Return of Organization Exempt From Income Tax

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

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

Department of the Treasury

A For the 2020 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable: Address change ONLY MAKE BELIEVE, INC. Name change 13-4133410 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 121 WEST 27TH STREET 403 (646)336-1500 1,510,596. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW YORK, NY 10001 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JOHN HARDIMAN for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) = 501(c)527 ) **◄** (insert no.) 4947(a)(1) or 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: 1999 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: ONLY MAKE BELIEVE (OMB) SERVES Governance CHILDREN IN HOSPITALS AND CARE FACILITIES. (SEE SCHEDULE O) if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 45 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1200 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,487,306, 1,391,513. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. Program service revenue (Part VIII, line 2g) 22,770. 30,293 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 39,880 -4.872. 11 1,557,479 1,409,411. 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. 0 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 954,963. 1,004,398. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 462,550. 259,642. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,417,513. 1,264,040. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 139,966. 145,371. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** Ы **End of Year** 2,331,031. 2,185,137, Total assets (Part X, line 16) 37,756. 41,949. 21 Total liabilities (Part X, line 26) 三年 2,143,188. 2,293,275. 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. 3/1/ Signature of officer Date Sign John Hardiman Treasurer 10-5-2021 Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JAMES J. REILLY 9/28/2021 P00183769 Paid self-employed Firm's name CONDON O'MEARA MCGINTY & DONNYLLY LLP 13-3628255 Preparer Firm's EIN ▶ Firm's address NONE BATTERY PARK PLAZA Use Only Phone no.212-661-7777 NEW YORK, NY 10004 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

13-4133410

_	Check if Schedule O contains a response or note	to any line in this Part III .		X
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O.			
2	Did the organization undertake any significant program s	services during the year wh	nich were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significa	ant changes in how it cond	lucts, any program services?	Yes No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplish	ments for each of its three	largest program services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required	d to report the amount of o	grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 858,572.	including grants of \$	) (Revenue \$	)
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code) \(\( \sum_{\text{Code}} \)	including grants of th	) (Devenue f	
40	(Code:) (Expenses \$			,
4d	Other program services (Describe on Schedule O.)			
-	(Expenses \$ including grants of \$	\$	) (Revenue \$	)
4e	Total program service expenses	858,572.		,
				Form <b>990</b> (2020)

# Form 990 (2020) ONLY MAKE BELIEVE, INC. 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	0		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	L	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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,	-10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10		18	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		$\vdash$
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2020)

ONLY MAKE BELIEVE, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	N <sub>a</sub>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No_
22	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			ı
	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			ı
	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		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			ı
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ı
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ı
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			ı
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ı
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			ı
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			177
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥5:		ı
00	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?	00		v
27	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	37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	ı
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	41	
. ai	Check if Schedule O contains a response or note to any line in this Part V			
	Shook it Corrodule C contains a response of flote to any line in this fact v		Vaa	No
1.	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable.		Yes	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	

