

Department of the Treasury Internal Revenue Service

Faulta 0001 calandar

Return of Organization Exempt From Income Tax

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

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▶ 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.

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<u>A</u>	For the	and	enaing						
B	Check if applicabl	C Name of organization		D Employer identified	cation number				
	Addre	only make believe, inc.							
	Name chang	Doing business as	13-4133410						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r				
	Final return/		403	(646)336-150					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	932,378.				
	Ameno	NEW YORK, NY 10001		H(a) Is this a group re	eturn				
	Applic tion	F Name and address of principal officer: JOHN HARDIMAN		for subordinates	? Yes X No				
	pendir	^g same as c above		H(b) Are all subordinates ir	ncluded? Yes No				
1	Tax-exe	empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🚺 4947(a)(1) d	or 📃 527	1	list. See instructions				
J	Websit	e: VWW.ONLYMAKEBELIEVE.ORG		H(c) Group exemptio	n number 🕨				
ĸ	Form of	organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1999	A State of legal domicile: DE				
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: ONLY MA	AKE BELIE	EVE (OMB) SERVES					
uce D		CHILDREN IN HOSPITALS AND CARE FACILITIES, (SEE SCHEDULE O)							
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14				
		Number of independent voting members of the governing body (Part VI, line 1b)			14				
es é	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		36					
Activities &	6	Total number of volunteers (estimate if necessary)		1200					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		1,391,513.	711,573.				
enu	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,770.	/ /				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,872.	148,247.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,409,411.	865,593.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		1,004,398.	0. 0. 98. 763,775.				
es	15		aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
ä	. р	Total fundraising expenses (Part IX, column (D), line 25)		259 642	243,999.				
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		259,642.	1,007,774.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,264,040. 145,371.	-142,181.				
		Revenue less expenses. Subtract line 18 from line 12		,	,				
ts or		Total accests (Dart V. Jing 16)		ginning of Current Year 2,331,031.	End of Year 2,161,347.				
Assets (20	Total assets (Part X, line 16)		37,756.	44,504.				
let ∕	-	Total liabilities (Part X, line 26)		2,293,275.	2,116,843.				
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		2,255,215.	2,110,045.				

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.

			9/2	26/2022	
Sign	Signature of officer		Date		
Here	Laura Angel-Lalanne Treasurer				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature		Check PTIN	
Paid	ALEXANDER LAZZARUOLO	9/22/2022	self-employed P01775353		
Preparer	Firm's name 🕒 CONDON O'MEARA MCGINTY &	Alexander Lazzaruolo	Firm's	EIN 🕨 13-3628255	
Use Only	Firm's address DONE BATTERY PARK PLAZA,	7TH FL.			
	NEW YORK, NY 10004		Phone	_{NO.} 212-661-7777	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990	(2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form		BELIEVE, INC.	13-4133410	Page 2
Pa	t III Statement of Program S	-		
		response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mis	sion:		
	SEE SCHEDULE O.			
		<u> </u>		
2	Did the organization undertake any sig	nificant program services during the year which	were not listed on the	
2				Yes X No
	If "Yes," describe these new services of		L	
3		g, or make significant changes in how it conduct	is any program services?	Yes X No
•	If "Yes," describe these changes on Se			
4		ervice accomplishments for each of its three larg	gest program services, as measured by expe	enses.
		ations are required to report the amount of gran		
	revenue, if any, for each program servi			,
4a		698,901. including grants of \$) (Revenue \$	
	SEE SCHEDULE O.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
				-
4.				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
4d	Other program services (Describe on S			
	(Expenses \$	including grants of \$) (Revenue \$	
4e	Total program service expenses	698,901.		
			F	orm 990 (2021
132002	2 12-09-21			, - <u>-</u> -
		2		

Earm	000	(2021)
Form	990	(2021)

Form 990 (2021) ONLY MAKE BELIEVE, INC.

