

Form **990**

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2020**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

**A For the 2020 calendar year, or tax year beginning 09/01/20 , and ending 08/31/21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>FRACTURED ATLAS, INC.</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p><b>228 PARK AVE S #56651</b></p> City or town, state or province, country, and ZIP or foreign postal code <p><b>NEW YORK NY 10003</b></p>	<b>D</b> Employer identification number <p><b>11-3451703</b></p> <b>E</b> Telephone number <p><b>212-277-8020</b></p> <b>G</b> Gross receipts\$ <b>31,253,899</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>J</b> Website: <b>WWW.FRACTUREDATLAS.ORG</b>		<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2003</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <p align="center"><b>THE MISSION OF FRACTURED ATLAS IS TO MAKE THE JOURNEY FROM INSPIRATION TO PRACTICE MORE ACCESSIBLE AND EQUITABLE FOR ARTISTS AND CREATIVES.</b></p>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>24</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>24,587,730</b>	Current Year <b>27,149,132</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>599,750</b>	<b>327,862</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>546,003</b>	<b>801,417</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>409</b>	<b>0</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>25,733,892</b>	<b>28,278,411</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>19,607,169</b>	<b>18,587,313</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>2,923,364</b>	<b>1,841,159</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>533,584</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>1,486,961</b>	<b>808,777</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>24,017,494</b>	<b>21,237,249</b>
Net Assets or Fund Balances	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,716,398</b>	<b>7,041,162</b>
	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>15,069,281</b>	End of Year <b>23,234,426</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>38,862</b>	<b>22,869</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,030,419</b>	<b>23,211,557</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date			
	Type or print name and title <p align="center"><b>THERESA HUBBARD</b> <b>COO/BOARD MEMBER</b></p>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY S. ROM, CPA</b>	Preparer's signature 	Date <b>03/24/22</b>	Check <input type="checkbox"/> if self-employed	PTIN 
	Firm's name <b>MOSES &amp; SCHREIBER LLP</b>	Firm's EIN 			
	Firm's address <b>1 HUNTINGTON QUADRANGLE STE 3N05 MELVILLE, NY 11747-4468</b>	Phone no. <b>516-352-7700</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **20,207,918** including grants of \$ **18,587,313** ) (Revenue \$ **36,569** )

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

4b (Code: ) (Expenses \$ **103,661** including grants of \$ ) (Revenue \$ **196,525** )

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

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **20,311,579**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> 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 "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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 "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>X</b>	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b> <b>24</b>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>X</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>X</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>X</b>

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>8</b>		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>8</b>		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

**FRACTURED ATLAS, INC**  
**NEW YORK**

**228 PARK AVE S #56651**

**NY 10003**

**212-277-8020**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week per year for related organizations below dotted line	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>THERESA HUBBARD</b>	40.00									
COO/BOARD MEMBER	0.00	X		X			0	0	0	
(2) <b>RUSSELL WILLIS TAYLOR</b>	0.00									
CHAIR	0.00	X		X			0	0	0	
(3) <b>HOLLY SIDFORD</b>	0.00									
VICE CHAIR	0.00	X		X			0	0	0	
(4) <b>ELIZABETH SCOTT</b>	0.00									
TREASURER	0.00	X		X			0	0	0	
(5) <b>LISA YANCEY</b>	0.00									
SECRETARY	0.00	X		X			0	0	0	
(6) <b>RAMPHIS CASTRO</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) <b>MUKTI KHAIRE</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) <b>E. ANDREW TAYLOR</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) <b>CHRISTOPHER J. MACKIE, PHD</b>	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) <b>TIM CYNova</b>	40.00									
FORMER COO	0.00					X	172,577	0	0	
(11) <b>LAUREN RUFFIN</b>	40.00									
FORMER CERO	0.00					X	170,220	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							<b>342,797</b>			
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>342,797</b>			

