Return of Organization Exempt From Income Tax

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For th	ne 2017 calendar year, or tax year beginning , 2017, and endir	ng	-		, 20		
		C Name of organization		D Employer ide	ntificat	ion numb	er .	
В	Check if	applicable: ONLY MAKE BELIEVE, INC.		13-413	3410)		
	Addr							
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	9	E Telephone nu	mber			
	Initia	al return 121 WEST 27TH STREET 1002		(646) 336-1500				
		City or town, state or province, country, and ZIP or foreign postal code						
	Ame	nded NEW YORK, NY 10001		G Gross receipts	\$	2,	997	,401.
		F Name and address of principal officer: SUE EMANUET.	all the work of the last	H(a) Is this a grou	up return		Yes	X No
_	pend	SAME AS C ABOVE		subordinates H(b) Are all subord		luded?	Yes	No
ī	Tax-ex		527	, ,		st. (see instru	uctions)	
J		ite: NWW.ONLYMAKEBELIEVE.ORG		H(c) Group exemp	otion nur	mber >		
K			of format	tion: 1999 M		-	nicile:	DE
G1000000000000000000000000000000000000	art l	Summary				, regar deri		
100	1	Briefly describe the organization's mission or most significant activities: TO SERVE CHI	LDREN	IN HOSPI	TAL	S AND	CAF	Œ.
۵		FACILITIES, AGED 3-19 FROM DIVERSE RACIAL AND ETHNIC B						
Activities & Governance		(SEE SCHEDULE O)						
erns	2	Check this box if the organization discontinued its operations or disposed of more t	han 25%	of its not assets				
NO.	3	Number of voting members of the governing body (Part VI, line 1a)			3			16.
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1a)			4			16.
es	4 -				5			44.
Σ	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)					3	000.
Act	6	Total number of volunteers (estimate if necessary)			6		5,	0.
	l la	Total unrelated business revenue from Part VIII, column (C), line 12			7a			0.
	d	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	7b	C	ent Ye	
					7			
ne	8	Contributions and grants (Part VIII, line 1h)		1,050,50	_		169,	151.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.10	0.		0.4	0.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,10				223.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.			420.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,059,61		⊥,	788,	794.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.			0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		894,12			324,	595.
Expenses	16 a	Professional fundraising fees (Part IX, column (A), line 11e)		7,90	5.			0.
хb	1	Total fundraising expenses (Part IX, column (D), line 25) 177, 150.				1000		
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		355,38				609.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,257,41				204.
	19	Revenue less expenses. Subtract line 18 from line 12		-197,80		ŗ	593,	590.
Net Assets or Fund Balances			Begini	ning of Current Y	2012/4	0-2000	of Year	
set	20	Total assets (Part X, line 16)		1,401,15		2,0		752.
t As	21	Total liabilities (Part X, line 26)		23,91	1.		26,	523.
Pur	22	Net assets or fund balances. Subtract line 21 from line 20		1,377,24	1.	2,(J02,	229.
Pa	rt II	Signature Block						
Uni	der per	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	ements, a	nd to the best of	my kn	owledge a	and bel	ief, it is
- true	s, corre	cct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	ias any kn	lowledge.				
٥.		Ly Ather						
Sig		Signature of officer		Date				
He	re	John tardinan i regsover						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature Date		Check	if PT	IN		
Paid		JAMES J REILLY	4 20	self-employe	ed	P0018	376	9
	oarer Only	Firm's name CONDON O'MEARA MCGINTY & DONNELLY L		Firm's EIN ▶ 1	3-36	28255	,	
-	Only	Firm's address ▶ONE BATTERY PARK PLAZA, NEW YORK, NY 10004-1405		The state of the s	12-6	61-77	77	
May	y the	IRS discuss this return with the preparer shown above? (see instructions)				X Yes	s	No
For	Pape	rwork Reduction Act Notice, see the separate instructions.					-	(2017)

) (Revenue \$

JSA 7E1020 1.000

Form 990 (2017)

9667NG M261

4e Total program service expenses ▶

including grants of \$

799,047.

Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		- 21
3				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		Х
^	Part III.	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			**
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
2	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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	X	
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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		-	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	- 17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		X
	,	13		

Part IV Checklist of Required Schedules (continued) No X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II....... 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 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 X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I 25a 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? X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N. X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?....... If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			Ligo
	Check if Schedule O contains a response or note to any line in this Part V			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	3	Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 44	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		1 1	
_	(FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Λ
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
Ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
8 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8		-
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	Emilian of		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
		14a	_	X
	If "Yes," has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part VI

