAILUA,HI 96734 | 81-3215242 | | 14,986 | | | | |
| (186) KANYOK ARTS INITIATIVE 280 RECTOR PLACE NEW YORK,NY 10280 | 83-1290157 | | 14,253 | | | | |
| (187) KENADY SEAN PRODUCTIONS LLC 1328 TIPPERARY DRIVE GRAPEVINE,TX 76051 | 88-2683161 | | 5,550 | | | | |
| (188) KID'S CANVAS INC 1433 DEKALB AVE BROOKLYN,NY 11237 | 27-3335011 | | 9,408 | | | | |
| (189) KINESIS PROJECT INC 119 PAYSON AVE 6B NEW YORK,NY 10034 | 81-1896850 | | 26,320 | | | | |
| (190) KIOSK GALLERY LLC 2509 SW BLAZING STAR PL LEES SUMMIT,MO 64081 | 46-1763545 | | 17,145 | | | | |
| (191) KLEIN & ALVAREZ PRODUCTIONS LLC 3910 LINCOLN ROAD INDIANAPOLIS,IN 46238 | 47-5364070 | | 18,915 | | | | |
| (192) KNOCK AT THE GATE LLC 415 STRATFORD ROAD BROOKLYN,NY 11218 | 92-3221092 | | 14,867 | | | | |
| (193) KOLLECTIVE366 INC 1 LIBRARY LN PLAINVIEW,NY 11803 | 87-2182296 | | 9,866 | | | | |
| (194) KYODAIKO KYODAIKO ARDMORE,PA 19003 | 84-3822669 | | 11,907 | | | | |
| (195) LAB THEATRE PROJECT INC 812 E HENDERSON AVE TAMPA,FL 33605 | 84-3205022 | | 5,455 | | | | |
| (196) LAKESIDE SHAKESPEARE THEATRE 1716 PILGRIM HIGHWAY FRANKFORT,MI 49635 | 37-1939621 | | 5,892 | | | | |
| (197) LANES COVEN LLC 2 SUNSET POINT RD GLOUCESTER,MA 01930 | 85-3151626 | | 37,325 | | | | |
| (198) LEADLIGHTS ENSEMBLE 715 WEST 170TH STREET NEW YORK,NY 10032 | 87-2233678 | | 27,172 | | | | |
| (199) LEADS CREATIVE LLC 910 22ND AVE B OAKLAND,CA 94606 | 82-1870250 | | 17,781 | | | | |
| (200) LEGACY CONNECTIONS FILMS 2057-A GREEN BAY ROAD HIGHLAND PARK,IL 60035 | 26-4368591 | | 7,932 | | | | |
| (201) LEO NANI FARMS LLC PO BOX 371 HAKALAU,HI 96710 | 27-0910775 | | 10,304 | | | | |
| (202) LIBERATION THEATRE COMPANY 9 CRESTWOOD DRIVE SAVANNAH,GA 31405 | 80-0749668 | | 28,930 | | | | |
| (203) LIFE CHEERING CENTER 200 EAST RANDOLPH STREET CHICAGO,IL 60605 | 46-1207920 | | 5,770 | | | | |
| (204) LIGHTNING ROD SPECIAL LLC 2003 S HEMBERGER ST PHILADELPHIA,PA 19146 | 87-3269473 | | 57,245 | | | | |
| (205) LIKEU 101 PARK AVENUE NEW YORK,NY 10178 | 27-4555121 | | 29,414 | | | | |
| (206) LISTENING ROOM NETWORK LLC 4112 53RD AVE E BRANDENTON,FL 342047457 | 46-4775296 | | 11,014 | | | | |
| (207) LITTLE HOUSE DANCE COMPANY LLC 167 COYLE STREET PORTLAND,ME 04103 | 85-1326081 | | 34,407 | | | | |
| (208) LOUD ON LOCATION AUDIO LLC 3461HUMMER LAKE ROAD ORTONVILLE,MI 48462 | 26-1822599 | | 17,050 | | | | |
| (209) LOVE GODDESS LLC 240 WEST 98TH STREET NEW YORK,NY 100255552 | 83-2977980 | | 5,245 | | | | |
| (210) LOVE PRODUCTIONS RECORDS 527 W 149TH ST NEW YORK,NY 10031 | 26-4803555 | | 14,871 | | | | |
