Use Only

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 A For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change ONLY MAKE BELIEVE, INC. Name change 13-4133410 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 121 WEST 27TH STREET 1002 646-336-1500 Amende G Gross receipts \$ 1,331,485. City or town, state or province, country, and ZIP or foreign postal code Applica-NEW YORK, NY 10001 H(a) Is this a group return pendina F Name and address of principal officer: AMY HORROCKS for subordinates? Yes X No SAME AS C ABOVE Yes H(b) Are all subordinates included? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or L 527 If "No," attach a list. (see instructions) J Website: ▶ WWW.ONLYMAKEBELIEVE.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1991 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 35 5 1534 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,046,742. 1,208,301. 8 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 246. 507. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 5,000. 1.046,988. 1,213,808. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 845,483. 702.987. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 278,103. 377,052. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 981,090. 1,222,535. 65,898. -8,727.Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 870,390. 860,812. 20 Total assets (Part X, line 16) 26,881. 21 27,732. Total liabilities (Part X, line 26) Net/ 842,658. 833,931. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 12/10/14 Signature of officer Sign MARICHA MILES, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Paid MARTIN BERKOWITZ P00154047 Firm's name LUTZ AND CARR, CPAS LLP Preparer 13-1655065 Firm's EIN Firm's address 300 EAST 42ND STREET

Phone no. 212-697-2299

NEW YORK, NY 10017

May the IRS discuss this return with the preparer shown above? (see instructions)

Da	rt III Statement of Program Service Accomplishments
Га	
_	
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ONLY MAKE BELIEVE (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. IN
	2013, ONLY MAKE BELIEVE PERFORMED 438 INTERACTIVE SHOWS WITH 5,219
	CHILDREN, AT 62 HOSPITALS AND CARE FACILITIES IN THE NEW YORK AND
	WASHINGTON D.C. METROPOLITAN AREAS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
710	(code.) (Expenses 9) (Teveniue 9) (Teveniue 9)
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4-	T00 041
40	Total program service expenses \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

332002 10-29-13

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		-21
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	Λ	
ь	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		- 22
b	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		Х
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		Х
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		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form **990** (2013)

Form 990 (2013) ONLY MAKE BELIEVE, Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
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 disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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	27		Х
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	41	

Form **990** (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Section Sect		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter or if not applicable 10 0 0 0 0 0 0 0 0						Yes	No
b Enter the number of Forms W2G included in line 1a. Enter of indicapplicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statoments, flied for the calendar year ending with or within the year covered by this return **Beta	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this resturn. Secondary	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gaming			
Filed for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c	Х	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e ¹ / ₂ fic see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an inferset 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 accountly? 4a At any time the name of the foreign country ▶	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	35			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b if "Yes," has it filled a Form 980°T for this year? If "No," to line 3b, provide an explanation in Schedule O 4b 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 accounts. 5c b if "Yes," either the name of the foreign country" ▶ 5c se instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization of the foreign country to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to line 5a or 56t, did the organization file Form 8886-17? 6c If "Yes," to line 5a or 56t, did the organization file Form 8886-17? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as charitable contributions? 6c If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization include with every solicitation and partly for goods and services provided to the payor? 6c If "Yes," did the organization netwer the value of the goods or services provided? 7c If "Yes," did the organization netwer apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d If "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6d If "Yes," indicate the number of Forms 8282 filed during the year 9 b If He organization methods a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7d If the organization make any taxable distribution to adors, boats, airplane	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	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 4a At any time during the calendar year, dif the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country. ▶ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the organization that it was or is a party to a prohibited tax shelter transaction? 5b If 'Yes,' to line 5a or 5b, did the organization file Form 8886.1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the solicity of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 Organizations that may receive deductible contributions under section 170(c). 8 If 'Yes,' indicate the number of Forms 8886 filed during the year or the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8889 as required? 7 Organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Organization received any funds, directly or indirectly, on a personal benefit contract? 7 Organization received any funds, directly or indirectly, on a personal benefit contract? 8 Sponsoring organi		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
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)? See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization required the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization that the shelf transaction at any time during the tax year? Sa Was the organization that the shelf transaction at any time during the tax year? Sa Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sb Did Yes, if old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? To organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? To Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided the payor? To Wash of the services of \$75 made party as a contribution and party for goods and services provided the payor? To Wash of the organization received a payment in excess of \$75 made party as a contribution of property for which it was required to file Form 8282? To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization services any tunds, directly or indirectly, on a	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
the fire the name of the foreign country; ≥ 1	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. So United State of the Account of the State S	4a			-			
See instructions for filing requirements for Form TD F0022.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization are excepted that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 5 Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C? 5 Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization file a Form 1098-C? 5 Section 501(c)(7) organizations. Finiter: a Initiation fees and capital contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 520 form 980, or a villa, line 12 6 Gross receipts, included on Form 990, Part VIII, line 12, for public use		financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
Sa X	b	· · · · · · · · · · · · · · · · · · ·					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-17 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive appyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828? 8 Did the organization receive appyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 10 Did the organization received a contribution of cars, boats, inclinate, property, did the organization file Form 8899 as required? 11 Did the organization make any taxable distributions under section 4966? 12 Sponsoring organization make any taxable distributions under section 4966? 13 Section 501(c)(17) organizations. Enter: 14 Initiation fees and capital contribution to a donor, donor advisor, or related person? 15 Section 501(c)(12) organizations. Enter: 16 Gross income from members or shareholders 17 Initiation fees and capital contributions included on Part VIII, line 12 18 Gross recome from there sol							
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," inclinate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966? Did the organization make any taxable distributions or der section 4966? Did the organization make any taxable distributions or der section 4966? Did the organization make any taxable distributions or der section 4966? B Gross income from members or shareholders D Gross income from there sources (D not net amounts due or paid to other sources against amounts due or received from them.) 18 Section							
6a							X
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY, DE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailat	ole	
	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)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	SABRINA HAMADY - 646-336-1500			
	121 WEST 27TH STREET, SUITE 1002, NEW YORK, NY 10001			