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# Form 990 (2020) ONLY MAKE BELIEVE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 145 bit fall least one is reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 145 bit fall least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a All any time during the calendary year, did the organization fave an interest in, or a signiture or other authority over, a financial account in a foreign country. Such as a bank account, securities account, or other financial account for the frequency of the organization fave an interest in, or a signiture or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for the separation foreign foreign foreign Bank and Financial Accounts (FBAR).  See instructions foreign foreign foreign foreign Bank and Financial Accounts (FBAR).  See instructions foreign foreign foreign foreign Bank and Financial Accounts (FBAR).  See instructions foreign foreign foreign foreign Bank and Financial Accounts (FBAR).  See instructions foreign foreign foreign foreign Bank and financial financial Accounts (FBAR).  See instructions foreign foreign foreign foreign Bank and financial financial financial financial					Yes	No				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bid the organization have unrelated business gross income of \$1,000 or more during the pear?  30 bid the organization have unrelated business gross income of \$1,000 or more during the pear?  31 bid 11 bid 12 bid 12 bid 12 bid 12 bid 13 bid 14	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 <i>g-fige</i> (see instructions)  3 bid the organization have urrelated business gross income of \$1,000 or more during the year?  3 bif "Yes," has it file a form 950 or 10 for this year? "I' "No" to line 3b, promised an explanation on Schedule O  4 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 one financial accounts? ("As a bank account securities account, or other financial accounts?"  5 bif "Yes," enter the name of the foreign country    5 cen instructions for filing requirements for FincGEN Form 114, Report of Foreign Bank and Financial Accounts ("BAR).  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 cen in "Yes" to line 5 a rob, did the organization that It was or is a party to a prohibited tax shelter transaction?  5 center in "Yes" and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selicit any contributions that were not tax deductibles of merital between the such contributions or gifts were not tax deductibles a charitable contributions?  5 center of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions or gifts were not tax deductibles and scharitable contributions or gifts were not tax deductibles and scharitable contributions or gifts were not tax deductibles and scharitable contributions or gifts were not tax deductibles and scharitable contributions and party for goods and services provided to the payor?  5 center of the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 cranization receive and payment in excess of \$75 made party as a contribution or given to t		filed for the calendar year ending with or within the year covered by this return	2a 4	5						
3a   bit fives, 'indicate the number of Forms 988-17. To be sure that such contributions have unrelated business gross income of \$1,000 or more during the year?   3a   bit fives,' indicate the number of the regardation 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 (FAFR).   4a   bit fives, 'indicate the regardation for the organization and sheller transaction at any time during the tax year?   5a   bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   5b   cit fives to line \$a or \$b, did the organization the organization the organization for the value of the posods or services provided?   7c   7c   7c   7c   7c   7c   7c   7	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х					
b If Yes, *Insis it filled a Form 990.7 for this year? If *No* to fine 9b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF).  5b If Yes, *inter the name of the foreign country  5ce instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  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 sax shelter transaction?  ci 1 Yes' to line 5a or 5b, did the organization file Form 8886-17?  5b Did any taxable party notify the organization file Form 8886-17?  5c Does the organization thave 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?  6c Did the organization shall may receive deductible contributions under section 170(c).  6c Did the organization shall may receive deductible contributions under section 170(c).  6c Did the organization network appeared in excess of 35° made party sa a contribution of any party for goods and services provided to the payor?  7c Did the organization receive a payment in excess of 35° made party sa a contribution of quality of goods and services provided to the payor?  7d Line organization shall may receive deductible contributions under section 170(c).  a Did the organization receive any primed in excess of 15° made party sa a contribution of our services provided?  7d Line organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization receive any funds, directl		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file (see instructions	)							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b if "Yes," enter the name of the foreign country ▶  5a Was the organization of the organization flow a shelter transaction at any time during the tax year?  5b Usin 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 bid the organization receive apparent in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?  6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?  6 Did the organization escewed any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To lift the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  5 Sponsoring organization make any taxable distributions under section 4966?  5 Sponsoring organization make a distribution to divide the organization file Form 890						Х				
financial account in a foreign country   Services, enter the name of the foreign country   See instructions for fining requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any staxible party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes' to line Sa or 5b, did the organization file Form 8886-17?  5c Does the organization and 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?  5c If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes', did the organization notify the donor of the value of the goods or services provided to the payor?  7c Typanization service a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes', did the organization notify the donor of the value of the goods or services provided?  7d Did the organization network anyman in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7d If Yes', indicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the twas required to the Form 8282?  7d If Yes', indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization flore from 829 as required?  7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flore from 829 as required?  9 Did the sponsoring organization make any taxable distributions under section 4960?  9 Section 501(c) 20 ganitation flore and party flore property in the payor service	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b						
b if "Yes," enter the name of the foreign country ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c If "Yes' to line Saor 55, lid the organization that it was or is a party to a prohibited tax shefter transaction?  5c If "Yes' to line Saor 55, lid the organization in lie Form 888E1?  5c If "Yes," clid the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive annual to the party of the contributions that were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b If "Yes," indicate the number of Forms 8282? filed during the year  8c If "Yes," indicate the number of Forms 8282 filed during the year  9c If If "Yes," indicate the number of Forms 8282? filed during the year  9c If If "Yes," indicate the number of Forms 8282? filed during the year  9c If If If the organization received a contribution of qualified intellectual property, did the organization for the year permiums, directly, to pay premiums on a personal benefit contract?  7c If Id the organization received a contribution of qualified intellectual property, did the organization the service of cars, boats, sinplanes, or other vehicles, did the organization flae Form 8082 for the properties of the propertie	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a							
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ONLY MAKE BELIEVE, INC. Form 990 (2020) 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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year ..... 14 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶DE, NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2020)