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? Yes No If Yes, 'complete Schedule P, 'Use, 'complete Schedule P, Schedule of Cambiators?' See instructions 1 X 3 Did the organization required to combito Schedule P, Schedule of Cambiators?' See instructions 2 X 4 Section 501(c)(3) organizations. Did the organization engage in liobbring activities on behalf of or in opposition to candidates for during the taxy with 'Ws', 'complete Schedule C, Part II 4 X 5 Is the organization as offering in Park', complete Schedule C, Part II 6 X 7 Did the organization in interficient or interficient of anomaxis in such finding outputs. 7 X 6 Did the organization in interficient offering or interficient of anomaxis in such finding outputs. 7 X 7 Did the organization report a monort in Part X, inte 21, for secrow or outputs alloting assets? If 'Yes, 'complete Schedule D, Part I 7 X 8 Did the organization report a monort in Part X, inte 21, for secrow or outputs alloting assets? If 'Yes, 'complete Schedule D, Part I 9 X 10 Did the organization report a monort in Part X, inte 21, for secrow or outputs alloting assets in domental I 'I'res, 'complete Schedule D, Part I' 10 X <th>Pa</th> <th>Checklist of Required Schedules</th> <th></th> <th></th> <th></th>	Pa	Checklist of Required Schedules			
If Yes, "complete Schedule A If X 2 If the organization required to complete Schedule B, Schedule of Continuours? See instructions. 2 3 Did the organization engage in direct or indirect political campage activities on bhall of or in exposition to candidates for public effects? If Yes, "complete Schedule C, Part II. 3 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. 5 X 5 Did the organization associan 500(k)(b) Science (So 50(k)) organization that receives membership dues, assessments, or estimation and or any similar duals or argonization funds or accounts? 5 X 6 Did the organization membership dues, assessments, or estimatization engage in tobbying activities, or have a section 501(h) election in effect and or any similar duals or accounts? 7 X 9 Did the organization membership dues, assessments, or estimatization account due to accountation assection 300 (b) accountation as		Is the expension described in section $E(1/s)(2)$ or $10.17(s)(1)$ (other than a private foundation)?		Yes	No
2 is the argumentation required to complete Schedule <i>B</i> , Schedule of Contributors? See instructions 2 X 3 Did the organization require a toread or index of political canaging activities on behalf of or in opposition to candidates for public of Canadian and the organization argue and exect of Schedule <i>C</i> , Part <i>I</i> 3 X 4 Section 501(k)(3) organizations. Did the organization instruction argue in lobbying activities, or have a section 501(h) election in fact. 4 X 5 is the argunization argue in areas of instructions argues in lobbying activities, or have a section 501(h) election in fact. 6 X 6 bid the organization argues of theories argues and visces that for any similar funds or accounts? 1 6 X 7 Did the organization martain any donor advised tunds or any similar funds or accounts? 1 6 X 7 X Did the organization martain any donor advised tunds or any similar funds or accounts? 1 7 X 7 X Did the organization argues or works of art, historical transures, or other similar assets? 1 X 8 X Image: a complete Schedule D, Part N 1 X 9 X Image: a complete Schedule D, Part N 1	1		4	x	
3 Dd the organization engage in direct or indirect portical campaign activities on behalf of or in opposition to candidate for public offic? // *rse, *complete Schedule C, Part // 3 X 4 Section 501(p3) organizations. Dd the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? // *rse, *complete Schedule C, Part // 4 X 5 Is the organization asochica 501(b) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 801(9) organization that receives membership dues, assessments, or similar amounts as defined or any similar funds or anocunts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active on the distribution or investment or amounts in such funds or accounts for which donors have the right to Dd the organization maintan collections of volks of at, historical researce, or other similar assets? // *rys, *complete Schedule D, Part II 6 X 9 Dd the organization maintan collections of volks of at, historical measures, or other similar assets? // *rys, *complete Schedule D, Part II 7 X 9 Dd the organization maintan collections of volks of at, historical measures, or other similar assets? 7 X 9 Dd the organization maintan or amount for hough a related organization, hold assets in donorrestrited endowments or no lasked in Part X, line 17, the res, *complete Schedule D, Part V 10 X 10 Dd the organization report an amount for investments - ordera measure intotal statements of the axystritubin top or associat	2				
public affice? If 'Ves,' complete Schedule C, Part I 3 X 4 Section 50((kg) organizations. Dd the organization engage in lobbying activities, or have a section 50((k) election in effect 4 X 5 Is the organization a section 50((k), 505((k), 505((k)			<u> </u>		<u> </u>
4 Section 501(c)(3) organizations. Dot the organization engage in Kobying activities, or have a section 501(h) election in effect during the twy server (1 'vsc, 'complete Schedule C, Part II. x 5 Is the organization action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 981-97 II 'vsc, 'complete Schedule C, Part II. 5 x 6 Did the organization cavered in distribution or investment of amounts in such funds or accounts? II 'vsc, 'complete Schedule D, Part II. 7 X 7 Did the organization maintain any doron advised funds or any similar inade searce. 7 X 8 Did the organization results or listoric structures? II 'vsc, 'complete Schedule D, Part II. 7 X 9 Did the organization reports an amount in Part X, ine 21, for acrow or custodial account liability, serve as a custodian for anounts not listed in Part X, or provide cradit counseling, debt management, credit repair, or tebt negotiation services? 7 X 10 Did the organization service any of the following questors is 'Ysc,' then complete Schedule D, Part V. 10 X 11 It morganization service an amount for visces tin Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 H 'vsc,' complete Schedule D, Part V. 10 X 10 Did the organization report an amount	Ŭ		3		х
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 50(16%) 50(16\%) 50(16\%) 50(16\%) 50(4				
5 Is the organization ascietion 501(c)(d), 501(c)(d), or 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in the Price, 96 (39) Prives, "complete Schedule D, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			4		х
similar amounts as defined in Rev. Proc. 98-197 III 'IV's, "complete Schedule Q, Part II 5 X 6 Did the organization maintain any door 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? III 'Yes, "complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? III 'Yes, "complete Schedule D, Part II 6 X 8 Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a cutodian for amounts no lated in Part X, or provide cardial consulting, detar management, credit repair, or debt negatiaton services? 7 X 9 Did the organization directly or through a related organization, hold assets in donar-restricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for law setments - other securities in Part X, line 10? III 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? III'se, 'complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? III'se, 'complete Schedule D, Part XI 111 X <t< td=""><td>5</td><td></td><td></td><td></td><td></td></t<>	5				
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts for the similar assets? (# "Yes," complete Schedule D, Part II 7 X 7 Did the organization maintain any donor advised fund, historial trassures, or other similar assets? (# "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain any donor advised fund, historial trassures, or other similar assets? (# "Yes," complete Schedule D, Part IV 8 X 9 Did the organization and the Part X: or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part VI 10 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 10? IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			5		Х
7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historical means, or historics structures? (If Yes, 'complete Schedule D, Part II	6				
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 researces, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities 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 VI 11a X 13 Did the organization report an amount for other assets in Part X, line 125? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X 11d X 14 Did the organization separate, independent audited financial statements for the tax year?		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>H</i> "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lowstments - other securities in Part X, line 12, <i>H</i> is 5% or more of its total assets reported in Part X, line 16" <i>H</i> "yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 12, <i>H</i> is 5% or more of its total assets reported in Part X, line 16" <i>H</i> "yes," complete Schedule D, Part VI 11a X 11 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" <i>H</i> "yes," complete Schedule D, Part X 11a X 11 X Did the organization report an amount for other assets in Part X, line 25" <i>H</i> "Yes," complete Schedule D, Part X 11d X 12 Did the organization submare orbits outs of H 48 (SC T40") "Yes," complete Schedule D, Part X 1	7				
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, redit repair, or debt negotiation services? 9 X 9 Did the organization, directed to curseling, debt management, redit repair, or debt negotiation services? 9 X 9 Did the organization, directed organization, hold assets in donorrestricted endowments 9 X 10 Did the organization, directed organization, hold assets in donorrestricted endowments 9 X 11 If the organization is nower to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 10 X 11 Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part XIII 11 X 11 Did the organization report an amount for ther assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part X VIII 111 X 11 Did the organization report an amount for ther tassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // Yes,' complete Schedule D, Part X 111 X <t< td=""><td></td><td></td><td>7</td><td></td><td>X</td></t<>			7		X
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m Pass, Complete Schedule D, Part V 10 x 11 If the organization, directly or through a related organization, hold assets in donorrestricted endowments 10 x 11 If the organization directly or through a related organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X, as applicable. 10 x a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a x b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b x c Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c x d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c x d Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c x 12b Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11c x 12a Did the organization maxed maxes on more					
or in quasi endowments? // "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, X, or X, as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12? // the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11b X c) 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? // "Yes," complete Schedule D, Part VIII 11d X c) Did the organization report an amount for other liabilities in Part X, line 15% the is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11d X e) Did the organization report an amount for other liabilities in Part X, line 15% the tax year? 11d X 11d X 11d X 11d X 12a Did the organization included in consolidated financial statements for the tax year? 11d X 12a X 11d X 11d X 12a X 11d X 11d X 12a<	40		9		<u> </u>
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 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X 20b 21 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 	16				
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a X 20b 21 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 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 domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	17				
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate one or more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	18				
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	•-	complete Schedule G, Part III			<u> </u>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					<u>x</u>
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			206		
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132003 12-09-21