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

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>	637,201			
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	476,987			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	26,034,944			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 399,555			
	<b>h Total.</b> Add lines 1a-1f		27,149,132			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES	Business Code	233,355	233,355		
	<b>b</b> NON-DEDUCTIBLE PORTION OF CON		94,507	94,507		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		327,862			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		222,495		222,495
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross rents		(i) Real				
		(ii) Personal				
		<b>6a</b>				
<b>b</b> Less: rental expenses		<b>6b</b>				
<b>c</b> Rental inc. or (loss)		<b>6c</b>				
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		<b>7a</b>	3,554,410			
<b>b</b> Less: cost or other basis and sales exps.		<b>7b</b>	2,975,488			
<b>c</b> Gain or (loss)		<b>7c</b>	578,922			
<b>d</b> Net gain or (loss)			578,922	578,922		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	<b>8a</b>					
	<b>b</b> Less: direct expenses	<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d					
	<b>12 Total revenue.</b> See instructions		28,278,411	906,784	0	222,495

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>12,989,665</b>	<b>12,989,665</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	<b>5,483,051</b>	<b>5,483,051</b>		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	<b>114,597</b>	<b>114,597</b>		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,536,395</b>	<b>998,657</b>	<b>230,459</b>	<b>307,279</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>61,252</b>	<b>39,814</b>	<b>9,188</b>	<b>12,250</b>
<b>9</b> Other employee benefits	<b>120,038</b>	<b>78,024</b>	<b>18,006</b>	<b>24,008</b>
<b>10</b> Payroll taxes	<b>123,474</b>	<b>80,258</b>	<b>18,521</b>	<b>24,695</b>
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>53,352</b>	<b>34,679</b>	<b>8,003</b>	<b>10,670</b>
<b>c</b> Accounting	<b>17,000</b>	<b>11,050</b>	<b>2,550</b>	<b>3,400</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>229,189</b>	<b>150,782</b>	<b>28,973</b>	<b>49,434</b>
<b>12</b> Advertising and promotion	<b>30,759</b>	<b>19,993</b>	<b>4,614</b>	<b>6,152</b>
<b>13</b> Office expenses	<b>14,907</b>	<b>9,689</b>	<b>2,236</b>	<b>2,982</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	<b>13,386</b>	<b>8,701</b>	<b>2,008</b>	<b>2,677</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SERVICE CHARGES & PROCESSING	<b>297,408</b>	<b>193,315</b>	<b>44,611</b>	<b>59,482</b>
<b>b</b> DUES & SUBSCRIPTIONS	<b>80,257</b>	<b>52,167</b>	<b>12,039</b>	<b>16,051</b>
<b>c</b> TELECOM & INTERNET	<b>65,593</b>	<b>42,635</b>	<b>9,839</b>	<b>13,119</b>
<b>d</b> LICENSES AND PERMITS	<b>6,926</b>	<b>4,502</b>	<b>1,039</b>	<b>1,385</b>
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>21,237,249</b>	<b>20,311,579</b>	<b>392,086</b>	<b>533,584</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>2,674,035</b>	<b>1</b>	<b>4,014,924</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>159,432</b>	<b>4</b>	<b>276,890</b>
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities	<b>11,711,396</b>	<b>11</b>	<b>18,461,407</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets	<b>455,134</b>	<b>14</b>	<b>455,134</b>
	<b>15</b> Other assets. See Part IV, line 11	<b>69,284</b>	<b>15</b>	<b>26,071</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>15,069,281</b>	<b>16</b>	<b>23,234,426</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>38,862</b>	<b>17</b>	<b>22,869</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>38,862</b>	<b>26</b>	<b>22,869</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>295,277</b>	<b>27</b>	<b>2,940,824</b>
	<b>28</b> Net assets with donor restrictions	<b>14,735,142</b>	<b>28</b>	<b>20,270,733</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>15,030,419</b>	<b>32</b>	<b>23,211,557</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>15,069,281</b>	<b>33</b>	<b>23,234,426</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>28,278,411</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>21,237,249</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>7,041,162</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>15,030,419</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>1,139,976</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	<b>17,980</b>
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>-17,980</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>23,211,557</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number