Form **990** (2013)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer Officer	Key employee	Highest compensated http://dc	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DENA HAMMERSTEIN FOUNDER	4.00	x		Х				0.	0.	0.
(2) JENNIFER HAMMERSTEIN	2.00	₽		^				0.	0.	0.
PRESIDENT	2.00	X		X				0.	0.	0.
(3) CHRIS WEARING	2.00	1						0.	0.	
CHAIR	2.00	x		Х				0.	0.	0.
(4) CATHY LASRY	2.00							-		
VICE CHAIR		x		х				0.	0.	0.
(5) KATE HALL	1.00									
TREASURER		X		Х				0.	0.	0.
(6) SUE EMANUEL	1.00									
SECRETARY		x		Х				0.	0.	0.
(7) JOE DIPIETRO	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) MARIANNE HARDART	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOHN HARDIMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) AMY HORROCKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JULIA KELLY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WASEEM NOOR	1.00]						_	_	_
BOARD MEMBER		Х						0.	0.	0.
(13) SARAH ROSAND	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(14) BERYL SNYDER	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) ROXANNE TAYLOR	1.00									_
BOARD MEMBER	10.00	Х	_			<u> </u>	_	0.	0.	0.
(16) MARICHA MILES	40.00	1		,				00 001	_	10 600
EXECUTIVE DIRECTOR				Х				89,231.	0.	10,622.
		-								

Form **990** (2013)

Part VII Section A. Officers, Directors, Trus (A)	(B)			(C		-		(D)	(E)			(F)	
Name and title	Average	. .		Posi	ition			Reportable	Reportable		Fs	timated	d
riamo ana tito	hours per					than o		compensation	compensation	n		nount of	
	week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations	3	com	pensati	on
	hours for	or dir	a)			ited		organization	(W-2/1099-MIS	C)		om the	
	related organizations	trustee or director	truste		a)	bens		(W-2/1099-MISC)			_	anizatio	
	below	ual trı	ional		ploye	t com						d relate anizatio	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ariizatioi	115
	,	-	-	0	Ā	工品	ш_						
		1											
-				Н									
		1											
		1											
		1											
				Ш									
	<u> </u>					Ш		00 001		_	1	0 ()	_
1b Sub-total						اِ	>	89,231.		0.		0,62	
c Total from continuation sheets to Part V							>	89,231.		0.	1	0,62	0.
d Total (add lines 1b and 1c)							<u> </u>			-		0,02	
2 Total number of individuals (including but r	iot limited to tr	nose	liste	ed ar	oove	e) wr	io re	eceived more than \$100	,000 of reportable	е			(
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director or tru	ictor	o ko	w on	nnla		orl	highest componented o	mployoo on			100	
line 1a? If "Yes," complete Schedule J for s				-					inployee on		3		Х
4 For any individual listed on line 1a, is the su								her compensation from	the organization		3		
and related organizations greater than \$15									ine organization		4		Х
5 Did any person listed on line 1a receive or									dual for services				
					,		oiae	od organization or marv	4441101 00111000		_		Х
* .	plete Schedul	e J f	or si	uch i	pers	on					5		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or su	uch į	oers	on .					5		
rendered to the organization? If "Yes," com Section B. Independent Contractors							rs t	that received more than	\$100,000 of com	pens		•	
rendered to the organization? If "Yes," com Section B. Independent Contractors	mpensated in	depe	ende	ent c	ontr	acto				pens		•	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	acto				pens	ation 1	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for	mpensated inc the calendar y	depe	ende	ent c	ontr	acto		n the organization's tax	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A)	mpensated inc the calendar y	depe	ende endi	ent c	ontr	acto		n the organization's tax (B)	/ear.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A) Name and business	mpensated inc the calendar y address	nC	ende endi	ent c	ontr vith	acto	ithir	n the organization's tax y (B) Description of s	year.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A) Name and business 2 Total number of independent contractors (independent contractors)	mpensated inc the calendar y address	nC	ende endi	ent c	ontrivith of	se lis	ithir	n the organization's tax y (B) Description of s	year.		ation f	from	
rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest co the organization. Report compensation for (A) Name and business	mpensated inc the calendar y address	nC	ende endi	ent c	ontr vith	se lis	ithir	n the organization's tax y (B) Description of s	year.	C	ation 1	from	