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Form 990 (2021) ONLY MAKE BELIEVE, INC.

Fai	Checkist of Required Schedules (continued)		<u> </u>	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? <i>If</i> "Yes." <i>complete</i>			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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 line 28a or 28b? If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
52	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	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			
	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?			
	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			
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
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	(2021) ONLY MAKE BELIEVE, INC.		13-413341	0	P	age 🤇
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
Da Ent	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes	No
	d for the calendar year ending with or within the year covered by this return	2a	36			
	t least one is reported on line 2a, did the organization file all required federal employment tax return	<u> </u>		2b	х	
	te: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction					
				3a		Х
	Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	any time during the calendar year, did the organization have an interest in, or a signature or other a					
fina	ncial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b If "	Yes," enter the name of the foreign country					
See	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).			
ia Wa	s the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b Did	any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
c If "	Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
a Doe	es the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit			
any	contributions that were not tax deductible as charitable contributions?			6a		X
b f "`	Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
wer	e not tax deductible?			6b		
/ Org	panizations that may receive deductible contributions under section 170(c).					
a Did	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a	X	
b If "ו	Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	ile Form 8282?			7c		X
d f "\	Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f Did	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g lfth	ne organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h		
B Spo	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the)			
				8		
	onsoring organizations maintaining donor advised funds.					
				9a		
				9b		
	ction 501(c)(7) organizations. Enter:					
	ation fees and capital contributions included on Part VIII, line 12	10a				
	bss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ction 501(c)(12) organizations. Enter:					
	oss income from members or shareholders	11a				
	ess income from other sources. (Do not net amounts due or paid to other sources against					
	ounts due or received from them.)	11b				
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	ction 501(c)(29) qualified nonprofit health insurance issuers.			40-		
	he organization licensed to issue qualified health plans in more than one state?			13a		
	te: See the instructions for additional information the organization must report on Schedule O.					
	er the amount of reserves the organization is required to maintain by the states in which the	400				
	anization is licensed to issue qualified health plans	13b				
	er the amount of reserves on hand	13c				x
				14a		
	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			40		x
	ess parachute payment(s) during the year?			15		
	Yes," see the instructions and file Form 4720, Schedule N.	iner	2	40		x
	he organization an educational institution subject to the section 4968 excise tax on net investment	. incom	ie?	16		
	Yes," complete Form 4720, Schedule O.					
	ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47		
acti	ivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
LE UN	Yes," complete Form 6069.					

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	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	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 1b 14	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13		
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	~	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
L.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	166		
_	exempt status with respect to such arrangements?	16b		
Sec	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)		availal	
17		S Offiy)	avalla	
17	tor public inspection. Indicate how you made these available ('heck all that apply			
17	for public inspection. Indicate how you made these available. Check all that apply.		rial	
17 18	X Own website X Upon request Other (explain on Schedule O)	d finand		
17 18	X Own 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 the organization made its governing documents. Image: Conflict of interest policy of the organization made its governing documents.	d finano		
17 18 19	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, an statements available to the public during the tax year. Image: Conflict of interest policy of	d finano		
17 18 19	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, an 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 	d finano		
<u>Sec</u> 17 18 19 20	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, an statements available to the public during the tax year. Image: Conflict of interest policy of	d finano		

Form 990 (2	2021) ONLY MAKE BELIEVE, INC.	13-4133410	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization'	s tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