| (211) LUCKY JEWEL INC 18-75 DEKALB AVENUE FLUSHING,NY 113851121 | 87-3778422 | | 33,300 | | | | |
| (212) LUNAR UNIVERSITY 239 WALNUT AVE SANTA CRUZ,CA 95060 | 92-3103008 | | 40,000 | | | | |
| (213) LUPINEWOOD LLC 172 HIGHLAND AVENUE GREENFIELD,MA 013013606 | 81-4224082 | | 49,809 | | | | |
| (214) M3EP INC 213 SOMERSET RD NO NORWOOD,NJ 07648 | 45-4669892 | | 69,832 | | | | |
| (215) MACI DUFFY PRODUCTIONS INC 429 WEST 154TH STREET NEW YORK,NY 10032 | 83-1893586 | | 24,108 | | | | |
| (216) MAITRI RIVER PRODUCTIONS 350 N ERVAY ST APT 2106 DALLAS,TX 75201 | 82-5503239 | | 29,800 | | | | |
| (217) MAKESHIFT ARTS LLC 21-74 46TH ST ASTORIA,NY 11103 | 87-3309635 | | 6,294 | | | | |
| (218) MANNING MUSIC AND ARTS INC 3423 GRASSWOOD DRIVE RICHMOND,CA 95103 | 83-3676874 | | 38,227 | | | | |
| (219) MANUAL CINEMA LLC 2415 W 19TH ST CHICAGO,IL 60608 | 46-1827152 | | 18,308 | | | | |
| (220) MARIAH M INK 108 NORTH MENDENHALL STREET GREENSBORO,NC 274011841 | 87-3978932 | | 11,358 | | | | |
| (221) MAROON ARTS AND CULTURE 565 E MAGNOLIA BLVD UNIT C BURBANK,CA 91501 | 84-2873969 | | 50,848 | | | | |
| (222) MEGUMI LEE PROJECTS LLC 205 THIRD AVENUE NEW YORK,NY 10003 | 92-3145106 | | 15,275 | | | | |
| (223) MELISSA MCGILL 22 WILLOW STREET BEACON,NY 125081846 | 10-9666247 | | 14,851 | | | | |
| (224) MI CASITA INC 1060 BEDFORD AVE BROOKLYN,NY 11216 | 82-1387354 | | 29,500 | | | | |
| (225) MILES OF MUSIC LLC 1312 RIVERWOOD DRIVE NASHVILLE,TN 37216 | 47-2166523 | | 14,700 | | | | |
| (226) MIND CAPO INC BOX 6009 BOZEMAN,MT 59771 | 20-5753083 | | 143,232 | | | | |
| (227) MINNESOTA MADE PRODUCTIONS LLC PO BOX 16106 MINNEAPOLIS,MN 554160106 | 45-3040868 | | 17,867 | | | | |
| (228) MIPSTERZ INC 1150 EASTERN PARKWAY BROOKLYN,NY 11213 | 82-2405197 | | 54,622 | | | | |
| (229) MIXED EMOTION THEATRIX 427 CAMDEN DR BEVERLY HILLS,CA 90212 | 81-1198966 | | 18,642 | | | | |
| (230) MOMENT FILMS LLC 1158 FIFTH AVENUE AP8A NEW YORK,NY 10029 | 83-2515535 | | 32,600 | | | | |
| (231) MONKEY DUST PRODUCTIONS 826 WEST PATRICK CIRCLE WEST PALM BEACH,FL 334064431 | 46-5751390 | | 5,809 | | | | |
| (232) MOONLIGHT STAGE COMPANY 4720 HARGROVE SUITE 130 RALEIGH,NC 27616 | 82-4207859 | | 18,224 | | | | |
| (233) MOVE THE CROWD LLC PO BOX 325 ORADELL,NJ 07649 | 90-0744954 | | 26,681 | | | | |
| (234) MOVIE MENTORS LLC 89 MASON CIRCLE BEACON,NY 12508 | 47-2222531 | | 12,561 | | | | |
| (235) MUSIC FROM THE SOLE INC 2913 FOSTER AVE NEW YORK,NY 11210 | 85-3989383 | | 44,750 | | | | |