Section A. Governing Body and Management 1a. Enter the number of voting members of the governing body at the end of the tax year. 1if there are material differences in voting rights among members of the governing body, or committee explaint Schedule Ord broad authority to an executive committee explaint Schedule. 5 Enter the number of voting members included in line 1s, above, who are independent. 5 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee so a management company or other person? 5 Did the organization become aware during the year of a significant diversion of the organization's assests? 6 Did the organization become aware during the year of a significant diversion of the organization's assests? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or ormor emmembers of the organization rave members of stockholders? 7b Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or ormor emmembers of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Estab committee with authority to act on behalf of the governing body? 6 Estab committee with authority to act on behalf of the governing body? 7 By Is there any officer, director, trustee, or key employee site in Part VII, Section A, who cannot be reached at the organization have assume their operations are consistent with the organizations example primposes? 10 Did the organizati		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes. Check if Schedule O contains a response or note to any line in this Part VI	in Schedule O.	See ii	nstruc	tions.
Tester the number of voting members of the governing body at the end of the tax year file fil	Sac					X
1a Enter the number of voting members of the governing body at the end of the tax year of if the governing body of the governing body of delegated broad authority to an executive committee or similar or material difference or provided to the provided of the	360	tion A. Governing Body and Management			Voc	No
committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent	1a	If there are material differences in voting rights among members of the governing body, or	1 a 1	5	Tes	No
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? 3 Did the organization designate 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? 4 Did the organization have members are stockholders? 5 Did the organization have members are stockholders? 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? 5 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? 5 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Did the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization of the organization of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A. Who cannot be reached at the year by the following: 10 The organization have local chapters, branches, or affiliates? 10 If "Yes," did the organization have local chapters, branches, or affiliates? 11 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 expenses? 11 If a Bus the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in S		committee, explain in Schedule O.	4b 1			
any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form \$90 was the \$7. 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization than the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations and address? "For "growide the names and addresses in Schedulo O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code). 10a Did the organization have local chapters, branches, or affiliates? 10 Bescribe in Schedule O he process, if any, used by the organization body before filling the form? 10 Describe in Schedule O he process, if any, used by the organization by exempt purposes? 11a Has the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O he process, if any, used by the organization of the well-with 5F mem 90 to all members of its governing body before filling the form? 10b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 1 Did the organization have a written comment retention and destruction policy? 1 Did the organization have a written become				1		
supervision of officers, directors, or trustees, or key employees to a management company or other person? . 4	2			2		X
4 Did the organization make any significant changes to its governing documents since the prior Form 900 was filed?	3			3		x
Did the organization become aware during the year of a significant diversion of the organization's assets?. 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following: 9 The governing body? 10 Each committee with authority to act on behalf of the governing body? 11 East any officer, circctor, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Fes," provide the names and addresses in Schedule O. 10 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches, or affiliates? 12 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? 11 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," doesn't be organization to review this Form 990. 12 Did the organization have a written oblicit of interest policy? If work or the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 12 Did the organization have a written policy or p	4					
6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons when that the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? c Section B. Policies (This Section B. requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 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 organizations weempt purposes? 11a Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organizations by before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," of describe in Schedule O how this was done. c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes," of the organization are a written whistleblower policy? 11b Did the organization are a written whistleblower policy? 12c X 13d X 14d X 15d Did the organization fore was a written whistleblower policy? 15d Did the organization in governabilit						
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List the states with which a copy of this Form 990 is required to be filed DELAWARE & NEW YORK Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► SABRINA HAMADY 121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001	Secti	on C. Disclosure		100		
Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: SABRINA HAMADY 121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001 SABRINA HAMADY 121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001	17	List the states with which a copy of this Form 990 is required to be filed DELAWARE & NEW YO	ORK			
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. State the name, address, and telephone number of the person who possesses the organization's books and records: ► SABRINA HAMADY 121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001		Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.	990-T (Section	501(c)(3)s	only)
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: SABRINA HAMADY 121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001 JSA	19		,	rest n	olicy	and
State the name, address, and telephone number of the person who possesses the organization's books and records: JSA State the name, address, and telephone number of the person who possesses the organization's books and records: 5.000 (20.00)		financial statements available to the public during the tax year.			209,	G. 1G
JSA - 000 court	20		oks and records	.		
					990 (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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	box,	not ch unless er and	Position not check more than one unless person is both an r and a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Former Highest compensated employee Key employee		mer hest compensated bloyee employee		nest compensated sloyee employee		Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)DENA HAMMERSTEIN	4.00													
FOUNDER		X		X				0.	0.	0.				
(2)SUE EMANUEL	2.00													
PRESIDENT		X		X				0.	0.	0.				
(3)KATE HALL	2.00													
VICE PRESIDENT		X		X				0.	0.	0.				
(4)JOHN HARDIMAN	2.00													
TREASURER		X		X				0.	0.	0.				
(5) SALLY WHEELER MAIER	2.00)				
SECRETARY		X		X				0.	0.	0.				
(6)BRADLEY J. BUTWIN	1.00													
BOARD MEMBER		X						0.	0.	0.				
(7)JOE DIPIETRO	1.00													
BOARD MEMBER		X						0.	0.	0.				
(8)JENNIFER HAMMERSTEIN	1.00													
BOARD MEMBER		X						0.	0.	0.				
(9)AMY HORROCKS	1.00													
BOARD MEMBER		X						0.	0.	0.				
(10)CATHY LASRY	1.00													
BOARD MEMBER		Χ						0.	0.	0.				
(11)KIM MARTIN	1.00													
BOARD MEMBER		X						0.	0.	0.				
(12)WASEEM NOOR	1.00													
BOARD MEMBER		Х						0.	0.	0.				
(13)SARAH ROSAND	1.00		1											
BOARD MEMBER		X						0.	0.	0.				
(14)BERYL SNYDER	1.00													
BOARD MEMBER		Х						0.	0.	0.				