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

Name and title	Average				itior	า		Denestable		
	-	(do	not c	hock	more	(C) Position (do not check more than one		Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an I	dad	irecto	or/trus T	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	ee.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		vold	t con	~	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TAMELA ALDRIDGE	40.00	_	-	0	-	1 - 0				
EXECUTIVE DIRECTOR				х				137,989.	0.	9,604.
(2) JENNIFER HAMMERSTEIN	2.00									
CO-PRESIDENT		х		х				0.	0.	0.
(3) SALLY WHEELER MAIER	2.00									
CO-PRESIDENT		х		х				٥.	0.	0.
(4) KATE HALL	2.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(5) JOHN HARDIMAN	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) WASEEM NOOR	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) BRADLEY J. BUTWIN	2.00									
BOARD MEMBER		Х						٥.	0.	0.
(8) JOE DIPIETRO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) SUE EMANUEL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) AMY HORROCKS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVID TRAVIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LAURA ANGEL-LALANNE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SARAH ROSAND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) BRIAN VASKE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) KEN HALLER	2.00									
BOARD MEMBER		Х						0.	0.	0.
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Form 990 (2021)

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Form 990 (2021)	ONLY MAKE BE	LIEVE, INC.								13-41	3341	0	P	'age 8
Part VII Section A	A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
Nam	ne and title	Average	(do	not o	Pos				Reportable	Reportable		Es	stimate	əd
		hours per	box	, unle	ss pe	rson i	than o s both	n an	compensation	compensatio	n	an	nount	of
	week officer and a director/trustee)							from	from related	ı		other		
	(list any	ector						the	organization		com	pensa	ition	
		hours for	or dir	e			ited		organization	(W-2/1099-MIS			om th	
		related	stee	truste			pense		(W-2/1099-MISC/	1099-NEC)		•	anizat	
		organizations below	ıal tru	onal		ploye	ee		1099-NEC)				d relat	
		line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			-	=	6	¥	Ξə	2						
			-											
									127.000					<u> </u>
									137,989.		0.		9,	604.
	tinuation sheets to Part VI								137,989.		0.			604.
	s 1b and 1c)												Э,	004.
	f individuals (including but n from the organization 🕨	ot innited to th	lose	liste	eu ac	Jove) wri	ore	eceived more than \$100,	ooo or reportable	;			1
compensation													Yes	No
3 Did the organiza	ation list any former officer,	director trust	مم ا		mnl	ove	e or	hia	ihest compensated empl	ovee on	ſ		100	110
•	" complete Schedule J for s	-			•	•		Ŭ		•		3		x
	al listed on line 1a, is the su													
	anizations greater than \$150											4		x
	listed on line 1a receive or a													
	organization? If "Yes." com											5		х
Section B. Independ	dent Contractors				-									
	able for your five highest co										oensat	ion fro	om	
the organization	n. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin I		ear.		(0		
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	С		•) nsatio	'n
												•		
	f independent contractors (i		ot lir	niteo	d to		se lis 0	ted	above) who received mo	ore than				
	mpensation from the organi	zalion 📂					~					Form	990 (2021)
												2		/

132008 12-09-21

	990 (2		MAKE BE	LIEVE, I	INC.			13-413341	0 Page 9
Par	't VIII	Statement of Re	venue						
		Check if Schedule O c	contains a i	esponse (or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	ibutions) grants, and above lines 1a-1f		41,228. 408,853. 261,492. 21,094. ▶ Business Code	711,573.			sections 512 - 514
Progran Rev	g	All other program service I Total. Add lines 2a-2f	revenue						
	3 4 5	Investment income (includ other similar amounts) Income from investment of Royalties	of tax-exem	pt bond p	roceeds	5,773.			5,773.
		Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b 6c	Real	(ii) Personal				
evenue	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a	ecurities 21,094. 21,094. 0.	(ii) Other				
Other Rev	8 a	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng events (n 41,228. line 1c). Se	ot of ee 8a	193,938.	0.			
	с 9 а	Net income or (loss) from Gross income from gamin Part IV, line 19	fundraising g activities	events . See 9a	····· ►	148,247.			148,247
	с 10 а b	Less: direct expenses Net income or (loss) from gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from a	gaming act ess returns	ivities 10a 10b	····· •				
Miscellaneous Revenue	11 a b c	All other revenue			Business Code				
	e 12 12-09-	Total. Add lines 11a-11d Total revenue. See instructio				865,593.	0.	0.	154,020. Form 990 (2021

9 2021.04021 ONLY MAKE BELIEVE, INC. 9667NG_1

Form 990 (2021) ONLY MAKE BELIEVE, INC.
Part IX Statement of Functional Expenses

Page 10 13-4133410

Dono	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b	o, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
iı	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	rustees, and key employees	147,593.	109,168.	23,412.	15,013
	Compensation not included above to disqualified				
р	persons (as defined under section 4958(f)(1)) and				
р	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	470,065.	353,848.	65,075.	51,142
8 P	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	299.	165.	134.	
	Other employee benefits	95,632.	52,726.	42,906.	
	Payroll taxes	50,186.	27,669.	22,517.	
	Fees for services (nonemployees):				
	Management	0.75	000	45	
		275.	228.	47.	
		21,755.	18,067.	3,688.	
	_obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	27,585.	22,909.	4,676.	
	column (A), amount, list line 11g expenses on Sch 0.)	155.	22,505.	155.	
	Advertising and promotion	9,914.	7,009.	2,562.	343
	Dffice expenses	- , •	.,	_,	
	Royalties				
	Dccupancy	75,288.	57,043.	18,245.	
	Travel	12,291.	11,540.	83.	668
	Payments of travel or entertainment expenses		,		
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	nterest				
21 F	Payments to affiliates				
	Depreciation, depletion, and amortization	3,029.		3,029.	
23 li	nsurance	14,093.	14,093.		
a li	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	INDIRECT EVENTS BENEFIT	45,481.			45,481
_	SUPPLIES	16,557.	9,936.	4,221.	2,400
-	SUBSCRIPTION DUES & FEE	10,908.	9,599.	1,309.	
d	DTHER	6,057.	4,618.	867.	572
e A	All other expenses	611.	283.	328.	
25 T	Total functional expenses. Add lines 1 through 24e	1,007,774.	698,901.	193,254.	115,619
26 J	Joint costs. Complete this line only if the organization				
r	reported in column (B) joint costs from a combined				
е	educational campaign and fundraising solicitation.				
С	Check here Figure if following SOP 98-2 (ASC 958-720)				Form 990 (202