Form 990 (2013) ONLY MA

· u	I VIII			or note to any li	ne in this Part VIII			
		Check if Schedule O cont	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
E a	b	Membership dues	1b					
S, (С	Fundraising events	1c	579,890.				
를 들	d	Related organizations	1d					
ž,i	е	Government grants (contribut	ions) 1e					
rior S	f	All other contributions, gifts, gran	ts, and					
ള		similar amounts not included abo	ve 1f	628,411.				
할	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		>	1,208,301.			
				Business Code				
S	2 a							
ē ₹	b							
Sul	С							
le y	d							
Program Service Revenue	е							
<u>-</u>	f	All other program service reve	enue					
\blacksquare	g	Total. Add lines 2a-2f						
	3	Investment income (including			F 0 F			F 0.57
		other similar amounts)			507.			507.
	4	Income from investment of ta						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b				-			
	С	, ,						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)		·····				
e l	8 a	Gross income from fundraisin including \$ 579,8	g events (not					
Š								
Other Revenu		contributions reported on line		117,677.				
þe	h	Part IV, line 18		117,677.	-			
ਰ∣		Net income or (loss) from fund		<u> </u>	0.			
		Gross income from gaming ac	-		, , , , , , , , , , , , , , , , , , ,			
	Эа	Part IV, line 19						
	h	Less: direct expenses			1			
		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale		•				
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	5,000.			5,000.
	b							
	c		_					
	d	All other revenue						
	е	Total. Add lines 11a-11d		•	5,000.			
	12	Total revenue. See instructions.		>	1,213,808.	0.	0.	5,507.
33200 10-29-	9 13		<u></u>					Form 990 (2013)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A)
Total expenses **(D)** Fundraising (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 99,853. 39,941. 29,956. 29,956. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 619,732. 468,758. 72,177. 78,797. Other salaries and wages 7 Pension plan accruals and contributions (include 3,646. 3,378. 105. section 401(k) and 403(b) employer contributions) 163. 42,052. Other employee benefits 55,551. 6,452. 7,047. 9 66,701. 47,460. 9,309. 9,932. 10 Fees for services (non-employees): Management 2,638. 1.558. 1,080. 19,572. 19,572. Accounting С Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 103,103. 10,824. 37,921 54,358. column (A) amount, list line 11g expenses on Sch O.) 1,027. 3,549. 54. 2,468. Advertising and promotion 12 10,507. 5,083. 3,973. 1,451. 13 Office expenses Information technology 14 15 Royalties 82,291. 58,553. 11,485. 12,253. 16 Occupancy 26,493. 11,483. 12,050. 2,960. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 791. 5,669. 4,035. 843. 22 Depreciation, depletion, and amortization 10,286. 7,319. 1,435. 1,532. 23 Other expenses. Itemize expenses not covered 24 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.) 36,271. 16,668. 14,650. 4,953. SUPPLIES INDIRECT BENEFIT EXPENS 34,623. 34,623. 22,378. **MISCELLANEOUS** 3,263. 3,477. 15,638. 16,281. 7,795. SUBSCRIPTIONS AND DUES 936. 7,550. 3,391. 909. 453. 2,029. All other expenses 1,222,535. 722,841. 246,743. 252,951. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2013)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			689,781.	1	430,046.
	2	Savings and temporary cash investments			111,400.	2	301,848.
	3	Pledges and grants receivable, net			38,945.	3	75,940.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	oloyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	· ·			
		employers and sponsoring organizations of sect					
S		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9	B ''			7,486.	9	10,976.
	1	Land, buildings, and equipment: cost or other	I I				,
		basis. Complete Part VI of Schedule D	10a	55,275.			
	b			34,615.	6,814.	10c	20,660.
	11	Investments - publicly traded securities		,	,	11	,
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15,964.	15	21,342.
	16	Total assets. Add lines 1 through 15 (must equ			870,390.	16	860,812.
	17	Accounts payable and accrued expenses			27,732.	17	26,881.
	18	Grants payable	•	18	,		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Ś	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
abil		0 1: 0 : 1 : 1 : 1				22	
Ĩ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			27,732.	26	26,881.
		Organizations that follow SFAS 117 (ASC 958					
S		complete lines 27 through 29, and lines 33 an					
ű	27	Unrestricted net assets			817,658.	27	833,931.
ala	28	Temporarily restricted net assets			25,000.	28	0.
Б	29			<u></u>		29	
필		Organizations that do not follow SFAS 117 (A					
<u>p</u>		and complete lines 30 through 34.					
əts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			842,658.	33	833,931.
	1	Total liabilities and net assets/fund balances			870,390.	34	860,812.

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets			•					
	Check if Schedule O contains a response or note to any line in this Part XI								
1 2 3 4 5 6 7 8	Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1	1,21 1,22	3,8	35. 27.				
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)) rt XII Financial Statements and Reporting	10	83	3,9					
ı a	Check if Schedule O contains a response or note to any line in this Part XII								
	Check it Schedule O contains a response of note to any line in this Part All			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," explain in Schedule		2a		X				
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis								
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,	2b	X					
C	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c		Х				
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?	-	3a		Х				
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990 (2013)				

332012

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ONLY MAKE BELIEVE, INC.

Employer identification number 13-4133410

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌	1		tal service organization of		in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospit	tal's nan	ne,
	city, and stat		•						•			
5	, ,		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
	-	(b)(1)(A)(iv). (Comple	-	,	•	,	Ü					
6	1		ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	1		eives a substantial part					or from the	general	public de	scribed	in
•		(b)(1)(A)(vi). (Comple		o ou.pp		90.0			90	pais a.c		
8	1		section 170(b)(1)(A)(vi). ((Complete	Part II)							
9 🗆	1		eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees a	nd aross	receints	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete			,,, ,, o,,,, b,	011100000	zoquii ou b	y and orga	. neation	artor barre	3 00, 10	
10	1		perated exclusively to te	st for publ	ic safety S	See sectio	n 509(a)(4	1).				
11	1		perated exclusively for the						v out the	nurnoses	s of one	or
	•		ations described in section						•			O.
			organization and comple				.,. 000 00 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,(0). 0		on that	
	a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	_		c	тур	e III - No	n-function	allv inte	arated
е 🗆	1	-	at the organization is not		•	-					•	•
			han one or more publicly									
f			ten determination from t						()()		(/(/	
		rganization, check th										
g		•	organization accepted ar					owina pers	sons?			
J			lirectly controls, either al							·.	Yes	No
											i)	
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported org								-/-	
		J	11	9	()							
. ,	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the c in col. (i) lis	organization	(v) Did you organizat		(vi) Is organizațio	n in col	(vii) Amou		netary
υιί	ganization				document?			(i) organiz	ea in the .?	5	upport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1.55								
Γotal												