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Part VII Section A. Officers, Directors, Ti	ustees, Ke	y En	ıplo	ye	es,	and l	Hig	hest Compensat	ed Employ	ees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportal compensatio related organizati	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
15) ROXANNE TAYLOR	1.00										
BOARD MEMBER	1 00	X						0.		0.	0.
16) BRIAN VASKE BOARD MEMBER	1.00	Х						0.		0.	0
17) AMY FIORE	40.00	Α						0.		0.	0.
EXECUTIVE DIRECTOR				Χ				37,275.		0.	0.
			-	-	-						-
1b Sub-total								0.		0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						A	37,275. 37,275.		0.	0.
2 Total number of individuals (including but not reportable compensation from the organizatio		nosel 0.		d ab	ove) who	red	ceived more than S	\$100,000 of	:	
3 Did the organization list any former office	er director	r or	tru	stee	a k	ev e	mnl	ovee or highest	compensa	ted	Yes No
employee on line 1a? If "Yes," complete Sched	ule J for suc	h indi	vidu	ıal .	٠.,		٠.		* * * * * *		3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,00	00?	lf.	"Yes,	" C	d other compens complete Schedule	ation from t e <i>J for su</i>	he Ich	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue con	npens	atic	n fi	rom	any	unre	elated organizatio	n or individ	ual	
Section B. Independent Contractors	os, comprete	0011	Suui	60	101 .	sucii ț	7613	011			5 X
1 Complete this table for your five highest com- compensation from the organization. Report of year.	pensated in compensatio	depe on for	nde the	nt c	onti enda	ractor ar yea	s th	nat received more nding with or with	than \$100,0 in the organ	000 o izatior	f n's tax
(A) Name and business add	Iress							(B) Description of ser	vices	С	(C) ompensation
NONE								, , , , , , , , , , , , , , , , , , , ,			
2 Total number of independent contractors (in more than \$100,000 in compensation from the				ited		those	lis	ted above) who	received		

Forn	n 990 i	(2017) ONLY MAKE	BELIEVE, IN	NC.		13-4133	410 Page 9
Pa	rt VI	The Control of Aller State Charles and Aller State Cha					
		Check if Schedule O contains a respo	nse or note to ar	ny line in this Part \ (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
					function revenue	revenue	under sections 512-514
ıts ıts	1a	Federated campaigns 1a					
Grai	b	216					
fts, An	С	Fundraising events 1c	169,210.				
, Gii	d	Related organizations 1d					
ons	е		56,145.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	543,796.				
d O	g	Noncash contributions included in lines 1a-1f: \$	22.246				
	h	STATE OF THE PROPERTY OF THE P		769,151.			
Program Service Revenue			Business Code	e m. Sandore militare manifestation	su or summing the comment		
eve	2a						
ce F	b						
ervi	С						
m S	d						
ogra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		0.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)		14,504.			14,504
	5	Income from investment of tax-exempt bond Royalties		0.			
	"	(i) Real	(ii) Personal	0.	SECTION AND RES		
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)			on to established a contract size.		
	d	Net rental income or (loss)	(ii) Other	0.			
	7a	Cross amount nom sales of	(II) Other				
	b	assets other than inventory 1,190,564. Less: cost or other basis					
	В	and sales expenses 1,110,845.					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	79,719.			79,719.
ne	8a	Gross income from fundraising			* 1 1 1 1		
Other Revenue		events (not including \$169,210.					
r Re		of contributions reported on line 1c).	1,023,182.				
the	b	See Part IV, line 18 a Less: direct expenses b					
0	c	Net income or (loss) from fundraising events		925,420.		a manager and the second secon	925,420.
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b				The same of the sa		
	100	Net income or (loss) from gaming activities.	•	0.			10,702.00
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory		0.	on her than a		
		Miscellaneous Revenue	Business Code	1222-122-1	and the first of the same of t	The less of the contract of th	
	11a						
	b						

1,788,794.

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 ${\bf d}$ All other revenue .

e Total. Add lines 11a-11d . . . ?

Total revenue. See instructions.

1,019,643.

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).

36	Check if Schedule O contains a resp				
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5		37,275.	29,207.	4,220.	3,848.
6	Compensation not included above, to disqualified				-/
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7		660,579.	517,598.	74,789.	68,192.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,960.	3,484.	1,052.	424.
9	Other employee benefits	63,662.	44,720.	13,508.	5,434.
10	Payroll taxes	58,119.	40,826.	12,332.	4,961.
11	Fees for services (non-employees):				
	Management	0.			
	Legal	1,378.		1,378.	
C	: Accounting	21,465.		21,465.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	44,234.	27,332.	3,002.	13,900.
12	Advertising and promotion	750.	30.	640.	80.
13	Office expenses	10,637.	5,413.	4,414.	810.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	112,049.	74,538.	26,716.	10,795.
	Travel	15,023.	10,645.	4,335.	43.
18	Payments of travel or entertainment expenses				
20000	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	8,767.		0.767	
22	Depreciation, depletion, and amortization	22,510.	16,883.	8,767. 3,376.	0.051
23	Insurance	22,510.	10,003.	3,376.	2,251.
24	and the second s				
	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.)				
2	INDIRECT EVENTS BENEFIT	48,469.			48,469.
-	SUPPLIES	27,691.	16,422.	10,845.	424.
-	MEALS & ENTERTAINMENT	25,683.	4,130.	14,617.	6,936.
_	SUBSCRIPTIONS, DUES & FEES	13,324.	6,186.	5,658.	1,480.
	All other expenses	18,629.	1,633.	7,893.	9,103.
	Total functional expenses. Add lines 1 through 24e	1,195,204.	799,047.	219,007.	177,150.
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)	0.	,	223,007.	1,1,130.
JSA	0	0.			