10

2021.04021 ONLY MAKE BELIEVE, INC. 9667NG_1

ONLY MAKE BELIEVE, INC.

					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,114,543.	1	942,949
	2	Savings and temporary cash investments	868,252.	2	100,693		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			24,800.	4	50,140
	5	Loans and other receivables from any current	or former officer	r, director,			
		trustee, key employee, creator or founder, sub	stantial contribu	utor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	lified persons (a	as defined			
		under section 4958(f)(1)), and persons describe		6			
2	7	Notes and loans receivable, net				7	
499619	8	Inventories for sale or use				8	
ξ	9				6,578.	9	14,90
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	62,198.			
	b	Less: accumulated depreciation	10b	55,471.	9,756.	10c	6,72
	11	Investments - publicly traded securities			283,849.	11	1,022,67
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		23,253.	15	23,25	
	16	Total assets. Add lines 1 through 15 (must eq	2,331,031.	16	2,161,34		
	17	Accounts payable and accrued expenses	37,756.	17	44,50		
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th			22		
וב	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat		·····		24	
	25	Other liabilities (including federal income tax, p					
	_0	parties, and other liabilities not included on line					
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			37,756.	26	44,504
	20	Organizations that follow FASB ASC 958, ch	eck here 🕨	X		20	
ß		and complete lines 27, 28, 32, and 33.					
	27				2,193,275.	27	1,966,84
	28				100,000.	28	150,000
	20	Organizations that do not follow FASB ASC			, -		/
5		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current fund	5			29	
2		Paid-in or capital surplus, or land, building, or e				30	
	30 21			for the		30	
	31 22	Retained earnings, endowment, accumulated i	,		2,293,275.	31	2,116,84
5 -	32	Total net assets or fund balances Total liabilities and net assets/fund balances			2,233,273.	32	2,110,34

Form 990 (2021)

132011 12-09-21

Form	990 (2021) ONLY MAKE BELIEVE, INC.	13-413341	0	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		865,	593.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	007,	774.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	142,	181.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	293,	275.
5	Net unrealized gains (losses) on investments	5		-34,	251.
6	Donated services and use of facilities	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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,	116,	843.
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 on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were 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	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

(Form 990)

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.

OMB No. 1545-0047
2021
Open to Public

Department of the Treasury Internal Revenue Service					► Go to www.irs.gov		Open to Public Inspection				
Nan	Name of the organization			on		Employer	identification number				
				ONLY M	AKE BELIEVE, IN	c.					13-4133410
Pa	irt I		Reason f	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	orgai	niza	tion is not a	private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A	church, cor	vention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2		A	school desc	cribed in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3						anization described in se		(b)(1)(A)(ii	i).		
4		A	medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		ci	ity, and state	e:							
5		A	n organizatio	on operated fo	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		s	ection 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A	federal, stat	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	A	n organizatio	on that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from tl	ne general p	oublic described in
		S	ection 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A	community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		A	n agricultura	al research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		0	r university o	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		u	niversity:								
10		A	n organizatio	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		a	ctivities relat	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		in	icome and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	ganization a	fter June 30, 1975.
		S	ee section {	5 09(a)(2). (Co	mplete Part III.)						
11			-	-	-	vely to test for public sa	•				
12			-	-	-	vely for the benefit of, to	-			-	
				• •		d in section 509(a)(1) d					Check the box on
	_	_		-		f supporting organizatior				-	
а					-	upervised, or controlled	• • •	-			
				•		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	_	_	-		complete Part IV, Se						
b					-	or controlled in connect			-		-
				-		anization vested in the sa	ame perso	ns that col	ntrol or mana	ge the supp	orted
_		_	-		t complete Part IV,		in connect	ion with a	ad functions	lly into grata	d with
С				-	• • •	g organization operated). You must complete I				ily integrate	a with,
d		_		•	.,.	orting organization oper	-		-	rtod organiz	ration(c)
U				-		ation generally must sat				-	
						nplete Part IV, Sections				anallentiv	01033
е		_	•	,	,	written determination fro	,			II Type III	
-				•		nally integrated supporti			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , po	
f	Ent			of supported of	raonizationa	, , , , , , , , , , , , , , , , , , , ,					
g	Pro	ovide	e the followi	ng informatior	about the supporte						
		(i) N	lame of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other
			organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

ONLY MAKE BELIEVE, INC.