| (236) MY FRIEND DEATH LLC 38 WARMAN STREET SUITE 2 MONTCLAIR,NJ 07042 | 92-2648846 | | 5,450 | | | | |
| (237) MYTH COMPLEX ART HOUSE LLC 205 21ST AVE SE SAINT PETERSBURG,FL 33705 | 47-1780993 | | 18,396 | | | | |
| (238) NATURE THEATER OF OKLAHOMA LLC 2728 THOMSON AVENUE UNIT 817 LONG ISLAND CITY,NY 11101 | 45-2207312 | | 33,442 | | | | |
| (239) NEEMA GITHERE 531 MADISON STREET BEDFORDSTUYVESANT,NY 112211603 | 65-3206055 | | 43,219 | | | | |
| (240) NEW CIRCLE THEATRE COMPANY INC 140 WEST 44TH STREET NEW YORK,NY 10036 | 82-2130860 | | 13,623 | | | | |
| (241) NEW DEAL CAFE INC 36 RIDGE RD UNIT J GREENBELT,MD 20770 | 52-1930528 | | 10,323 | | | | |
| (242) NEW TECH INNOVATION LLC 1390 MARKET ST SAN FRANCISCO,CA 94102 | 84-3443061 | | 2,905,529 | | | | |
| (243) NEW THEATRE 9604 JANUARY CT HENRICO,VA 23238 | 87-1228467 | | 85,681 | | | | |
| (244) NEW TUNE ENTERTAINMENT LLC 345 WEST 55TH STREET NEW YORK,NY 10019 | 81-5384946 | | 12,616 | | | | |
| (245) NEWCRITS LLC 846 HANCOCK STREET BROOKLYN,NY 11233 | 87-3796328 | | 47,648 | | | | |
| (246) NIGHT SCHOOL DURHAM LLC 917 N ELIZABETH ST DURHAM,NC 27701 | 86-2469222 | | 20,105 | | | | |
| (247) NO PLACE PRESS PO BOX 524 NEW YORK,NY 10276 | 82-3306901 | | 28,084 | | | | |
| (248) NORWALK METROPOLITAN YOUTH BALLET 2814 42ND ST ASTORIA,NY 11103 | 46-4991269 | | 138,025 | | | | |
| (249) NOVA EARTH INSTITUTE 13918 E MISSISSIPPI AVE AURORA,CO 80012 | 81-1197618 | | 6,908 | | | | |
| (250) NY LUBDUB THEATRE CO LLC 515 WEST 52ND STREET NEW YORK,NY 10019 | 92-1260965 | | 23,311 | | | | |
| (251) OFRENDA MEDIA LLC 1260 ELLA STREET SAN LUIS OBISPO,CA 93401 | 61-5014358 | | 16,800 | | | | |
| (252) OH LOOK THAT'S NEAT LLC 5687 HUB STREET LOS ANGELES,CA 900422555 | 68-2122590 | | 20,328 | | | | |
| (253) ONE & OTHER PRODUCTIONS LLC 21 ASTOR PLACE NEW YORK,NY 10003 | 87-1404769 | | 20,901 | | | | |
| (254) ONE MORE TIME FILMS LLC 8 SIGNAL LANE WESTPORT,CT 06880 | 88-3137396 | | 28,643 | | | | |
| (255) ONE WHALE'S TALE LLC 236 MOORE STREET 406 NEW YORK,NY 11206 | 86-2239820 | | 79,869 | | | | |
| (256) ONR CONSULTING INC 929 MERIDIAN AVENUE MIAMI BEACH,FL 33139 | 46-4641795 | | 11,606 | | | | |
| (257) ORANGE BLUE GROUP LLC 315 FLATBUSH AVE STE 418 BROOKLYN,NY 11217 | 81-4209829 | | 354,993 | | | | |
| (258) OZER LABS LLC 126 DECKER ROAD GLEN SPEY,NY 12737 | 92-1236382 | | 31,915 | | | | |
| (259) PANOPTICA FILMS LLC 227 PROSPECT PARK WEST BROOKLYN,NY 112155916 | 45-3773191 | | 12,041 | | | | |
| (260) PARAMAR DANCE THEATRE LLC 1720 S MICHIGAN AVE APT 202 CHICAGO,IL 60616 | 85-1990254 | | 60,277 | | | | |