JSA 7E1052 1.000

Form **990** (2017)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	s Part X		
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	330,899	. 1	1,389,920
	2	Savings and temporary cash investments	14,726	. 2	88
	3	Pledges and grants receivable, net	. 0	. 3	0
	4	Accounts receivable, net	125,620	4	80,220
	5	Loans and other receivables from current and former officers, directors	5,		
		trustees, key employees, and highest compensated employees	i.		
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employer and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiar organizations (see instructions). Complete Part II of Schedule L	S		0
set	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	0.	8	0
	9	Prepaid expenses and deferred charges	16,979.	9	3,096
	10 a	Land, buildings, and equipment: cost or		da F	
		other basis. Complete Part VI of Schedule D 10a 45, 380			
	b	Less: accumulated depreciation		10c	4,908.
	11	Investments - publicly traded securities	877,205.	11	527,267.
	12	Investments - other securities. See Part IV, line 11	. 0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	1.7	0.
	15	Other assets. See Part IV, line 11	23,253.		23,253.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,401,152.		2,028,752.
	17	Accounts payable and accrued expenses	23,911.	17	26,523.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	. 0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
iii		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22	0.
-	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
- 1	24	Unsecured notes and loans payable to unrelated third parties	. 0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third	1 1		
		parties, and other liabilities not included on lines 17-24). Complete Part X	83		
		of Schedule D	. 0.	25	0.
\dashv	26	Total liabilities. Add lines 17 through 25.		26	26,523.
seo		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,300,186.	27	1,952,229.
Ba	28	Temporarily restricted net assets	77,055.	28	50,000.
pu	29	Permanently restricted net assets	0.	29	0.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	8 - 5 - 5 - 1 H H H H H H	30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,377,241.	33	2,002,229.
1.	34	Total liabilities and net assets/fund balances	1,401,152.	34	2,028,752.

*	ONLY MAKE BELIEVE, INC.	13-	4133410) -	9	
orm 9	90 (2017)			Pa	age 12	
Part						
	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	1,	788,	794.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	195,	204.	
3	Revenue less expenses. Subtract line 2 from line 1	3	Ē	593,	590.	
4						
5	Net unrealized gains (losses) on investments	5		31,	398.	
6	Donated services and use of facilities	6			0.	
7	Investment expenses	7			0.	
8	Prior period adjustments	8			0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	2,0	002,2	229.	
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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplain	in		1	
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		-2			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versial	nt			
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ountant	? 2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e.	xplain i	n			
	Schedule O.	- serreeze v				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n			

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.

Form 990 (2017)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Attach to Form 990 of Form 990-EZ.

OMB No. 1545-0047

20 17

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

								mspection
		he organization					Employer identi	ification number
6.0	THE PERSON NAMED IN	MAKE BELIEVE, INC.					13-4133	
Pa	ırt l	Reason for Public Ch	arity Status (All	organizations must	comple	te this p	art.) See instruction	S.
The	orga	anization is not a private for	undation because	it is: (For lines 1 throu	ıgh 12, c	heck only	y one box.)	
1		A church, convention of ch	nurches, or associa	ation of churches desc	cribed in	section	170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii	i). (Attach Schedule E	(Form 9	90 or 99	0-EZ).)	
3		A hospital or a cooperative	e hospital service	organization described	in section	on 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 s	state:					
5		An organization operated	for the benefit of	a college or universi	ty owne	d or op	erated by a governm	ental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II.)					
6		A federal, state, or local g	overnment or gove	ernmental unit describe	ed in sec	tion 170	(b)(1)(A)(v).	
7	X	An organization that norm	ally receives a su	bstantial part of its si	upport fr	om a go	overnmental unit or fi	rom the general public
		described in section 170(b						10 CT 2 No. 1000 C CONTROL SHOWS TO ASSESS THESE
8		A community trust describ	ed in section 170(b)(1)(A)(vi). (Complete	e Part II.))		
9		An agricultural research or	ganization describ	ed in section 170(b)(1	I)(A)(ix)	operate	d in conjunction with a	a land-grant college
		or university or a non-land-						
		university:					The second section of the second seco	
10		An organization that norma	ally receives: (1) m	ore than 331/3 % of its	suppor	t from co	ontributions, members	hip fees, and gross
		receipts from activities rela	ated to its exempt	functions - subject to	certain e	exception	ns. and (2) no more tha	an 331/3 % of its
		support from gross investr acquired by the organization	on after June 30, 1	Inrelated business tax 1975. See section 509	(a)(2). ((ome (les Complete	s section 511 tax) from	1 businesses
11		An organization organized						
12		An organization organized						carry out the purposes
		of one or more publicly su						
		Check the box in lines 12a						
а		Type I. A supporting org						
		the supported organization						
		_ supporting organization.				-,, -		700 01 1110
b		Type II. A supporting org				with its	s supported organizati	ion(s) by having
		control or management						
		_ organization(s). You mus				- Paras		ago the capported
С		Type III functionally inte			ated in c	onnectio	on with, and functiona	Illy integrated with
		_ its supported organization						ny miogratoa min,
d		Type III non-functionally						ted organization(s)
		that is not functionally into						
		_ requirement (see instruct						
е		Check this box if the orga						II. Type III
		functionally integrated, or						., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
f	Ent	er the number of supported	d organizations					
g		vide the following information						
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization	, ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	mstructions)
A)								
Α)								
B)								
-,								
C)								
וח								1

(E)