13-4133410

Page **2**

 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	769,151.	684,020.	1,487,306.	1,391,513.	711,573.	5,043,563.
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	769,151.	684,020.	1,487,306.	1,391,513.	711,573.	5,043,563.
4 5	Total. Add lines 1 through 3 The portion of total contributions	,05,151.	004,020.	1,407,500.	1,351,313.	/11,3/3.	5,045,505.
5	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)						1,157,799.
6	Public support. Subtract line 5 from line 4.						3,885,764.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	769,151.	684,020.	1,487,306.	1,391,513.	711,573.	5,043,563.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	14,504.	14,987.	30,293.	22,526.	5,773.	88,083.
9							
	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.)						E 101 C/C
	Total support. Add lines 7 through 10						5,131,646.
	Gross receipts from related activities,	·	,				
13	First 5 years. If the Form 990 is for the		, , ,				
Sec	organization, check this box and stor ction C. Computation of Publi			<u></u>			
	Public support percentage for 2021 (li			olumn (f))		14	75.72 %
	Public support percentage from 2020		-			15	70.20 %
	33 1/3% support test - 2021. If the c					· · · ·	/0
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the c		-				
	and stop here. The organization qual					, 	
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	olicly supported or	ganization	~ ·	
b	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	istances test, chec	k this box and st e	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	
						Schedule A (Form 990) 2021

132022 01-04-22

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (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						
	Total. Add lines 1 through 5				-		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1		-		1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
_							>
Sec	ction C. Computation of Publi	c Support Per	centage			 	
	Public support percentage for 2021 (I		•	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the						line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che			•	. ,	•	ation
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶
13202	3 01-04-22		15			Sche	dule A (Form 990) 2021

2021.04021 ONLY MAKE BELIEVE, INC. 9667NG_1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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")? *If* "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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **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.)

16

132024 01-04-21

Schedule A (Form 990) 2021	ONLY MAK	E BELIEVE, INC
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13-4133410 Page 5

Yes

2

No

Pa	t IV 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 on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		

Type Supporting Organi

1	1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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,

pervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Integral Part	Test during the year	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b Schedule A (Form 990) 2021

Yes No

132025 01-04-22

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17

edule A (Form 990) 2021 ONLY MAKE BELIEVE, INC.			13-4133410 Page 6
rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
		•	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
<u>v</u>	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
		ted Type III supportina ora	anization (see
instructions).	, <u>.</u> , u	71	
	tv Type III Non-Functionally Integrated 509(a)(3) Support Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mution A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of securities Average monthly cash balances Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tor - Distributable Amount Adju	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying trust on AII other Type III non-functionally integrated supporting organizations must complete Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly caub ablances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 Subtract line 2 from line 1d. 3 Cash deemed helf for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035.	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in All other Type III non-functionally integrated supporting organizations must complete Sections A through E. tion A - Adjusted Net Income (A) Prior Year Met short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 11 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other grage monthly cash balances 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Adgregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly cash balances Average monthly cash balances 10 1 1 Fair market value of other non-exempt-use assets 16 10 Fair market value of other non-exempt-use assets 2 2 Average monthly cash balances 10 10 10 Fair market value of oth

Schedule A (Form 990) 2021

132026 01-04-22

e Excess from 2021

Schedule A (Form 990) 2021

1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

13-4133410 Page 7

Current Year

	Form 990) 2021 ONLY MAKE BELIEVE, INC.	13-4133410	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Sectior Section B, line 1e; Pa	C.
132028 01-04-22		Schedule A (Form §	90) 2021

0011		Sunnlementa	I Financial Statements		L	OMB No. 15	45-0047
••••=======			anization answered "Yes" on Form 990,			202)1
	550)	Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				Dublic
	ent of the Treasury evenue Service		Attach to Form 990. 00 for instructions and the latest information.			Open to Inspection	
-	of the organizatio			Emp	oloyer id	entification	number
	-	ONLY MAKE BELIEVE, INC.		'	13	-4133410	
Part		-	I Funds or Other Similar Funds or Ac	cour	i ts. Co	mplete if th	е
	organizatior	answered "Yes" on Form 990, Part IV, line					
		_	(a) Donor advised funds	b) Fun	ds and c	ther accour	nts
1 1	otal number at en	d of year					
2 A	Aggregate value of	contributions to (during year)					
3 A	Aggregate value of	grants from (during year)					
4 A	Aggregate value at	end of year					
	-		vriting that the assets held in donor advised func		_	_	_
			exclusive legal control?		L	Yes	No No
			dvisors in writing that grant funds can be used o				
			donor advisor, or for any other purpose conferm	0	_		
	npermissible priva					Yes	No
Part	II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990. Part IV.	line 7.			
1 F		ervation easements held by the organizatio	n (check all that apply).				
1 F	Preservation	of land for public use (for example, recreat	n (check all that apply). ion or education) Preservation of a histo	orically	importar		
1 F	Preservation	of land for public use (for example, recreat natural habitat	n (check all that apply).	orically	importar		
	Preservation Protection of Preservation	of land for public use (for example, recreat natural habitat of open space	n (check all that apply). ion or education) Preservation of a histo Preservation of a certi	prically fied his	importar storic stri	ucture	
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Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990 Part VIII line 1 ¢

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 20
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pre-	ovid	e
	(ii) Assets included in Form 990, Part X		\$
			Ψ

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organization's accounting for conservation easements.