10001

SABRINA HAMADY - (646)336-1500

121 WEST 27TH STREET, SUITE 403, NEW YORK,

# 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.

See instructions for the order in which to list the persons above.

	ha	(B) (C)  Average hours per hours per box, unless person is both an						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	officer and a di					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
1) TAMELA ALDRIDGE	40.00									
XECUTIVE DIRECTOR				Х				139,201.	0.	9,604.
2) DENA HAMMERSTEIN	4.00									
OUNDER		Х		Х				0.	0.	0.
3) JENNIFER HAMMERSTEIN	2.00									
O-PRESIDENT		Х		Х				0.	0.	0.
4) SALLY WHEELER MAIER	2.00									
O-PRESIDENT		Х		Х				0.	0.	0.
5) KATE HALL	2.00									
ICE PRESIDENT		Х		Х				0.	0.	0.
6) JOHN HARDIMAN	2.00									
REASURER		Х		Х				0.	0.	0.
7) WASEEM NOOR	2.00									
ECRETARY		Х		Х				0.	0.	0.
8) BRADLEY J. BUTWIN	1.00									
SOARD MEMBER		Х						0.	0.	0.
9) JOE DIPIETRO	1.00									
SOARD MEMBER		Х						0.	0.	0.
10) SUE EMANUEL	1.00									
SOARD MEMBER		Х						0.	0.	0.
11) AMY HORROCKS	1.00									
SOARD MEMBER		Х						0.	0.	0.
12) DAVID TRAVIN	1.00									
SOARD MEMBER		Х						0.	0.	0.
13) LAURA ANGEL-LALANNE	1.00									
SOARD MEMBER		Х						0.	0.	0.
14) SARAH ROSAND	1.00									
SOARD MEMBER		Х						0.	0.	0.
15) BRIAN VASKE	1.00									
OARD MEMBER		Х						0.	0.	0.
										Form <b>990</b> (2020)

Form 990 (2020) ONLY MAKE BE	LIEVE, INC.								13-413	3341	0	Page 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unle:	ss per	ition more son is irecto	Highest compensated than of employee	an ee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F Estima amount oth compen from organiz and re organiz	ated nt of er sation the cation lated
	line)	Indivic	Institu	Officer	Key en	Highe: emplo	Former				organiz	
						Н						
1b Subtotal							<b>&gt;</b>	139,201.		0.		9,604.
c Total from continuation sheets to Part VI							>	139,201.		0.		0. 9,604.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable			J,004.
compensation from the organization											1	1
3 Did the organization list any former officer,	director trust	00 1	·0\/ 0	mnl	0.404	o or	hia	host componented omn	ovec on	ſ	Ye	s No
line 1a? If "Yes," complete Schedule J for s	*	,	,	•	,	,	_		•		3	х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4	X
rendered to the organization? If "Yes," com											5	х
Section B. Independent Contractors												
1 Complete this table for your five highest co the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion from	
(A)	_			. <u>.</u>				(B)			(C)	
Name and business	address	NO	NE				$\dashv$	Description of s	ervices	<u>C</u>	ompensa	ion
							+					
							$\dashv$					
2 Total number of independent contractors (i	•	ot lin	nited	d to t		se list O	ted	above) who received mo	ore than			
\$100,000 of compensation from the organic	zaliUII										Form <b>99</b> 0	(2020)