Total

Page 2

solioudio / ((1 0111 000 01 000 111)	-
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 und	der
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Sec	Section A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,208,301.	1,171,878.	1,783,226.	1,050,507.	769,151.	5,983,063.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	1,208,301.	1,171,878.	1,783,226.	1,050,507.	769,151.	5,983,063.	
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)						1,225,642.	
6	Public support. Subtract line 5 from line 4						4,757,421.	
	tion B. Total Support		The second second second					
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
7	Amounts from line 4	1,208,301.	1,171,878.	1,783,226.	1,050,507.	769,151.	5,983,063.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	507.	776.	1,209.	10,896.	14,504.	27,892.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	5,000.					5,000.	
11	Total support. Add lines 7 through 10	4.1					6,015,955.	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First five years. If the Form 990 is for organization, check this box and stop here.			d, third, fourth,	or fifth tax yea	r as a section	501(c)(3)	
12	tion C. Computation of Public Supp							
14	Public support percentage for 2017 (lir					14	79.08%	
15	Public support percentage from 2016						76.56%	
тьа	331/3% support test - 2017. If the org							
h	box and stop here. The organization qu							
D	331/3% support test - 2016. If the org							
170	this box and stop here. The organization qualifies as a publicly supported organization							
11a	a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
b	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	Explain in Part VI how the organization supported organization Private foundation. If the organization	on meets the "f	acts-and-circum	stances" test. ٦	Γhe organizatior	qualifies as a	publicly	
	instructions						▶	

Schedule A (Form 990 or 990-EZ) 2017

Page 3

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.)

	tion A. Public Support						
-	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
4	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3							
	furnished by a governmental unit to the						
	organization without charge					-	
5	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)					1.35	
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	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 in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, secon	nd, third, fourth.	or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop here.						
Sect	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,	column (f) divide	ed by line 13, colun	nn (f))		15	%
	Public support percentage from 2016 Sche					16	%
	ion D. Computation of Investmen					1	,0
17	Investment income percentage for 2017 (lin	ne 10c, column (t	f) divided by line 1	3, column (f))		17	%
	Investment income percentage from 2016					18	%
19 a	9a 331/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.						
	17 is not more than 331/3%, check thi						
			check a hoy on I	ine 14 or line 10	and line 16 in	more than 224	3 % 200
b	331/3% support tests - 2016. If the orga	nization did not					
b	331/3% support tests - 2016. If the orgaline 18 is not more than 331/3%, check	nization did not this box and st	op here. The org	anization qualifies	s as a publicly	supported organ	ization >
b 20 SA	331/3% support tests - 2016. If the orga	nization did not this box and st	op here. The org	anization qualifies	s as a publicly check this bo	supported organ x and see inst	ization >

Part IV

Supporting Organizations

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

Section A. Al	Supporting	Organizations
---------------	------------	---------------

- Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ. (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreig supported organization? If "Yes," describe in Part VI how the organization had such control and discretio despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7' If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10 a 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 integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

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rm	990 or	990-EZ	2017

Part	IV Supporting Organizations (continued)	-		Page .
1 aire	Cupporting Organizations (commuca)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	100		
	below, the governing body of a supported organization?	11a	and the same	
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations		1	
			Yes	No
1	Did the 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.		ura dissal	
		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		
Secti	on 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	1.11		
	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		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?			
2	, the state of the	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 (2), 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			
li e	supported organizations played in this regard.	3		
Secti	on 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 ins	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
		Za		
b	Did the activities described in (a) 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 (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	- Merrinia d	
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 Orga	nizatio	15	1 age
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VII) Soc
instructions. All other Type III non-functionally integrated supporting organi			
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):			
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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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	v integra	ated Type III supporting	organization (see
instructions).	,	71	3-/

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

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Part	Type III Non-Functionally integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of support	ted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:		2	
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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Part VI S

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.)

COMEDINE A DADE II	OBUED INCOM	ATP.			ATTACHMENT	1
SCHEDULE A, PART II	- OTHER INCOM	15				
DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
OTHER INCOME	5,000.					5,000.
TOTALS	5,000.					5,000.

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Employer identification number

ONLY MAKE BELIEVE, INC. 13-4133410 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (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 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1_	AKIN, GUMP, STRAUSS, HAUER & FELD, LLP 1333 NEW HAMPSHIRE AVENUE, NW WASHINGTON, DC 20036	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	AVENUE CAPITAL GROUP 399 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	BEATRICE SNYDER FOUNDATION 555 MADISON AVENUE, SUITE 1302 NEW YORK, NY 10022	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	CITIGROUP 399 PARK AVENUE NEW YORK, NY 10022	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	CRAVATH, SWAINE & MOORE LLP 825 EIGHTH AVENUE NEW YORK, NY 10019	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	DAVIS POLK & WARDWELL 450 LEXINGTON AVE NEW YORK, NY 10017	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	DENA HAMMERSTEIN 607 WEST END AVENUE, PENTHOUSE NEW YORK, NY 10024	\$165,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	DISNEY 500 S. BUENA VISTA ST. BURBANK, CA 91521	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	FRIED, FRANK, HARRIS, SHRIVER & JACOBSON ONE NEW YORK PLAZA NEW YORK, NY 10004	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	GARY LYNCH AND KATE HALL 300 CENTRAL PARK WEST, APT. 8D2 NEW YORK, NY 10024	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	JOHN AND MARY SUYDAM 46 DOGWOOD LANE ROCKVILLE CENTRE, NY 11570	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12_	KIRKLAND & ELLIS 601 LEXINGTON AVENUE NEW YORK, NY 10022	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
		ı l				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	LATHAM & WATKINS LLP 555 WEST FIFTH STREET, SUITE 800 LOS ANGELES, CA 90013	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	MORGAN, LEWIS & BOCKIUS 101 PARK AVE. NEW YORK, NY 10016	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	O'MELVENY & MYERS LLP 7 TIMES SQUARE NEW YORK, NY 10036	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	PALANTIR TECHNOLOGIES INC. 100 HAMILTON AVENUE, SUITE 300 PALO ALTO, CA 94301	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	PAUL, WEISS, RIFKIND, WHARTON & GARRISON 1285 AVENUE OF THE AMERICAS NEW YORK, NY 10019	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18_	SAMSUNG ELECTRONICS AMERICA INC. 85 CHALLENGER RD RIDGEFIELD PARK, NJ 07660	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	VINSON & ELKINS LLP 666 FIFTH AVENUE NEW YORK, NY 10103	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	ERIC & SARAH ROSAND 3106 Q STREET NW WASHINGTON DC, DC 20007	\$20,036.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	HANS AND BARBARA WERTHEIMER 165 E 72ND STREET APT 17E NEW YORK, NY 10021	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	GOVERNMENT OF THE DISTRICT OF COLUMBIA 1101 4TH STREET SW SUITE W890 WASHINGTON DC, DC 20024	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 13-4133410