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	, ,
	membership fees received. (Do not						
	include any "unusual grants.")	674,823.	795,159.	1128514.	1046742.	1208301.	4853539.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	674,823.	795,159.	1128514.	1046742.	1208301.	4853539.
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)						1456998.
6	Public support. Subtract line 5 from line 4.						3396541.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011 1128514.	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	674,823.	795,159.	1128514.	1046742.	1208301.	4853539.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,386.	463.	287.	246.	507.	2,889.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	150.	50.	49.		5,000.	5,249.
11	Total support. Add lines 7 through 10						4861677.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<u></u> ▶□
	tion C. Computation of Publ						
	Public support percentage for 2013 (I					14	69.86 %
	Public support percentage from 2012					15	67.87 %
16a	33 1/3% support test - 2013. If the o	-					
	$\begin{tabular}{ll} \textbf{stop here.} & \textbf{The organization qualifies} \\ \end{tabular}$						
b	33 1/3 % support test - 2012. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		,				
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support				•	•	
Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here				•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li					15	%
16 Public support percentage from 2012					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2013. If the	-					
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2012. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u> ▶∟∟

<u> </u>	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

INC.

OMB No. 1545-0047

Name of the organization

ONLY MAKE BELIEVE,

Employer identification number

13-4133410

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (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			
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	For an organization contributor. Compl	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.			
Special I	Rules				
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.			
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributions for us If this box is checke purpose. Do not co)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions of \$5,000 or more during the year			
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

ONLY MAKE BELIEVE. INC.

13-4133410

ONLY	MAKE BELIEVE, INC.	3-4133410	
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ACCENTURE 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	\$\$	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	AVENUE CAPITAL MANAGEMENT 399 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 26,000.	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
3	DENA HAMMERSTEIN C/O A. KOZAK & COMPANY, 192 LEXINGTON AVENUE NEW YORK, NY 10018	\$ 164,000.	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
4	WALT DISNEY COMPANY, INC. 77 WEST 66TH STREET, 9TH FLOOR NEW YORK, NY 10023	\$31,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	O'MELVENY & MYERS LLP 400 SOUTH HOPE STREET LOS ANGELES, CA 90071	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PALANTIR TECHNOLOGIES INC 15 LITTLE W. 12TH STREET NEW YORK, NY 10014	\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 10-2	4-13	Schedule B (Form	990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

ONLY MAKE BELIEVE, INC.

13-4133410

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	THOMSON REUTERS FOUNDATION C/O THOMSON REUTERS. 3 TIMES SQUARE, 20TH FLOOR NEW YORK, NY 10036	\$ 25,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8	BINGHAM MCCUTCHEN LLP	-	Person X Payroll				
	NEW YORK, NY 10022	\$ 25,000.	Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9	BLOOMBERG 731 LEXINGTON AVENUE NEW YORK, NY 10022	\$ 88,106.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10	ICAP SERVICES NORTH AMERCA LLC 1100 PLAZA FIVE #12 JERSEY CITY , NJ 07311	\$\$	Person X Payroll				
(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				
323452 10-2		Schedule B /Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013				

Name of organization

Employer identification number

ONLY MAKE BELIEVE, INC.

13-4133410

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 \$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		 	90. 990-EZ. or 990-PF) (2013)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number ONLY MAKE BELIEVE INC. 13-4133410 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

2013
Open to Public Inspection

Name of the organization

Name of the organization

ONLY MAKE RELIEVE INC.

13-4133410

Pai		taining Donor Advised F		ther Similar Funds	or Accou	ints.Complete if	the
		es" to Form 990, Part IV, line 6.				•	
	3	, ,	(a) Donor	advised funds	(b) Fun	ds and other acco	ounts
1	Total number at end of year						
2	Aggregate contributions to (durin						
3	Aggregate grants from (during ye						
4		ai)					
5	Did the organization inform all do			sets held in donor advise	ad funds		
Ŭ	are the organization's property, so		-			Yes	☐ No
6	Did the organization inform all gra					103	110
٠	for charitable purposes and not for						
						Yes	☐ No
Pai		nents. Complete if the organiz					
1	Purpose(s) of conservation easen						
		plic use (e.g., recreation or educa		Preservation of an hist	torically impo	ortant land area	
	Protection of natural habita			Preservation of a certi			
	Preservation of open space			- , , , , , , , , , , , , , , , , , , ,			
2	Complete lines 2a through 2d if the		conservation	contribution in the form of	of a conserva	ation easement or	the last
	day of the tax year.	.o organization nota a qualification					
	ady or and tark your.					Held at the End of	the Tax Year
а	Total number of conservation eas	sements			2a		
b	-						
c	Number of conservation easemer						
d							
-							
3	Number of conservation easemer					n during the tax	-
	year >	,	, 0	,	Ü	Ü	
4	Number of states where property	subject to conservation easeme	ent is located	>			
5	Does the organization have a writ						
	violations, and enforcement of the					Yes	☐ No
6	Staff and volunteer hours devoted	d to monitoring, inspecting, and	enforcing co	nservation easements du	uring the yea	ır 🕨	
7	Amount of expenses incurred in r	nonitoring, inspecting, and enfor	rcing conserv	ation easements during	the year 🕨 :	\$	
8	Does each conservation easemer	nt reported on line 2(d) above sa	tisfy the requ	rements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?					Yes	☐ No
9	In Part XIII, describe how the orga	anization reports conservation ea	asements in i	s revenue and expense	statement, a	and balance sheet	, and
	include, if applicable, the text of t	he footnote to the organization's	s financial sta	tements that describes t	he organizat	tion's accounting	for
	conservation easements.						
Pai	rt III Organizations Main	taining Collections of Ar	t, Historic	al Treasures, or Ot	ther Simil	ar Assets.	
	Complete if the organization	on answered "Yes" to Form 990,	Part IV, line 8	3.			
1a	If the organization elected, as per	mitted under SFAS 116 (ASC 95	58), not to rep	ort in its revenue statem	ent and bala	ance sheet works	of art,
	historical treasures, or other simil	ar assets held for public exhibition	on, education	, or research in furtherar	nce of public	service, provide,	in Part XIII,
	the text of the footnote to its final	ncial statements that describes t	these items.				
b	If the organization elected, as per	mitted under SFAS 116 (ASC 95	58), to report	n its revenue statement	and balance	e sheet works of a	rt, historical
	treasures, or other similar assets	held for public exhibition, educa	tion, or resea	rch in furtherance of pub	olic service, p	provide the followi	ng amounts
	relating to these items:						
	(i) Revenues included in Form 9	90, Part VIII, line 1			> :	\$	
	(ii) Assets included in Form 990,	Part X			> :	\$	
2	If the organization received or hel	d works of art, historical treasure	es, or other s	milar assets for financial	gain, provid	le	
	the following amounts required to		-	-			
а	Revenues included in Form 990, I	Part VIII, line 1				\$	
b	Assets included in Form 990, Par	t X			> :	\$	