| (261) PARENT ARTIST ADVOCACY LEAGUE FOR T 2390 INDIANOLA AVE COLUMBUS,OH 43202 | 82-2042582 | | 52,297 | | | | |
| (262) PARRIS PICTURES 125 BUTLER STREET BROOKLYN,NY 11231 | 47-1751207 | | 8,680 | | | | |
| (263) PATIENT FORWARD LLC 620 WILSON AVENUE BROOKLYN,NY 11221 | 84-1873597 | | 6,000 | | | | |
| (264) PEACOCK UNICORN 451 WEAVER HOLLOW ROAD MARGARETVILLE,NY 12455 | 46-3001013 | | 32,281 | | | | |
| (265) PENNY ARCADE PERFORMANCE LLC 91 PAYSON AVENUE APT 7F NEW YORK,NY 10034 | 86-1832777 | | 5,808 | | | | |
| (266) PERSIMMON TREE INC 1600 SE 15TH ST APT 212 FORT LAUDERDALE,FL 33316 | 82-4873168 | | 44,809 | | | | |
| (267) PERSONAL PIZZA PARTY INC 45-28 42ND STREET APT 3B LONG ISLAND CITY,NY 111042956 | 92-1901195 | | 5,404 | | | | |
| (268) PETIT MORT PRODUCTIONS LLC 41 MASON CIRCLE BEACON,NY 12508 | 85-0758158 | | 9,496 | | | | |
| (269) PHILADELPHIA ARGENTINE TANGO SCHOOL 2030 FRANKFORD AVE PHILADELPHIA,PA 19125 | 80-0515661 | | 47,168 | | | | |
| (270) PHOTOJOURNALISM ARCHIVE 2412 S FORT SCOTT DRIVE ARLINGTON,VA 22202 | 92-1732375 | | 42,499 | | | | |
| (271) PIEHOLE LIVE ARTS LLC 4136 51ST ST WOODSIDE,NY 11377 | 83-0658723 | | 24,130 | | | | |
| (272) PIP & TWIG INC 1113 EAST JEFFERSON STREET CHARLOTTESVILLE,VA 22902 | 88-1477251 | | 15,567 | | | | |
| (273) PLANET CONNECTION INC 171 EAST 77TH STREET NEW YORK,NY 10005 | 27-1848213 | | 92,500 | | | | |
| (274) PLAY INCUBATION COLLECTIVE 264 RIVERSIDE DR FLORENCE,MA 01062 | 85-4241030 | | 21,633 | | | | |
| (275) POCKET UNIVERSE 88 GREENWICH STREET NEW YORK,NY 10006 | 81-5248111 | | 6,961 | | | | |
| (276) POLYPHONIC PRODUCTIONS LLC DBA NEW 34-21 77TH STREET JACKSON HEIGHTS,NY 11372 | 27-4562071 | | 13,588 | | | | |
| (277) POWER IN PLACE 3704 PETH RD RANDOLPH,VT 05060 | 47-2151153 | | 13,750 | | | | |
| (278) PRATO PRODUCTIONS 3550 N LAKESHORE DRIVE APT 808 CHICAGO,IL 60657 | 20-5465730 | | 23,300 | | | | |
| (279) PRIMAVERANZIA LLC 635 FOSTER DRIVE DES MOINES,IA 503122517 | 85-1931796 | | 8,410 | | | | |
| (280) PROJECT INKBLOT LLC 731 HANCOCK STREET BROOKLYN,NY 11233 | 47-3057609 | | 6,960 | | | | |
| (281) PROVINCETOWN PUBLIC ART FOUNDATION 564 COMMERCIAL ST PROVINCETOWN,MA 02657 | 84-3981267 | | 20,158 | | | | |
| (282) PUERTO RICO CENTER FOR COLLABORATIV 9600 MEADOW LANE LEAWOOD,KS 662062259 | 92-0964237 | | 7,625 | | | | |
| (283) PURE NEWT LLC 118 MESA VERDE ST SANTA FE,NM 87501 | 45-4178015 | | 15,261 | | | | |
| (284) RAINBOW DOME LLC 2600 W 2ND AVE UNIT 10 DENVER,CO 80219 | 85-2112070 | | 5,477 | | | | |