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

arem	Troncasi i Toperty (see instructions). Ose duplicate copies	of Fart II II additional space is field	eueu.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	STOCK DONATION		
11			
		\$\$	12/22/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
20	STOCK DONATION		
		\$	12/05/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	STOCK DONATION		
		\$	12/11/2017
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 organizat	ion ONLY	MAKE	BELIEVE,	INC.
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cont Use	following line entry. For organization ributions of \$1,000 or less for the y duplicate copies of Part III if addition	ear. (Enter this information	ntributor. Complete columns (a) through (e) as er the total of exclusively religious, charitable, ef on once. See instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift	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
	Transferee's name, address, and Z	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Z	IP + 4	Relationship of transferor to transferee
n) No. irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Zl	P + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

ON	LY MAKE BELIEVE, INC.	13-4133410
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or	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	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	
	conferring impermissible private benefit?	Yes No
Pa	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).	
		n of a historically important land area
	Protection of natural nabitat Preservation Preservation of open space	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution is	n the form of a conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
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 termi	nated 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, inspec	tion, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
•	> \$: 470/13/43/03/03
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
9	and section 170(h)(4)(B)(ii)?	
9	balance sheet, and include, if applicable, the text of the footnote to the organization's finance	
	organization's accounting for conservation easements.	statements that describes the
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, edupublic service, provide, in Part XIII, the text of the footnote to its financial statements that des	ucation, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its r	
D	works of art, historical treasures, or other similar assets held for public exhibition, edu	acation, 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	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included on Form 990, Part VIII, line 1	
For F	Assets included in Form 990, Part X	Schodulo D (Form 900) 2017

Pa	rt III Organizations Maintainir	ng Collections of	Art, Historical T	reasures,	or Other	Similar Asse	ts (co	ntinu	ed)
3	Using the organization's acquisition	on, accession, and	other records, chec	k any of the	following	that are a sig	nificant	use	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	programs				
b	Scholarly research		e Other						
С	Preservation for future gener	rations							
4	Provide a description of the organ	nization's collections	and explain how	they further	the organiz	ation's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organization	n solicit or receive of	donations of art, hist	orical treasur	res, or other	similar			
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the	organization's	s collection?	· [Yes		No
Pa	Tart 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, truste	e. custodian or othe	er intermediary for o	ontributions	or other asse	ets not			
	included on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in								
	gg					Amount			
С	Beginning balance			1c					
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a		ount on Form 990,	Part X, line 21, for e	scrow or cus	stodial acco	unt liability?	Yes	T	No
b	If "Yes," explain the arrangement in					_		_	
Control of the last of the las	t V Endowment Funds.		-						
	Complete if the organizati	on answered "Yes	" on Form 990, Pa	art IV, line 1	0.				
	·	(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Fou	years	back
1a	Beginning of year balance	377,055.	364,848.			300,000.			000
b	Contributions		77,055.	64,	848.	10,000.			
	Net investment earnings, gains,								
·	and losses								
Ч	Grants or scholarships								
e	Other expenditures for facilities								
	and programs	27,055.	64,848.	10,	000.			25,	000
f	Administrative expenses								
q	End of year balance	350,000.	377,055.	364,	848.	310,000.		300,	000
2	Provide the estimated percentage	of the current year	and halance (line 1g	column (a)) h	oold as:				
a	Board designated or quasi-endowm	ent ▶ 85.7100	%	coluitiii (a)) i	iciu as.				
b	Permanent endowment		-						
	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
3a	Are there endowment funds not in t			are held and	administere	d for the			
	organization by:	•						Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	d organizations listed	d as required on Sche	edule R?			3b		
4	Describe in Part XIII the intended us								
Par	t VI Land, Buildings, and Equi	pment.							
	Complete if the organizat Description of property								
	Description of property	(a) Cost or (invest		r other basis her)	(c) Accumulated depreciation) Book val	ue	
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
е	Other			45,380.	40,4				08.
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, column	(B), line 10c	.)	. ▶		4,9	08.

P	a	P	

Part VII	Investments - Other Securities.		P-41/4 0 5 000 F 44 0
			, Part IV, line 11b. See Form 990, Part X, line 12.
c	(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) Financia	al derivatives		
(2) Closely-	held equity interests		
	100		
(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)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		A STATE OF THE STA
		"Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line 15.
*		scription	(b) Book value
(1)	(4) 200	, or i paron	(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) lir	20 15)	
Part X	Other Liabilities.	16 10.)	
Turex		"Yes" on Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
	line 25.	103 0111 01111 000,	Tarriv, line The of Th. See Form 990, Part A,
1.	(a) Description of liability	(b) Book value	
	I income taxes	(b) Book value	
(2)	i ilicolite taxes		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(h) must squal Form 000 5-1 V -1 (D) V		[- [- [- [- [- [- [- [-
	(b) must equal Form 990, Part X, col. (B) line 25.)		
 Liability for 	uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e 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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,820,192.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	100	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	31,398.
3	Subtract line 2e from line 1	3	1,788,794.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,788,794.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	1,195,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	v. 2.*	
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,195,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1 105 004
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,195,204.
Provide 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	rt V, lir nation.	ne 4; Part X, line

Part XIII Supplemental Information (continued)

PART V- LINE 4

UNRESTRICTED NET ASSETS - NET ASSETS THAT ARE NOT SUBJECT TO

DONOR-IMPOSED STIPULATIONS AND ARE EXPENDABLE FOR ANY PURPOSE IN

PERFORMING THE PRIMARY OBJECTIVES OF OMB. THE BOARD HAS DESIGNATED

\$300,000 AS AN OPERATING RESERVE.