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Form 990 (2020)
Part VIII | 5

art VIII   Statement of Revenue
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			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c	468,316.				
fts,			Related organizations	1d	200,020.				
ij gi					394,915.				
ons,			Government grants (contributions)	1e	334,313.				
utio er (		T	All other contributions, gifts, grants, and	1 1	E20 202				
ĕŧ			similar amounts not included above	1f	528,282.				
ont		-	Noncash contributions included in lines 1a-1f	1g  \$	86,074.	1 201 512			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			1,391,513.			
					Business Code				
Ce	2	а							_
Program Service Revenue		b							_
Sen		С							
ar.		d							
og B		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)			22,526.			22,526.
	4		Income from investment of tax-exem						
	5		Royalties	-					
	·		( )	i) Real	(ii) Personal				
	6	•	Gross rents 6a	,	( )				
			' '' <del>                                  </del>						
			Rental income or (loss) 6c						
				Securities	(ii) Other				
	′	а	CIT COST ATTITUTES OF THE COST		(ii) Other				
			assets other than inventory 7a	86,358.					
		b	Less: cost or other basis	06 114					
her Revenue			and sales expenses	86,114.					
ě.			Gain or (loss) 7c	244.	_				
å			Net gain or (loss)			244.			244.
her	8	а	Gross income from fundraising events (r	not					
ᅙ			including \$ 468,316.	_ of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a	10,199.				
		b	Less: direct expenses	8b	15,071.				
		С	Net income or (loss) from fundraising	g events		-4,872.			-4,872.
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming ac	tivities					
			Gross sales of inventory, less return						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in						
			,,	٠,	Business Code				
sno	11	а							
nec	• •	b	_						
Miscellaneous Revenue		C							
SCE			All other revenue						
Ξ									
			Total Add lines 11a-11d			1,409,411.	0.	0.	17,898.
	12		<b>Total revenue.</b> See instructions			±,=vJ,=±±•	١ ٠٠	, ,,	1 -,,,,,,,

032009 12-23-20

## 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).

Do not include amoun 7b, 8b, 9b, and 10b or	if Schedule O contains a response this reported on lines 6b, f Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	ssistance to domestic organizations ernments. See Part IV, line 21		·		·
2 Grants and other	r assistance to domestic Part IV, line 22				
organizations, fo	r assistance to foreign reign governments, and foreign Part IV, lines 15 and 16				
4 Benefits paid to	or for members				
5 Compensation of	f current officers, directors,				
trustees, and key	y employees	139,201.	103,598.	18,312.	17,291
persons (as define	included above to disqualified d under section 4958(f)(1)) and in section 4958(c)(3)(B)				
	nd wages	666,605.	496,112.	87,695.	82,798
	ials and contributions (include		•	•	•
·	403(b) employer contributions)	5,733.	2,841.	2,892.	
	benefits	128,137.	63,495.	64,642.	
10 Payroll taxes		64,722.	32,072.	32,650.	
	s (nonemployees):				
a Management					
<b>b</b> Legal		275.		275.	
c Accounting		22,765.	12,710.	8,655.	1,400
<b>d</b> Lobbying					
	aising services. See Part IV, line 17				
	agement fees				
• , ,	amount exceeds 10% of line 25,				
` '	t, list line 11g expenses on Sch 0.)	32,452.	18,271.	12,168.	2,013
	promotion	10.005	10.000	1 074	0.61
	·····	12,825.	10,090.	1,874.	861
	nology				
		119,926.	79,016.	29,618.	11,292
		8,452.	6,669.	1,601.	182
	vel or entertainment expenses	0,152.	0,003.	2,001.	102
•	tate, or local public officials				
19 Conferences, con	nventions, and meetings				
	liates				
	pletion, and amortization	4,586.		4,586.	
	···;······	10,407.		10,407.	
above (List miscell line 24e amount ex	emize expenses not covered aneous expenses on line 24e. If cceeds 10% of line 25, column (A) le expenses on Schedule 0.)				
a SUPPLIES		19,639.	17,764.	1,554.	321
b INDIRECT EVE		9,893.			9,893
c SUBSCRIPTION	DUES & FEE	9,268.	7,638.	1,371.	259
d OTHER		7,738.	6,966.	676.	96
e All other expense		1,416.	1,330.	86.	126 406
	cpenses. Add lines 1 through 24e	1,264,040.	858,572.	279,062.	126,406
	lete this line only if the organization				
•	(B) joint costs from a combined				
euucanonai campa	ign and fundraising solicitation.				