| (285) RAISON DANCE PROJECT 19 HALO DRIVE BOZEMAN,MT 59718 | 82-2850178 | | 6,090 | | | | |
| (286) RANDY BACON PHOTOGRAPHY INC 209 WEST COMMERCIAL STREET SPRINGFIELD,MO 65803 | 20-3059833 | | 16,521 | | | | |
| (287) RASHOMON MEDIA 19 CROSBY STREET NEW YORK,NY 10013 | 83-0823965 | | 12,024 | | | | |
| (288) RECLAIM PRIDE COALITION INC 226 WEST 20TH STREET NEW YORK,NY 10001 | 87-0917409 | | 32,114 | | | | |
| (289) RED UKULELE PRODUCTIONS 1370 OWENSVILLE ROAD CHARLOTTESVILLE,VA 22901 | 86-3536758 | | 15,266 | | | | |
| (290) REDBIRD ARTS 4702 BROOKLANE DRIVE DURHAM,NC 27712 | 88-2373501 | | 5,500 | | | | |
| (291) REEL KIDS CLUB LLC 539 W COMMERCE DALLAS,TX 75208 | 92-3391892 | | 13,464 | | | | |
| (292) REGEN MEDIA LLC 3190 MOUNTAIN ASH DRIVE HAILEY,ID 83333 | 93-2014613 | | 10,964 | | | | |
| (293) RENEGADE PERFORMANCE GROUP PRODUCTI 1289 UNION STREET BROOKLYN,NY 11225 | 81-3482285 | | 24,584 | | | | |
| (294) REPLAY ARTS LLC 35 RAILROAD ROW SUITE 411 WHITE RIVER JUNCTION,VT 05001 | 88-4191813 | | 78,785 | | | | |
| (295) REQUIEM FILM LLC 89 JORALEMON STREET BROOKLYN HEIGHTS,NY 112014004 | 92-1958440 | | 20,920 | | | | |
| (296) RESPIRO OPERA NYC LLC 200 WEST 85TH STREET NEW YORK,NY 10024 | 83-1898632 | | 5,973 | | | | |
| (297) RETREAT TO BROADWAY LLC 1121 N BETHLEHEM PIKE SPRING HOUSE,PA 19477 | 46-3550458 | | 5,308 | | | | |
| (298) ROBYN HASTY LLC 1117 8TH AVE APT 4R BROOKLYN,NY 11215 | 47-2023732 | | 12,150 | | | | |
| (299) ROSEMARY BEACH PROPERTY OWNERS ASSO 200 W WATER STREET ROSEMARY BEACH,FL 32461 | 59-3367224 | | 9,241 | | | | |
| (300) RUDE GROOMS LLC 32-63 37TH ST APT 3B QUEENS,NY 11103 | 82-3918662 | | 5,655 | | | | |
| (301) RUMBLEGRUMBLE INC 41 VARICK AVENUE BROOKLYN,NY 11237 | 47-3829091 | | 37,908 | | | | |
| (302) RUNNING WATER ENTERTAINMENT 3500 VICKSBURG LANE N MINNEAPOLIS,MN 55447 | 45-2678166 | | 19,250 | | | | |
| (303) RUTH CROWE PO BOX 2635 DOUGLAS,MI 49406 | 37-3783262 | | 11,931 | | | | |
| (304) RUTKA LIMITED LIABILITY COMPANY 247 W 46TH STREET NY,NY 10036 | 82-4016033 | | 118,508 | | | | |
| (305) SAGANWORKS INC 309 SOUTH MAIN STREET ANN ARBOR,MI 481042107 | 80-1996655 | | 358,800 | | | | |
| (306) SAGUARO CITY MUSIC THEATRE 4741 N ARTESIAN AVE APT 2F CHICAGO,IL 60625 | 87-3497658 | | 75,200 | | | | |
| (307) SAMA INTERNATIONAL INC 28 FRANCE STREET NORWALK,CT 06851 | 84-3395599 | | 5,152 | | | | |
| (308) SAMIEVA THEATER LLC 357 WASHINGTON AVENUE BROOKLYN,NY 11238 | 82-1917517 | | 9,382 | | | | |
| (309) SAN QUENTIN MARATHON LLC 1007 ABBOT KINNEY BLVD VENICE,CA 90291 | 82-0689686 | | 35,264 | | | | |