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Schedule D (Form 990) 2013

ONT.V	MAKE	BELIEVE.	INC.
OMLI	MANE		TIME

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (chock all that apply): a Public whibition		t III Organizations Maintaining Co	ollections of Art.		reasures. o	or Other		sets/contin	
Control Line and poly :									
a Public exhibition d	Ū		in, and other records,	Check any or an	s ronowing the	it are a sigi	illicarit usc or	its conceiler	ritoriis
b Scholarly research c □ Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to also funds after than to be maintained as part of the organization's collection? □ Yes □ No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Z. b If "Yes," explain the arrangement in Part XIII and complete the following table: □ Amount □ 1d. c Beginning balance □ 1d. c Beginning balance □ 1d. d Additions during the year □ 1d. e Distributions during the year □ 1d. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10; 1a Beginning of year balance □ (a) Current year □ (b) Prior year □ (c) Two years back □ (d) Three years back □ (e) Four years back □ (d) Three years back □ (e) Four years back □		,	٨	Loop or ov	obongo progr	amo			
c									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves			е						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X me 21. Is the organization an angent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X me 21. Is 16 Horge than the arrangement in Part XIII and complete the following table:		_	U4:		41			D + VIII	
The part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Complete if the organization and the very limit of the organization and the part of the organization and the part of the organization included an amount on Form 990, Part X, line 21? Did the organization include an amount on Form 990, Part X, line 21? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Four years back (a) Four years back (a) Four years back (a) Four years back (b) Four years back (b) Four years back (b) Four years back (b) Four years back (c) Four years back (d) Three years back (e) Four years back (e)								Part XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5							П.,	п. .
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses							
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c Temporarily restricted endowment ▶		-							
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 22,122. 16,544. 5,578.	h	If "Vos" to 3a(ii) are the related organizations	listed as required on	Schodulo P2					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment e Other 22,122. 16,544. 5,578.	4							30	
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basis (investment) basis (other) depreciation 1a Land Buildings C Leasehold improvements C Lease								(al) Dool	
b Buildings c Leasehold improvements d Equipment 33,153. 18,071. 15,082. e Other 22,122. 16,544. 5,578.		Description of property	, ,	, ,				(a) 600k	. value
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c Leasehold improvements 33,153. 18,071. 15,082. e Other 22,122. 16,544. 5,578.									
d Equipment 33,153. 18,071. 15,082. e Other 22,122. 16,544. 5,578.									
e Other 22,122. 16,544. 5,578.									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			l l		22, 122.	1	16,544.		
	Total	. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Part X,	column (B), line	10(c).))	2(),6 <u>60.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 ONLY MAKE BE	LIEVE, INC.	13	3-4133410 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total (Col. (h) must squal Form 000, Port V col. (P) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
	- Faura 000 David IV line	a 11a Cao Farra 000 Bart V lina 10	
Complete if the organization answered "Yes" to (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	id-of-vear market value
	(b) Book value	(O) Welfied of Validation. Cost of of	la or your market value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	······	•
Complete if the organization answered "Yes" to	n Form 990 Part IV lin	o 11a or 11f Soo Form 990 Part V line 2	ξ.
1. (a) Description of liability	51 01111 990, Fait IV, IIII	(b) Book value).
(1) Federal income taxes		(a) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) \triangleright 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Rev	enue per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,213,808.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	J			
b	Donated services and use of facilities	2b		
С	1 7 0			
d	Other (Describe in Part XIII.)	2d		
е	J			0.
3	Subtract line 2e from line 1		3	1,213,808.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	/	4b		_
С				0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,213,808.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	oenses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line			4 000 505
1	Total expenses and losses per audited financial statements		1	1,222,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	***************************************			
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	7			0
е	J			<u> </u>
3	Subtract line 2e from line 1		3	1,222,535.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	/	4b		0
_	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.,		5	1,222,535.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
D 7\	RT X, LINE 2:			
<u> </u>	KI A, DINE Z.			
EX.	PLANATION: MANAGEMENT HAS EVALUATED ALL	TNCOME TAX	POSTTTONS Z	מאע
ĽA.	HANATION. MANAGEMENT HAS EVALUATED ADD	INCOME TAX	FOSTITONS A	מוזד
ര	NCLUDED THAT NO DISCLOSURES RELATING TO	IINCERTATN T	AY POSTUTON	IS WERE
	NCDODED THAT NO DIDCHODORED RELATING TO	ONCERTAIN I	AN TODITION	15 WEILE
RE	QUIRED IN THE FINANCIAL STATEMENTS.			
	ZOINDD IN IND I INDICIND DINIDIDATE.			