Form **990** (2020)

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# Form 990 (2020) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		958,691.	1	1,114,543	
	2	Savings and temporary cash investments			1,124,695.	2	868,252
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			47,165.	4	24,800
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	ons (as defined				
		under section 4958(f)(1)), and persons describ	ed in secti	on 4958(c)(3)(B)		6	
δ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Donat and a company of all of a company of all a company			16,786.	9	6,578
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	62,198.			
	b	Less: accumulated depreciation	. 10b	52,442.	14,342.	10c	9,756
	11	Investments - publicly traded securities			205.	11	283,849
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			23,253.	15	23,253
	16	Total assets. Add lines 1 through 15 (must ed		2,185,137.	16	2,331,031	
	17	Accounts payable and accrued expenses			41,949.	17	37,756
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete		21			
Ş	22	Loans and other payables to any current or for	rmer office	r, director,			
<u>i</u> tie		trustee, key employee, creator or founder, sub	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of th	ese perso	ns		22	
_	23	Secured mortgages and notes payable to unre	elated third	parties		23	
	24	Unsecured notes and loans payable to unrelat	ed third p	arties		24	
	25	Other liabilities (including federal income tax, p	oayables t	related third			
		parties, and other liabilities not included on lin	es 17-24).	Complete Part X			
		of Schedule D				25	
	26	-			41,949.	26	37,756
		Organizations that follow FASB ASC 958, cl	neck here	<b>▶</b> X			
ces		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			2,074,488.	27	2,193,275
Ba	28	Net assets with donor restrictions			68,700.	28	100,000
n n		Organizations that do not follow FASB ASC	958, ched	ck here 🕨 📖			
Ē		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<u>S</u>	32	Total net assets or fund balances			2,143,188.	32	2,293,275
	33	Total liabilities and net assets/fund balances			2,185,137.	33	2,331,031 Form <b>990</b> (202)

Pa	Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,409,	411.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,264,	040.			
3	Revenue less expenses. Subtract line 2 from line 1	3		145,	371.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,143,	188.			
5	5 Net unrealized gains (losses) on investments 5							
6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10								
	column (B)) 10							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				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 O.							
2a	2a 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							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		Х			
<b>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 on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2020)			

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization ONLY MAKE BELIEVE, INC. 13-4133410 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,050,507.	769,151.	684,020.	1,487,306.	1,391,513.	5,382,497.
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	1,050,507.	769,151.	684,020.	1,487,306.	1,391,513.	5,382,497.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,538,603.
6	Public support. Subtract line 5 from line 4.						3,843,894.
	ction B. Total Support						, , ,
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1,050,507.	769,151.	684,020.	1,487,306.	1,391,513.	5,382,497.
	Gross income from interest,		·	·		, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,896.	14,504.	14,987.	30,293.	22,526.	93,206.
9	Net income from unrelated business	, -	, -	, .	, -	, -	, -
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,475,703.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	
13	First 5 years. If the Form 990 is for the	•		ourth or fifth tax ve			
	organization, check this box and <b>stor</b>			•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2020 (I			olumn (f))		14	70.20 %
15	Public support percentage from 2019					15	79.51 %
16a	33 1/3% support test - 2020. If the o					ore, check this box	
	stop here. The organization qualifies					,	
b	33 1/3% support test - 2019. If the		-				
	and <b>stop here.</b> The organization qual					<i>,</i>	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			▶ □
b	10% -facts-and-circumstances test	· ·	•	• • • • • • • • • • • • • • • • • • • •			
~	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		ightharpoonup
18	Private foundation. If the organization						
					and box a		