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Number of recipients | **(c)** Amount of cash grant | **(d)** Amount of noncash assistance | **(e)** Method of valuation (book, FMV, appraisal, other) | **(f)** Description of noncash assistance |
|---|---|---|---|---|---|
| (1) FISCAL SPONSORSHIP GRANT | 3500 | 8,965,813 | | | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|---|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | FRACTURED ATLAS REVIEWS INDIVIDUAL EXPENDITURES AND FUND RELEASE REQUESTS TO ENSURE COMPLIANCE WITH PROJECT PARAMETERS AND CHARITABLE MISSION. |

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) | | |
| **b** | If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? | **2** | | |
| **3** | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **5** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III. | | | |
| **6** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III. | | | |
| **7** | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| **(A)** Name and Title | | **(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| **1** THERESA HUBBARD<br>CEO | **(i)** | 210,250 | | | 27,058 | | 237,308 | |
| | **(ii)** | | | | | | | |
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Part III Supplem

Provide the information

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4b, 4c, 5a, 5b, 6a, 6b,

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II. Also complete this

part for any additional

information.

990) 2022

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

**Schedule L** (Form 990)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

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

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

| 1 | **(a)** Name of disqualified person | **(b)** Relationship between disqualified person and organization | **(c)** Description of transaction | **(d)** Corrected? Yes | No |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $ . ▶

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| **(a)** Name of interested person | **(b)** Relationship with organization | **(c)** Purpose of loan | **(d)** Loan to or from the organization? To | From | **(e)** Original principal amount | **(f)** Balance due | **(g)** In default? Yes | No | **(h)** Approved by board or committee? Yes | No | **(i)** Written agreement? Yes | No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| **Total** . . . . . ▶ $ | | | | | | | | | | | | |

## Part III Grants or Assistance Benefiting Interested Persons.

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

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of assistance | **(d)** Type of assistance | **(e)** Purpose of assistance |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
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## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| **(a)** Name of interested person | **(b)** Relationship between interested person and the organization | **(c)** Amount of transaction | **(d)** Description of transaction | **(e)** Sharing of organization's revenues? | |
|---|---|---|---|---|---|
| | | | | **Yes** | **No** |
| (1) EXPONENTIAL CREATIVE VENTURE INC | MAJORITY OWNER | | INVESTMENT | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference | Explanation |
|---|---|