Schedule D (Form 990) 2021

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f Administrative expenses 450,000. 400,000. 368,700. 355,705. 350,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 66.6700 % b Permanent endowment ▶ % G6.6700 % % c Term endowment ▶ % Term endowment ▶ % c Term endowment ▶ % Term endowment ▶ % c Term endowment ▶ % Term endowment ▶ % (i) Unrelated organizations % Term endowment ▶ % (ii) Unrelated organizations % Term endowment ▶ % d Describe in Part XIII the intended uses of the organization's endowment funds. Term 990, Part X, line 10. Term Part VI L Land	Sche		BELIEVE, INC.				13-413		Pa	_{age} 2
colection leme (check all that apply): Colection leme (check all that apply): Scholarly research Colection levelshiption Complete if the organization's detection Yes No Part V Escow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization and part X, line 3, response to the single and the organization the the organization and the organizatio	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Simila	ar Assets	s (contii	nued)	
a Public exhibition d □ can or exchange program b Scholary research e □ Otter	3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	e significant	use of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization scollections and explain how they further the organization sceleton? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization sceleton? Yes No Part V Escrow and Custodial Arrangements. Complete if the organization sceleton? Yes No b if the organization an agent, fusites, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Is the organization anagent, fusites, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21. Amount 1e c Beginning balance Amount 1e 1e<		collection items (check all that apply):								
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 or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	d	Loan or exc	hange program					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Image: Control Custodial Arrangement IP and XIII and complete the following table: c Beginning balance Image: Control Custodial account liability? Yes No b If 'Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yee, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yee, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b If Yee, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part XIII. Part XIII. a Beginning of year balance 400	b	Scholarly research	e	Other						
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization's endowment funds. (iii) Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (e) Leasehold improvements (f) Equipment (g) Sast. (g) Sast.	С	Term endowment 33.3300	%							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Contert (Column (d) must equal Form 990, Part X, column (B). line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.) Complete if the organization (c) Accumulated c Leasehold interview (c) Accumul			•							
(i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings c Leasehold improvements d Equipment e 46,108. 16,090. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,727.	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered fo	r the organiz	zation			
(ii) Related organizations 3a(ii) x (ii) Related organizations 3a(ii) x (ii) Related organizations 3a(ii) x (iii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land		-							Yes	
(ii) Finited organizations isted as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1a Land 1a b Buildings 1a 1a c Leasehold improvements 14 16,090. 6,727. e Other 16,090. 16,090. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,727.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 46,108. d Equipment 46,108. e Other 16,090. 16,090. 0. Cottal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 6,727.										x
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land	b							3b		1
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land				vment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Fai			Part IV line 11a S	oo Form 000 Part	X line 10				
basis (investment) basis (other) depreciation 1a Land				,	,	,		(.)) D	1	
1a Land		Description of property		• •				(d) Boo	k valu	e
b Buildings	4 -	Land	``	Dasis		depreciatio				
c Leasehold improvements 46,108. 39,381. 6,727. d Equipment 46,090. 16,090. 0. e Other 16,090. 16,090. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 6,727.										
d Equipment 46,108. 39,381. 6,727. e Other 16,090. 16,090. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 6,727.										
e Other 16,090. 16,090. 0. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) ▶ 6,727.					46 108	30	381		6	727
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)					,		<i>,</i>		٠,	
			•	(oolume (D) // 1	,	10	<u>,,</u>		6	
CRAREDURE DATEOUTI 3300 ZUZ I	Total	i nas mes ra triougir re. (Column (a) must e	<u>qual FUIII 990, Part X</u>	<u>, column (b), line 1</u>			Schedule	D (Form		

	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► art VIII Investments - Program Related. Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(S) DOOR Value		a or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets.			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		9 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description		
(9) II. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) cal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 ONLY MAKE BELIEVE, INC.			13-4133410	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	831,342.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-34,251.		
b	Donated services and use of facilities	2 b			
С	Recoveries of prior year grants	2 c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	-34,251.
3	Subtract line 2e from line 1			3	865,593.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	865,593.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements			1	1,007,774.
-				1	1,007,774.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a L	Donated services and use of facilities				
b	Prior year adjustments				
с.	Other losses				
d	Other (Describe in Part XIII.)				0
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,007,774.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4 b			0
С	Add lines 4a and 4b			4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) • • • • • • • • • • • • • • • • • • •			5	1,007,774.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t IV, lines 1b ar	nd 2b; Part V, line 4	; Part X, line 2; I	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional informa	tion.		·

29

PART V, LINE 4:

NET ASSETS WITHOUT DONOR RESTRICTIONS NET ASSETS THAT ARE NOT SUBJECT TO

DONOR-IMPOSED STIPULATIONS AND ARE EXPENDABLE FOR ANY PURPOSE IN

PERFORMING THE PRIMARY OBJECTIVES OF OMB. THE BOARD HAS DESIGNATED

\$300,000 AS AN OPERATING RESERVE.

NET ASSETS WITH DONOR RESTRICTIONS NET ASSETS THAT ARE SUBJECT TO

DONOR-IMPOSED STIPULATIONS THAT MAY OR WILL BE MET EITHER BY ACTIONS OF

OMB AND/OR THE PASSAGE OF TIME. AS THE RESTRICTIONS ARE SATISFIED, NET

ASSETS WITH DONOR RESTRICTIONS ARE RECLASSIFIED TO NET ASSETS WITHOUT

DONOR RESTRICTIONS AND REPORTED IN THE ACCOMPANYING STATEMENT OF

ACTIVITIES AS NET ASSETS RELEASED FROM RESTRICTIONS.