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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

Inspection

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

Employer identification number Name of the organization 13-4133410 ONLY MAKE BELIEVE, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations □ Solicitation of government grants
 □ b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

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

Schedule G (Form 990 or 990-EZ) 2013

		le G (Form 990 or 990-EZ) 2013 ONLY MA				-4133410 Page 2
Pā	art I	Fundraising Events. Complete if the of fundraising event contributions and g	_			
			(a) Event #1 ANNUAL GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	697,567.			697,567.
	2	Less: Contributions	579,890.			579,890.
	3	Gross income (line 1 minus line 2)	117,677.			117,677.
	4	Cash prizes				
es	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	82,740.			82,740.
Direct I	7	Food and beverages	27,764.			27,764.
	8	Entertainment				B 183
	9	Other direct expenses				7,173.
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				0.
Pa	rt		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
9	En	ter the state(s) in which the organization opera	ates gaming activities:			
		r e e e e e e e e e e e e e e e e e e e	ctivities in each of these	states?		Yes No
		rhe organization licensed to operate gaming a No," explain:				
		N				

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain: _

Sch	redule G (Form 990 or 990-EZ) 2013 ONLY MAKE BELIEVE, INC.	-4133	410	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	¨		
	a The organization's facility	13a		%
			+	
	An outside facility	[130		90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
,	If "Yes," enter name and address of the third party:			
•	on 165, enter hame and address of the third party.			
	Nama 🏲			
	Name			
	Address			
16	Gaming manager information:			
10	daming 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 proceeds to			
•			Yes	□ No
	retain the state gaming license?		163	NO
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the)		
D	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part I		9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2013
Open to Public

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

Open to Pub Inspection

Name of the organization

ONLY MAKE BELIEVE, INC.

Employer identification number 13-4133410

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ONLY MAKE BELIEVE IS A NON-PROFIT ORGANIZATION THAT CREATES AND

PERFORMS INTERACTIVE THEATER FOR CHILDREN IN HOSPITALS AND CARE

FACILITIES. ONLY MAKE BELIEVE IS DEDICATED TO THE PRINCIPLE THAT

FREEING A CHILD'S IMAGINATION IS A VALUABLE PART OF THE HEALING

PROCESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ONLY MAKE BELIEVE (OMB) PROVIDES INTERACTIVE THEATRICAL PERFORMANCES CONDUCTED BY A TEAM OF THREE PROFESSIONAL ACTORS, ONCE A WEEK FOR 6 WEEKS, FREE-OF-CHARGE TO HOSPITALS AND CARE FACILITIES. OMB SERVES CHILDREN LIVING WITH CHRONIC ILLNESSES AND DISABILITIES, AND IS DEDICATED TO THE PRINCIPLE THAT FREEING A CHILD'S CREATIVE SPIRIT IS A VALUABLE PART OF THE HEALING PROCESS. THE PROGRAM IS DESIGNED TO SUPPLEMENT HOSPITAL'S RECREATIONAL AND THERAPEUTIC ACTIVITIES. THE AIM OF THE PROGRAM IS MULTI-LEVELED. INITIALLY THE WORK ENTERTAINS AND DISTRACTS CHILDREN WHO ARE COPING WITH PHYSICAL AND MENTAL HEALTH PROBLEMS. THE LONG TERM EFFECTS RANGE FROM EMOTIONALLY SUPPORTING CHILDREN WHO ARE SEVERELY STRESSED BY THE HOSPITAL ENVIRONMENT, EMPOWERING AND EDUCATING DISADVANTAGED CHILDREN THROUGH CREATIVITY AND INDIVIDUAL EXPRESSION. OVER THE SIX-WEEK PERIOD, OMB BECOMES A SAFE PLACE FOR THE CHILDREN TO EXPRESS THEMSELVE THROUGH ROLE-PLAYING AND IMAGINATIVE EXERCISES.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: JENNIFER HAMMERSTEIN IS THE DAUGHTER-IN-LAW OF DENA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

29

Name of the organization ONLY MAKE BELIEVE, INC.	Employer identification number 13-4133410
HAMMERSTEIN.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE RETURN WILL BE REVIEWED BY THE BOARD BEF	ORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	_
EXPLANATION: EVERY YEAR, THE CONFLICT OF INTEREST POLICY	IS DISTRIBUTED TO
THE GOVERNING BODY (BOARD OF DIRECTORS) TO READ, COMPLETE	AND SIGN. THESE
ARE REVIEWED BY THE EXECUTIVE COMMITTEE. SHOULD A CONFLI	CT OF INTEREST
ARISE, THE EXECUTIVE COMMITTEE WOULD DECIDE WHETHER TO DI	SMISS OR RETIRE
THE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: ONLY MAKE BELIEVE REFERS TO THE NON PROFIT C	OORDINATING
COMMITTEE OF NEW YORK'S SALARY SURVEY. IT WAS LAST REVIEW	ED IN 2013.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: ONLY MAKE BELIEVE POSTS THE GOVERNING DOCUME	
INTEREST POLICY, AND FINANCIAL STATEMENTS ON THEIR WEBSIT	Έ.
	_

FORM 990 PAGE 10

Asset No.	Description	Date Acquire	d Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	FURNITURE & EQUIPMENT COMPUTER SOFTWARE &	VARI	ESSL	5.00	16	33,153.			33,153.	14,454.		3,617.
2		VARI	ESSL	3.00	16	22,122.			22,122.	14,492.		2,052.
	DEPR					55,275.		0.	55,275.	28,946.	0.	5,669.
		Ш										

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions. ► Attach to your tax return. Business or activity to which this form relates OMB No. 1545-0172 Sequence No. 179