Schedule A (Form 990 or 990-EZ) 2020

Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-						
	formed, 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 bus-						
	iness 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				1		ļ
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		•	•		
80.	check this box and stop here						<b>P</b>
	ction C. Computation of Publi			- a l (5\)		145	
	Public support percentage for 2020 (li	, (,,	,	· · · · · · · · · · · · · · · · · · ·		15	<u>%</u>
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2020. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

032023 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Page 4

# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
20		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
-		
9b		
9c		
00		
10a		
10b		

га	Terry Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	11c		
Sec	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	110		
	Mon 21 Type I capper and Cigamizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• •	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ü	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b		2h		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule	Δ	(Form	aan or	aan.	.F7)	2020

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	1		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior IRS	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ONLY MAKE BELIEVE, INC.

**Employer identification number** 13-4133410

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds and other accounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	,
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

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

Schedule D (Form 990) 2020

Par	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Similar A	ssets <sub>(cont</sub>	nued)			
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	b Scholarly research e Other									
С	c Preservation for future generations									
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 o	r receive donations o	of art, historical treas	sures, or other simila	ar assets					
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's col	lection?		. Yes		No		
Par	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990, P	art IV, line 9, o				
	reported an amount on Form 990, Part X, line 21.									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?					Yes		No		
b	If "Yes," explain the arrangement in Part XIII									
						Amour	nt			
С	Beginning balance				1c					
d	Additions during the year									
е	Distributions during the year									
f	Ending balance				1f					
2a	Did the organization include an amount on Fo				ility?	Yes		No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XII	I					
Par	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	s back (e) Fou	r years	back		
1a	Beginning of year balance	368,700.	355,705.	350,000.		,055.	364,			
b	Contributions	386,365.	198,356.	85,205.			77,	055.		
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs	355,065.	185,361.	79,500.	27	,055.	64,	848.		
f	Administrative expenses									
g	End of year balance	400,000.	368,700.	355,705.	350	,000.	377,	055.		
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a. column (a)	) held as:		•				
а	Board designated or quasi-endowment	75.0000	%	,						
b	Permanent endowment	%	<b>—</b> / -							
c	Term endowment  25.0000									
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	•	tion that are held ar	nd administered for t	the organizatio	n				
	by:	<b></b>			g		Yes	No		
	(i) Unrelated organizations					3a(i)		X		
	(ii) Related organizations							X		
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the					<u></u>				
	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	. Part IV. line 11a. S	ee Form 990. Part X	(, line 10,					
	Description of property	(a) Cost or o			Accumulated	(d) Boo	k valu	е		
	zeesp.i.e or property	basis (investn	, ,	' '	epreciation	(2,500		-		
1a	Land	,	,							
	Leasehold improvements									
				46,108.	36,352	2.	9	756.		
	Other			16,090.	16,090	_	,	0.		
	I. Add lines 1a through 1e. (Column (d) must e		Y column (D) line 1		•		9	756.		
· Jtai	, as into ta anough to. (Column (a) must e	<u>quai ruiiii 990, Falt i</u>	<u> A. COIUITIIT (D), IIITE T(</u>	JU.,J		hedule D (For				

Part VII Investments - Other Securities.			<b></b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)		+	
(E)			
(G) (H)		1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"  (a) Description of investment	on Form 990, Part IV, line (b) Book value	e 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-	of vear market value
	(b) Dook value	(c) Michiga of Valuation. Cost of end-t	or your market value
(1) (2)		+	
(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"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>)</b>	
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	o ooo, r are rv, iire	2.1.2.1.11.233.31.11.033,14.12,111.23.	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,	<b>&gt;</b>	
<ol><li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li></ol>		· · · · · · · · · · · · · · · · · · ·	· —