132054 10-28-21

Part XIII Supplemental Information (continued)		
		Schedule D (Form 990) 202
2055 10-28-21	30	

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047					
(Form 990)	Complete if the		2021					
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati	on.	Employer ide	entification number
nume of the organization		BELIEVE, INC.					13-413342	
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	line 1	7. Form 990-E2	I filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o red in Form 990, Pa		ation of ation of I fundra I (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	stees,	Yes	
compensated at le	•	, , , , ,						
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser sted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total 3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	▶ utions	or has been notified	l it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form	990 or	990-E	Z .		Schedul	e G (Form 990) 2021

132081 10-21-21

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				2021 DC: VIRTUAL		(add col. (a) through
			GALA	5K	1	col. (c)
a)			(event type)	(event type)	(total number)	
Revenue	1	Cross ressists	221,911.	11,788.	1,467.	235,166.
Re		Gross receipts		11,700.	1,107.	200,100.
	2	Less: Contributions	27,973.	11,788.	1,467.	41,228.
	3	Gross income (line 1 minus line 2)	193,938.			193,938.
	4	Cash prizes				
	5	Noncash prizes				
senses	6	Rent/facility costs	18,000.			18,000.
Direct Expenses	7	Food and beverages	23,875.			23,875.
Di	8	Entertainment				
	9	Other direct expenses		75.	300.	3,816.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	45,691.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		►	148,247.
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
Se	2	Cash prizes				
xpenses						
хрє	3	Noncash prizes				

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain:

Yes

No

Yes

No

%

Yes

No

%

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: ______

132082 10-21-21

Direct Exp

4

5 Other direct expenses

6 Volunteer labor

Schedule G (Form 990) 2021

No

No

Schedule G (Form 99	0) 2021	ONLY MAKE H	BELIEVE,	INC.		1	3-4133410	Page 3
11 Does the organi				mbers?			Yes	i 🗌 No
12 Is the organizati to administer ch					partnership or other		Yes	s 🗌 No
13 Indicate the per	centage of gaming	g activity conduc	ted in:					
								<u>%</u> %
14 Enter the name							[155]	<u></u>
Name 🕨								
Address 🕨								
15a Does the organi	zation have a con	tract with a third	party from	whom the organiz	ation receives gamin	g revenue?	Yes	s 🗌 No
	ne amount of gam uue retained by the				\$	and the amount		
c If "Yes," enter n								
Name 🕨								
Address 🕨								
16 Gaming manage	er information:							
Name 🕨								
	er compensation							
	ervices provided							
	ervices provided							
Director/	officer	Employee		Independer	nt contractor			
17 Mandatory distr								
a Is the organizati retain the state					n the gaming procee		Yes	5 🗌 No
					ther exempt organiz			
	wn exempt activit emental Infor				by Part I, line 2b, colu	imps (iii) and (v): and	Part III lines (96 106
					nation. See instruction		r art in, intes a	, 90, 100,
132083 10-21-21						Sc	hedule G (For	n 990) 2021
				33	• • • • • • • • •			

 Schedule G (Form 990)
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 Part IV
 Supplemental Information (continued)
 ONLY MAKE BELIEVE, INC.

³²⁰⁸⁴ 11-18-21 50921 152490 9667NG	34 2021.04021 ONLY MAKE BELIE	
		Schedule G (Form 990

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 13-4133410

ONLY MAKE BELIEVE, INC.

PART I AND PART III - LINE 1

AGED 3 - 19 AND SPECIAL EDUCATION SCHOOLS FROM DIVERSE RACIAL AND

ETHNIC BACKGROUNDS. OMB'S PROGRAM IS FREE-OF-CHARGE TO CHILDREN, AND

IS DESIGNED TO SUPPLEMENT THE PARTNER FACILITY'S RECREATIONAL AND

THERAPEUTIC ACTIVITIES. OMB WORKS CLOSELY WITH THE CHILD LIFE

SPECIALISTS, RECREATIONAL THERAPISTS , NURSING STAFF, AND TEACHERS IN

THE PARTNER FACILITIES, AND WE ADAPT ALL OF OUR SHOWS TO MEET THE NEEDS

OF EACH POPULATION, THEIR DIFFERING AGES AND ABILITIES

PART III - LINE 4A

TOTAL NUMBER OF UNIQUE THEATRE EXPERIENCES: 137

TOTAL NUMBER OF PARTICIPANTS: 1,700

IN 2021, ONLY MAKE BELIEVE CONTINUED TO PRODUCE VIRTUAL PROGRAMMING IN

METRO AREAS WHILE ALSO SAFELY RESUMING IN SOME-PERSON PERFORMANCES. WE

FACILITATED:

106 ALL-STARS WORKSHOPS

23 LIVE VIRTUAL PERFORMANCES

8 LIVE, OUTDOOR, SOCIALLY DISTANCED, AND MASKED IN-PERSON PERFORMANCES

WE ALSO PRODUCED A SHORT FILM, SHERLOCK IN WONDERLAND, FEATURING 'THE

BELIEVERS' A SPECIAL GROUP OF CHILDREN WHO HAVE PARTICIPATED

PREVIOUSLY IN THE OMB PROGRAM. MULTIPLE VIRTUAL OPTIONS ALLOW HOSPITALS

AND CARE FACILITIES THE ABILITY TO PARTICIPATE IN WHICHEVER PROGRAM

MODEL WORKS BEST FOR THEIR FACILITY UNTIL IT IS SAFE TO RESUME

IN-PERSON PERFORMANCES,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 35

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
ONLY MAKE BELIEVE, INC.	13-4133410

OMB HOSTED A HYBRID GALA BOTH IN PERSON AND VIRTUAL GALA FUNDRAISER ON

OCTOBER 4, 2021 FOR 125 GUESTS.

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 IS DISTRIBUTED TO THE GOVERNING

BODY TO READ, COMPLETE AND SIGN. THESE ARE REVIEWED BY THE EXECUTIVE

COMMITTEE. SHOULD A DIRECTOR VIOLATE THE TERMS OF THE CONFLICT OF INTEREST

POLICY, THE EXECUTIVE COMMITTEE WOULD DECIDE WHETHER TO DISMISS OR RETIRE

THE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 15:

OMB REFER TO NONPROFIT NEW YORK'S ANNUAL SALARY SURVEY.

FORM 990, PART VI, SECTION C, LINE 19:

OMB POSTS THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ON THEIR WEBSITE.

132212 11-11-21