990

Identifying number

	Y MAKE BELIEVE, IN			RM 990 P			13-4133410
Par	t I Election To Expense Certain Prop	erty Under Section	179 Note: If you have any	listed property, c	omplete Part		
	faximum amount (see instructions)						500,000.
	otal cost of section 179 property pla						0 000 000
	hreshold cost of section 179 propert						2,000,000.
4 R	leduction in limitation. Subtract line 3	from line 2. If zero	o or less, enter -0-				
5 D	ollar limitation for tax year. Subtract line 4 from lir			1		•	
6	(a) Description of p	property	(b) Cost (bus	siness use only)	(c) Electe	d cost	
	isted property. Enter the amount fror						
	otal elected cost of section 179 prop						
	entative deduction. Enter the smalle						
	carryover of disallowed deduction from						
	susiness income limitation. Enter the						
12 S	ection 179 expense deduction. Add	lines 9 and 10, bu	t do not enter more than	line 11		12	
	carryover of disallowed deduction to		·	▶ 13			
	Do not use Part II or Part III below fo		· · · · · · · · · · · · · · · · · · ·				
Par			•		• •		
14 S	pecial depreciation allowance for qua	, ,		•	Ü		
15 P	roperty subject to section 168(f)(1) e	lection				15	F 660
	other depreciation (including ACRS)					16	5,669.
Par	T III MACRS Depreciation (Do n	ot include listed p		s.)			
			Section A				
17 N	MACRS deductions for assets placed	in service in tax y	ears beginning before 20	13	<u></u>	<u></u> 17	
18 If	you are electing to group any assets placed in se						
	Section B - Asset		ce During 2013 Tax Year	r Using the Gen	eral Depreci	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
b	Desidential rental preparty	/		27.5 yrs.	MM	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Nonresidential real property	/		39 yrs.	MM	S/L	
<u>i</u>	Nonresidential real property	/			MM	S/L	
	Section C - Assets	Placed in Service	During 2013 Tax Year	Using the Alterr	ative Depre	ciation Sys	stem
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year	/		40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)						
21 L	isted property. Enter amount from lin	ne 28				21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lir	nes 19 and 20 in column	(g), and line 21.			
Е	nter here and on the appropriate line	s of your return. F	artnerships and S corpor	rations - see instr	·	22	5,669.
	or assets shown above and placed in						
р	ortion of the basis attributable to sec	tion 263A costs	<u>.</u>	23			
316251 12-19-	1114 E B						Form 4562 (2013)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

	Note: For any w	Section A, all	of Section B	, and Sec	ction C ii	applica	ble.						<u></u>		nns (a)
_			on and Other					_							
<u>24a</u>	Do you have evidence to s			ent use cl	aimed?	<u> </u>	es L	<u> No</u>	24b If "Y			nce writt	ten? L	<u> </u>	<u> No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business, investmen use percenta	t l	(d) Cost or ther basis	l (hu	(e) is for depressiness/invesuse only	stment	(f) Recovery period	Me	g) thod/ ention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified listed	property	y placed	in servi	ce durin	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use .								25				
26	Property used more that														
		1 1		%											
		1 1		%											
		1 1		%											
<u>27</u>	Property used 50% or le	ss in a quali	fied business	use:											
		1 1		%						S/L -					
		1 1		%						S/L -					
		: :		%						S/L -					
	Add amounts in column														
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	d on line	7, page	1							. 29		
			;	Section	B - Infor	mation	on Use	of Vel	nicles						
	mplete this section for ve											-			S
to y	our employees, first ans	wer the ques	tions in Sect	ion C to	see if yo	u meet a	an excep	otion to	o completi	ng this s	ection f	or those	vehicles	5.	
				1	(a)	1	b)		(c)		d)	1	e)	(1	
30	Total business/investment		•	Vel	hicle	Ver	nicle	V	/ehicle	Ver	nicle	Ver	nicle	Veh	ıcle
	year (do not include comn			-											
	Total commuting miles of														
32	Total other personal (no	_	-												
	driven			-											
33	Total miles driven during	•													
	Add lines 30 through 32			<u> </u>	T										
34	Was the vehicle available	e for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used pr	, ,	more												
	than 5% owner or relate	•						-							
36	Is another vehicle availa														
	use?			<u> </u>			<u> </u>	<u> </u>			<u> </u>				
			- Questions												=0.4
	swer these questions to o	determine if y	ou meet an	exceptio	n to com	ipleting S	Section	B for v	ehicles us	ed by er	nployee	s who a ı	re not m	ore than	15%
_	ners or related persons.			1.71.71										1,,	T
37	Do you maintain a writte		=		-				_	-				Yes	No
	employees?													.	
38	Do you maintain a writte		=	-				-							
	employees? See the ins														1
	Do you treat all use of ve														
40	Do you provide more that														
44	the use of the vehicles,	and retain th	e information	receive	u?										
41	Do you meet the require														
D	Note: If your answer to 3	57, 30, 39, 4	J, 01 41 IS TE	es, ao n	ot comp	iete Sec	LIOIT B IC	ir tirle C	overeu ve	riicies.					
Г	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	costs	Dat	e amortization		Amortizat amount	ole		Code section		Amortiza		Ai	mortization or this year	
40	Amortization of costs th	at heains du	ring your 201	3 tax ve	l ar	amount	•		3000001		period or per	сенаде	ıc	uno ytal	
42	AMORIZACION DI COSES EN	ai Degilis du	11119 your 201	J LAX YE	aı.			_							
				<u>i i .</u>	+										
42	Amortization of costs th	at hegan hat	ore vous 201	3 tay yar								43			
	Total Add amounts in o											44			

Form **4562** (2013)