TEMPORARILY RESTRICTED NET ASSETS - NET ASSETS THAT ARE SUBJECT TO DONOR-IMPOSED STIPULATIONS THAT MAY OR WILL BE MET EITHER BY ACTIONS OF OMB AND/OR THE PASSAGE OF TIME. AS THE RESTRICTIONS ARE SATISFIED, TEMPORARILY RESTRICTED NET ASSETS ARE RECLASSIFIED TO UNRESTRICTED NET ASSETS AND REPORTED IN THE ACCOMPANYING STATEMENT OF ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	of the organization					Employer identificati	
The second second second second	Y MAKE BELIEVE, INC.					13-4133410	
Part	Fundraising Activities. Cor Form 990-EZ filers are not				d "Yes" on Form	990, Part IV, line	17.
1	Indicate whether the organization ra				activities. Check	all that apply.	
а	Mail solicitations	e			non-government		
b	Internet and email solicitations	f			government grant	III 1944 DOM:	
С	Phone solicitations	g			ising events	-	
d	In-person solicitations	3			g creme		
2a	Did the organization have a written of	or oral agreement w	vith any in	dividual (ir	ncluding officers of	lirectors trustees	
	or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	ction with p	orofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2				e e			
3							
4							
5							
6							
7							
8							
9							
40							
10							
Total							
	List all states in which the organization	tion is registered or	r licensed	to solicit	contributions or	has been notified	it is evennt from
	registration or licensing.	tion is registered of	i ilocrisca	to solicit	CONTRIBUTIONS OF	nas been notined	it is exempt from
	-						

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts greater than \$5,0	00.			
			(a) Event #1 ANNUAL GALA	(b) Event #2 SPIN EVENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	1,160,507.	31,885.		1,192,392
IĽ.		Less: Contributions	159,300.	9,910.		169,210
	3	Gross income (line 1 minus line 2)	1,001,207.	21,975.		1,023,182
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	86,901.	10,861.		97,762
	10	Direct expense summary. Add lines 4	through 9 in column (d)			97,762
-	11	Net income summary. Subtract line 1				925,420
Pa	ru II	Gaming. Complete if the orga than \$15,000 on Form 990-E	anization answered "Yo 7 Jine 6a	es" on Form 990, Par	t IV, line 19, or repo	orted more
₍₁₎		\$ 10,000 0111 01111 000 2		(h) Bull tobe/instant		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
-	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
-		Other direct expenses				
		other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No .	
	7	Direct expense summary. Add lines 2	through 5 in column (d)	*********		
	8	Net gaming income summary. Subtra	ct line 7 from line 1, colu	mn (d)		
9	Fn	ter the state(s) in which the organizati	on conducts asmins act	ivitios:		
а	ls :	the organization licensed to conduct g	aming activities in each	of these states?		, Yes No
l0a b	We If "	ere any of the organization's gaming lid Yes," explain:	censes revoked, susper		g the tax year?	. Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2017 11 Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a	Yes No
formed to administer charitable gaming?	%
110 organization o lacinty	
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books ar records:	nd
Name ▶	
Address ►	
15 a Does the organization have a contract with a third party from whom the organization receives gam	
revenue?	the Yes No
amount of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address ►	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceed	ds to
retain the state gaming license?. b Enter the amount of distributions required under state law to be distributed to other exempt organiza or spent in the organization's own exempt activities during the tax year ▶ \$	YesNo
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).	and (v), and nformation

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE M (Form 990)

Noncash Contributions ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ONLY MAKE BELIEVE, INC.

Attach to Form 990.

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

Employer identification number

13-4133410

Pai	t 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	Method o			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4.	98,316.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic		*	8				
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowledge	ement	29			
	5						Yes	No
30a	During the year, did the organizati							
	28, that it must hold for at least th							v
	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement in			n				
31	Does the organization have a	_						v
20	contributions?					31		X
3∠a	Does the organization hire or use		(. -);			0.0		v
h	contributions?		**********			32a		X
	If "Yes," describe in Part II.		aloma a la Vierra de la Vierra	and the second state of the second				
33	If the organization didn't report an a describe in Part II.	amount in Co	olumn (c) for a type of prop	perty for which column (a)	is checked,			

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017)

Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

ONLY MAKE BELIEVE, INC.

PART I, LINE 1 & PART III, LINE 1

POSSIBILITIES RATHER THAN DISABILITIES.