## Additional Data

Return to Form

**Software ID:**

**Software Version:**

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | X | 6 | 8,820 | FAIR MARKET VALUE |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | X | | 225 | FAIR MARKET VALUE |
| 5 | Clothing and household goods | X | | 1,754 | FAIR MARKET VALUE |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 1 | 851,005 | FAIR MARKET VALUE |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | X | 6 | 14,702 | FAIR MARKET VALUE |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other (▶ SHOW TICKETS) | X | 1 | 225 | FAIR MARKET VALUE |
| 26 | Other (▶ COMPUTER/EQUIP) | X | 3 | 3,818 | FAIR MARKET VALUE |
| 27 | Other (▶ FURNTIURE/SUPP) | X | 3 | 5,350 | FAIR MARKET VALUE |
| 28 | Other (▶ GIFT CERTIFICAT) | X | 4 | 720 | FAIR MARKET VALUE |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | No |
| b | If "Yes," describe the arrangement in Part II. | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | 31 | | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| b | If "Yes," describe in Part II. | | | |
| 33 | If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | | |

Schedule M (Form 990)

Part II **Supplem**
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ional information.

Explanation

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mber of items received, o

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Return to Form

**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 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

| Return Reference | Explanation |
|---|---|
| FORM 990, PAGE 6, PART VI, LINE 11B | TAX RETURN IS SENT TO ORGANIZATION FOR THE GOVERNING BODY TO REVIEW BEFORE SIGNING AND SENDING TO THE GOVERNMENT. |
| FORM 990, PAGE 6, PART VI, LINE 12C | PURSUANT WITH THE ORGANIZATION'S FORMAL CONFLICTS OF INTEREST POLICY ADOPTED BY THE BOARD OF DIRECTORS ON APRIL 30, 2005, ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST HAS A DUTY TO DISCLOSE TO THE BOARD OF DIRECTORS ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. THE POLICY CLEARLY OUTLINES PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AND REPERCUSSIONS FOR VIOLATING OF THE POLICY. DISCLOSED CONFLICTS OF INTEREST ARE MONITORED ON A PERIODIC BASIS AS OUTLINED IN THE POLICY. |
| FORM 990, PAGE 6, PART VI, LINE 15A | APPROVED BY BOARD |
| FORM 990, PAGE 6, PART VI, LINE 15B | FRACTURED ATLAS HAS REGULARLY WORKED WITH QUATT ASSOCIATES TO CONDUCT STAFF COMPENSATION STUDIES TO ASSIST THE BOARD OF DIRECTORS AND THE EXECUTIVE TEAM IN SETTING COMPENSATION THAT IS COMPETITIVE WITH THE MARKET AND SUPPORTS OUR ANTI RACISM, ANTI OPPRESION VALUES. |
| FORM 990, PAGE 6, PART VI, LINE 17 | LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA, MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, VIRGIN ISLANDS, WASHINGTON, WEST VIRGINIA |
| FORM 990, PAGE 6, PART VI, LINE 19 | GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. |
| FORM 990, PART XI | BOARD REVIEWS FINANCIAL STATEMENTS AND APPROVES BEFORE THEY ARE BOUND AND SENT. |
| FORM 990, PART XI, LINE 9 | DONATED LEGAL SERVICES -27,523 |

## Additional Data

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**Software ID:**

**Software Version:**

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization
FRACTURED ATLAS INC

**Employer identification number**
11-3451703

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) No |
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**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) Disproprtionate allocations? No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) General or managing partner? No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)**EXPONENTIAL CREATIVITY VENTURES IN<br><br>1063 ULUOPIHI LOOP<br>KAILUA, HI 96734<br>82-4197795 | INVESTING | NY | N/A | | | | | | No |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| **1** | During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| **b** | Gift, grant, or capital contribution to related organization(s) | 1b | | No |
| **c** | Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** | Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** | Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** | Dividends from related organization(s) | 1f | | No |
| **g** | Sale of assets to related organization(s) | 1g | | No |
| **h** | Purchase of assets from related organization(s) | 1h | | No |
| **i** | Exchange of assets with related organization(s) | 1i | | No |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | No |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | No |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | No |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** | Sharing of paid employees with related organization(s) | 1o | | No |
| **p** | Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** | Reimbursement paid by related organization(s) for expenses | 1q | | No |
| **r** | Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** | Other transfer of cash or property from related organization(s) | 1s | | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
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**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

| Return Reference | Explanation |
|---|---|



## Additional Data

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**Software ID:**

**Software Version:**