Form 886	68 (Rev. 1-2014)					Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	box		1 1
	lly complete Part II if you have already been granted an					
	are filing for an Automatic 3-Month Extension, comple					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies ne	eded).
	•		Enter filer's	identifyiı	ng number	r, see instructions
Type or	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificat	tion number (EIN) or
print						
File by the	ONLY MAKE BELIEVE, INC.				13-4	133410
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 121 WEST 27TH STREET, NO. 1		tions.	Social se	curity num	ber (SSN)
instructions	City, town or post office, state, and ZIP code. For a f ${\tt NEW YORK}$, ${\tt NY}$ 10001	oreign add	dress, see instructions.			
						[0]1]
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			[0]1
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01				
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	O-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted		natic 3-month extension on a prev	iously file	ed Form 8	368.
	SABRINA HAMADY		- GIITEE 1000 NE		77 3777	10001
	pooks are in the care of \triangleright 121 WEST 27TH	STREE		N YOR	K, NY	10001
	none No. ► 646-336-1500		Fax No.			
	organization does not have an office or place of busines					
	is for a Group Return, enter the organization's four digit	_				
box •	. If it is for part of the group, check this box		BER 15 , 2014	all memb	ers the ex	ension is for.
	quest an additional 3-month extension of time until $_$ calendar year 2013 , or other tax year beginning	140 4 17141		_		
	r calendar year <u>2013</u> , or other tax year beginning he tax year entered in line 5 is for less than 12 months, o	ahaali raaa	on: Initial return	J Final r	rotuus	·
6 If t	Change in accounting period	Sheck reas	on.		eturri	
7 Sta	ate in detail why you need the extension					
, Si	DDITIONAL TIME IS NEEDED TO	COMPT	LE THE INFORMATION	NECE	SSARY	ТО
	OMPLETE THE RETURN.	<u> </u>		11202	DDIII	
8a Ift	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any			
	nrefundable credits. See instructions.	, 0, 0000,	onto the tentante tax, less any	8a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	9. enter an	v refundable credits and estimated		 	
	payments made. Include any prior year overpayment al		•			
	eviously with Form 8868.		a crount arra arry arricant para	8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your pa	ayment wit	th this form, if required, by using		Ť	
	TPS (Electronic Federal Tax Payment System). See instr	-	, , ,	8c	\$	0.
			st be completed for Part II o	nly.	-	
Under per it is true, o	alties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this for	ding accomp			f my knowle	dge and belief,
Signature	► Title ►	EXECU'	TIVE DIRECTOR	Date	•	
	·				Form	n 8868 (Rev. 1-2014)

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

2013

Open to Public Inspection

1 Canaral Information

1.General informat	1011				
For Fiscal Year Beginning	g (mm/dd/yyy	yy) 01/01/	2013 and Ending	(mm/dd/yyyy) 12/31/	2013
Check if Applicable: Address Change	Name of Org ONLY		IEVE, INC.		Employer Identification Number (EIN): 13-4133410
Name Change Initial Filing	Mailing Add	lress: WEST 27TH	STREET	1002	NY Registration Number: 06-97-54
Final Filing Amended Filing	City / State	/ZIP: YORK, NY	10001		Telephone: 646 336-1500
Reg ID Pending	Website:		ELIEVE.ORG		Email:
Check your organization's registration category:					Find your registration category in the Charities Registry at <u>www.CharitiesNYS.com</u>
2. Certification					
	ication requir	rements. Imprope	r certification is a violation	of law that may be subject	t to penalties.
	e true, correc		n accordance with the law	s of the State of New York a	e best of our knowledge and belief, applicable to this report. CUTIVE ECTOR
Fresident of Admonzed	Officer.		МІПЕР		
		Signature		Tit	ile Date
Chief Financial Officer or	r Treasurer				
	Trododior.	Signature		Tit	le Date
		· ·			
3. Annual Reporting	g Exempti	on			
categories (DUAL filers)	that apply to	your registration,	complete only parts 1, 2,	and 3, and submit the cert	regory (7A and EPTL only filers) or both ified Char500. No fee, schedules, or one exemption, you must file applicable
schedules and attachme	ents and pay	applicable fees.			
exceed \$2	25,000 <u>and</u> th	ne organization dic	d not engage a profession		overnment agencies, etc, did not raising counsel (FRC) to solicit ee instructions).
	filing exempti fiscal year.	ion: Gross receipt	s did not exceed \$25,000	and the market value of as	ssets did not exceed \$25,000 at any time
4. Schedules and A	ttachmen	its			
See the following page for a checklist of schedules and attachments to complete your filing.		for fund r	aising activity in NY State	ofessional fund raiser, fund ? If yes, complete Schedul vernment grants? If yes, co	
5. Fee					
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:	Make a single-check or money order
next page to calculate yo					payable to:
fee(s). Indicate fee(s) you are submitting here:	\$	25.	\$ <u>100.</u>	\$ <u>125.</u>	"Department of Law"

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist	of Sch	edules	and	Attac	hments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules including Schedule B (Schedule of C IRS Form 990-T if applicable	ontributors).
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,0 Audit Report if you received total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required because total revenue and support greater than \$500,00 No Review Report or Audit Report is required by the support greater than \$500,00 No Review Report States Report for Report Report for Report for Report Report for Report Report Report for Report Report Repor	000 and up to \$500,000. 0
Note: The Audit and Review requirements are set to change in 2017 and 2021 in a For more details, visit www.CharitiesNYS.com.	ccordance with the Non Profit Revitalization Act of 2013.
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my organization a 7A, EPTL or DUAL filer?
\$0, if you marked the 7A exemption in Part 3a \$25, if you did not mark the 7A exemption in Part 3a	 - 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. - DUAL filers are registered under both 7A and EPTL.
	under Article 7-A of the Executive Law ("7A") - EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 120 Broadway New York, NY 10271

368461 06-16-14 1019 CHAR500 Annual Filing for Charitable Organizations (Updated June 2014)

Page 2