Employer identification number 13-4133410

ONLY MAKE BELIEVE, INC. (OMB) IS A UNIQUE INTERACTIVE PROGRAM THAT DELIVERS THE MAGICAL WORLD OF THEATER TO CHILDREN LIVING WITH CHRONIC ILLNESSES IN NEW YORK CITY MEDICAL FACILITIES. OMB STARTED IN OCTOBER 1999 AS A PROJECT OF THE JAMES AND DENA HAMMERSTEIN FOUNDATION. DEDICATED TO THE PRINCIPLE THAT FREEING A CHILD'S CREATIVE SPIRIT IS A VALUABLE PART OF THE HEALING PROCESS. EACH CHILD TAKES AN ACTIVE PART IN CREATING A WORLD OF FANTASY AND FUN THAT TRANSCENDS THE BOUNDARIES OF THE HOSPITAL WALLS, AND AS A RESULT THEY ARE ABLE TO GAIN A NEW SENSE OF

SELF-ESTEEM AND JOY. COMBINING THE MAGIC OF THEATER WITH THE POWER OF A

CHILD'S IMAGINATION ENABLES THEM FOR THE FIRST TIME TO SEE A WORLD OF

OMB SERVES CHILDREN IN HOSPITALS AND CARE FACILITIES, AGED 3-19 FROM DIVERSE RACIAL AND ETHNIC BACKGROUNDS. OMB'S PROGRAM IS FREE-OF-CHARGE TO HOSPITALS, AND IS DESIGNED TO SUPPLEMENT THE HOSPITALS RECREATIONAL AND THERAPEUTIC ACTIVITIES. OMB WORKS CLOSELY WITH THE CHILD LIFE SPECIALISTS, RECREATIONAL THERAPISTS AND NURSING STAFF IN THE HOSPITALS, AND WE ADAPT ALL OF OUR SHOWS TO MEET THE NEEDS OF EACH POPULATION, THEIR DIFFERING AGES AND ABILITIES.

PART VI, SECTION B, LINE 11B THE DRAFT FORM 990 IS REVIEWED AT A MEETING OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Employer identification number 13-4133410

PART VI, SECTION B - LINE 12C

EACH YEAR, THE CONFLICT OF INTEREST POLICY DISTRIBUTED TO THE GOVERNING BODY TO READ, COMPLETE AND SIGN. THESE ARE REVIEWS BY THE EXECUTIVE COMMITTEE. SHOULD A CONFLICT OF INTEREST ARISE, THE EXECUTIVE COMMITTEE WOULD DECIDE WHETHER TO DISMISS OR RETIRE THE DIRECTOR.

PART VI, SECTION B - LINE 15A & 15B

OMB REFERS TO THE NON-PROFIT COORDINATING COMMITTEE OF NEW YORK'S SALARY

SURVEY. IT WAS LAST REVIEWED IN 2013.

PART VI, SECTION C - LINE 19

OMB POSTS THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ON THEIR WEBSITE.

-orm 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic	6 Month Extension of Time Only subm	it original	(no conice needed)								
	6-Month Extension of Time. Only submons required to file an income tax return other		· · · · · · · · · · · · · · · · · · ·	0 C filoro) portnorobino	DEMICo	and trusts					
	rm 7004 to request an extension of time to f			u-c mers), partnerships	, REMICS,	and trusts					
must use Fo	in 7004 to request an extension of time to r	ile ilicome	tax returns.	Enter filerie identifui		!					
-	Employer identification no	ring number, see instructions									
Type or Name of exempt organization or other filer, see instructions. Employer identification						OI					
print	ONLY MAKE BELIEVE, INC.			13-4133410							
File by the	Number, street, and room or suite no. If a P.O. bo	ox. see instructions.		Social security number (SSN)							
due date for filing your	121 WEST 27TH STREET 1002			Social security number (S	314)						
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress see instructions								
instructions.	NEW YORK, NY 10001										
Enter the Re	turn Code for the return that this application	is for /file	a congrete application for	or oach return)		01					
Litter the ixe	turn code for the return that this application	is for (file a	a separate application to	or each return)		. [1]					
Application		Return	Application			Return					
Is For		Code	Is For			Code					
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	orporation)		07					
Form 990-BL		02	Form 1041-A			08					
Form 4720 (individual)	03	Form 4720 (other tha	orm 4720 (other than individual)		09					
Form 990-PF		04	Form 5227		10						
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 990-T	(trust other than above)	06	Form 8870			12					
	SABRINA HAMADY										
 The books are in the care of ► 121 WEST 27TH STREET, SUITE 1002, NEW YORK NY 10001 											
Telephone	No. ▶ _ 646 336-1500	F	ax No. ▶								
If the orga	nization does not have an office or place of b	ousiness in	the United States, chec	ck this box		▶					
If this is fo	r a Group Return, enter the organization's foເ	ur digit Gro	up Exemption Number (GEN)	If th	nis is					
for the whole	group, check this box ▶ If	it is for pa	rt of the group, check t	his box ▶	and at						
a list with the	names and EINs of all members the extension	on is for.									
	st an automatic 6-month extension of time ur			$\frac{8}{2}$, to file the exempt	organizat	ion return					
for the o	rganization named above. The extension is f	for the orga	anization's return for:								
X	calendar year 20 <u>17</u> or										
▶ t	calendar year 20 <u>17</u> or ax year beginning	, 20	, and ending	,	20						
	x year entered in line 1 is for less than 12 me	onths, chec	k reason: Initial re	eturn Final return	า						
	nange in accounting period	NO T 1700	0000								
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.											
	3a \$	0.									
	fundable credits and		2								
	ed tax payments made. Include any prior year		3b \$	0.							
c Balance due. Subtract line 3b from line 3a. Include your (Electronic Federal Tax Payment System). See instruction			ment with this form, if required, by using EFTPS			0					
			4\i4b 4bia Farra 0000		3c \$	0.					
instructions.	are going to make an electronic funds withdrawal	(direct debit	t) with this Form 8868, se	e Form 8453-EO and Form	1 8879-EO f	or payment					
	t and Paperwork Reduction Act Notice, see instru	uctions			Form 8868						