Schedule D (Form 990) 2020

13-4133410

Part XI Reconciliation of Revenue per Audited Financial St		nue per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,  1 Total revenue, gains, and other support per audited financial statements		1	1,414,127.
			1,111,127,
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	4,716.	
<ul><li>a Net unrealized gains (losses) on investments</li><li>b Donated services and use of facilities</li></ul>		1,710.	
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	4,716.
3 Subtract line 2e from line 1			1,409,411.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			, ,
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
<b>b</b> Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			1,409,411.
Part XII   Reconciliation of Expenses per Audited Financial S	tatements With Exp	-	, , ,
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
Total expenses and losses per audited financial statements		1	1,264,040.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			1,264,040.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	18.)	5	1,264,040.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide  PART V, LINE 4:			ie 2, Part XI,
NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS THAT ARE NO	OT SUBJECT TO		
DONOR-IMPOSED STIPULATIONS AND ARE EXPENDABLE FOR ANY PURPOR	SE IN		
PERFORMING THE PRIMARY OBJECTIVES OF OMB. THE BOARD HAS DES	IGNATED		
\$300,000 AS AN OPERATING RESERVE.			
NET ASSETS WITH DONOR RESTRICTIONS NET ASSETS THAT ARE SUBJ	ECT TO		
DONOR-IMPOSED STIPULATIONS THAT MAY OR WILL BE MET EITHER B	Y ACTIONS OF		
OMB AND/OR THE PASSAGE OF TIME. AS THE RESTRICTIONS ARE SAT	ISFIED, NET		
ASSETS WITH DONOR RESTRICTIONS ARE RECLASSIFIED TO NET ASSE	TS WITHOUT		
DONOR RESTRICTIONS AND REPORTED IN THE ACCOMPANYING STATEME	NT OF		
ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.			
032054 12-01-20		Schedule	D (Form 990) 2020

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Schedule D (Form 990) 2020 ONLY MAKE BELIEVE, INC.	13-4133410	Page <b>5</b>
Schedule D (Form 990) 2020 ONLY MAKE BELIEVE, INC.  Part XIII Supplemental Information (continued)		

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020** 

Open to Public Inspection

ONLY MAKE 1	BELIEVE, INC.				13-413341	0		
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover lising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	(iii) Did fundraiser have custody or control of contributions? (iv) Gross recei		(iii) Did fundraiser have custody or control of contributions?		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No					
Total  3 List all states in which the organizatio		ontrib	<b>▶</b> utions	or has been notified	it is exempt from re	gistration		
or licensing.								

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 ONLY MAKE BELIEVE, INC. Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events DANCE THROUGH THE (add col. (a) through VIRTUAL GALA DECADES col. (c)) (event type) (event type) (total number) 464,512. 8,910. 5,093. 478,515. 1 Gross receipts 2 Less: Contributions 464,512 710 3,094. 468,316. Gross income (line 1 minus line 2) 8,200. 1,999 10,199. 4 Cash prizes 5 Noncash prizes Direct Expenses 15,000. 15,000. 6 Rent/facility costs 71. 7 Food and beverages 8 Entertainment Other direct expenses 15,071. **10** Direct expense summary. Add lines 4 through 9 in column (d) -4,872 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_

Schedule G (Form 990 or 990-EZ) 2020

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

b If "Yes," explain: \_

Sch	edule G (Form 990 or 990-EZ) 2020 ONLY MAKE BELIEVE, INC.	13-413341	0	Page 3
11			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
42		$\Box$	163	NO
	Indicate the percentage of gaming activity conducted in:	ا مدا		0.4
	The organization's facility			<u>%</u>
	o An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	ıt		
	of gaming revenue retained by the third party  \$\bigs\\$			
,	If "Yes," enter name and address of the third party:			
•	7 1 165, Chief Hame and address of the tillia party.			
	Name N			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Carring manager compensation • • • • • • • • • • • • • • • • • • •			
	Description of services provided			
	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			
	retain the state gaming license?		Yes	└─ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	he		
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	, , , , , , , , , , , , , , , , , , , ,			
_				

Schedule G (Form 990 or 990-EZ) ONLY MAKE BELIEVE, INC.	13-4133410	Page 4
Schedule G (Form 990 or 990-EZ)  ONLY MAKE BELIEVE, INC.  Part IV Supplemental Information (continued)		

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

13-4133410

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Employer identification number ONLY MAKE BELIEVE, INC.

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio		ıts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	3	86,074.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ( )						
26	Other ()						
27	Other ()						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions			
	for which the organization completed Form 82	-	•				
			J			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?			·		0a	х
b	If "Yes," describe the arrangement in Part II.						
31	Does the examination have a diff acceptance policy that requires the review of any popular dark contributions?					31	х
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?		•			2a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						
ΙЦΔ	For Danerwork Reduction Act Notice see				Schodulo M (E		N 0000

Schedule M (Form 990) 2020

032142 11-23-20

### **SCHEDULE O**

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

ONLY MAKE BELIEVE, INC.	13-4133410
PART I AND PART III - LINE 1	
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.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
DUE TO COVID-19, ALL PROGRAMMING PIVOTED TO DIGITAL FORMATS ACCESSIBLE	
VIA OUR WEBSITE, YOUTUBE, AND ZOOM. THESE DIGITAL FORMATS INCLUDED	
EPISODIC VIDEOS WITH ACCOMPANYING ACTIVITY GUIDES IN ENGLISH AND	
SPANISH, AS WELL AS INTERACTIVE THEATRE-BASED WORKSHOPS VIA ZOOM.	
PART III - LINE 4A	
PRIOR TO ALL LIVE PROGRAMMING BEING CANCELLED DUE TO COVID-19 IN MARCH	
2020, OMB PROVIDED 39 LIVE PERFORMANCES DURING 2 SITE ROTATIONS AT 14	
SITES FOR 422 AUDIENCE MEMBERS IN THE NEW YORK METRO AREA. WITH OUR NEW	
DIGITAL PROGRAMMING, OMB CREATED 22 DIGITAL EPISODES AND FACILITATED 15	
THEATRE BASED WORKSHOPS SERVING 4,125 CHILDREN FROM APRIL TO DECEMBER	
2020.	
PRIOR TO ALL LIVE PROGRAMMING BEING CANCELLED DUE TO COVID-19 IN MARCH	
2020, OMB PROVIDED 31 LIVE PERFORMANCES DURING 2 SITE ROTATIONS AT 11	
SITES FOR 534 AUDIENCE MEMBERS IN THE WASHINGTON DC METRO AREA. WITH	Schadula O /Form 990 or 990-F7) 2020
	SCHOOLIG LIJEARM WULLAR WULLE / 1 7/17/1

032211 11-20-20

ONLY MAKE BELIEVE, INC.	Employer identification number 13-4133410
OUR NEW DIGITAL PROGRAMMING, OMB CREATED 22 DIGITAL EPISODES AND	
FACILITATED 15 THEATRE BASED WORKSHOPS SERVING 4,125 CHILDREN FROM	
APRIL TO DECEMBER 2020.	
OMB HOSTED IN-PERSON AND VIRTUAL CORPORATE VOLUNTEER EVENTS WITH	
CORPORATIONS, OTHER TYPES OF ORGANIZATIONS AND INDIVIDUALS THROUGHOUT	
THE YEAR IN 2020.	
OMB HOSTED A VIRTUAL GALA FUNDRAISER ON OCTOBER 26, 2020 FOR 290 GUESTS	
OMB HOSTED OTHER VIRTUAL FUNDRAISING EVENTS THROUGHOUT THE YEAR IN	
2020.	
FORM 990, PART VI, SECTION A, LINE 2:	
JENNIFER HAMMERSTEIN, CO-PRESIDENT, AND DENA HAMMERSTEIN, FOUNDER, HAVE A	
FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE DRAFT FORM 990 IS REVIEWED AT A MEETING OF THE BOARD OF DIRECTORS PRIOR	
TO FILING WITH THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH YEAR, THE CONFLICT OF INTEREST POLICY DISTRIBUTED TO THE GOVERNING	
BODY TO READ, COMPLETE AND SIGN. THESE ARE REVIEWS BY THE EXECUTIVE	
COMMITTEE. SHOULD A CONFLICT OF INTEREST ARISE, THE EXECUTIVE COMMITTEE	
WOULD DECIDE WHETHER TO DISMISS OR RETIRE THE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 15:	