**11-3451703**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,201,947	24,974,010	27,451,046	24,587,730	27,149,132	127,363,865
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	23,201,947	24,974,010	27,451,046	24,587,730	27,149,132	127,363,865
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						127,363,865

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	23,201,947	24,974,010	27,451,046	24,587,730	27,149,132	127,363,865
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	142,677	190,836	215,107	191,364	222,495	962,479
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						128,326,344
12 Gross receipts from related activities, etc. (see instructions)					12	327,862
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.25 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.25 %
16a <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>FRACTURED ATLAS, INC.</b>	Employer identification number <b>11-3451703</b>
--	---

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization **FRACTURED ATLAS, INC.** Employer identification number **11-3451703**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div> <div style="background-color: black; width: 100%; height: 15px; margin-bottom: 5px;"></div>	\$ 760,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

FRACTURED ATLAS, INC.

11-3451703

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ..... %
  - b Permanent endowment ..... %
  - c Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations .....  | 3a(i)  |    |
| (ii) Related organizations .....   | 3a(ii) |    |
| b If "Yes" on 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.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)



**Part VII Investments – Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>29,436,367</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>1,139,976</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	<b>17,980</b>
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>1,157,956</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>28,278,411</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>28,278,411</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>21,255,229</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	<b>17,980</b>
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	<b>17,980</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	<b>21,237,249</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>21,237,249</b>

**Part XIII Supplemental Information.**

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

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**Part XIII** **Supplemental Information** *(continued)*

Dotted lines for supplemental information input.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
Attach to Form 990.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number

**11-3451703**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>HAITI</b>					
(1)	1	1	GRANTS TO RECIPIENT		111,000
<b>ITALY</b>					
(2)	1	1	GRANTS TO RECIPIENT		3,220
<b>MEXICO</b>					
(3)	1	1	GRANTS TO RECIPIENT		377
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b>	<b>3</b>	<b>3</b>			<b>114,597</b>
<b>b Total from continuation sheets to Part I</b>					
<b>c Totals (add lines 3a and 3b)</b>	<b>3</b>	<b>3</b>			<b>114,597</b>

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

Schedule F (Form 990) 2020

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(1)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3** Enter total number of other organizations or entities

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) GRANTS FOR PROJECTS	HAITI	1	111,000				
(2) GRANTS FOR PROJECTS	TOTALY	1	3,220				
(3) GRANTS FOR PROJECTS	MEXICO	1	377				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
HAITI	\$ 111,000	\$ 0
ITALY	\$ 3,220	\$ 0
MEXICO	\$ 377	\$ 0

**PART V - ADDITIONAL INFORMATION**

WHETHER THE FUNDED ARTIST IS OUTSIDE OR INSIDE THE UNITED STATES, THE PROCEDURE IS THE SAME. FRACTURED ATLAS REQUIRES SUPPORT FROM THE ARTIST FOR GRANT MONEY RELEASED TO THE ARTIST.



**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

FRACTURED ATLAS, INC.

Employer identification number  
11-3451703

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	18TH & UNION 1404 18TH AVE SEATTLE WA 98122	81-3341268		14,240				
(2)	53RD STATE PRESS 315 GATES AVE APT 1A BROOKLYN NY 11216	45-3036393		9,098				
(3)	8-BALL COMMUNITY, INC. 59 EAST 4TH ST NEW YORK NY 10003	81-3963763		13,500				
(4)	911 A CONTINUUM, LLC 2151 PARK DRIVE LOS ANGELES CA 90026	83-1872561		5,960				
(5)	A CAPPELLA ACADEMY, INC. 1880 CENTURY PARK E LOS ANGELES CA 90007	87-2378717		12,348				
(6)	A SHOW FOR A CHANGE, INC. 1025 E 37TH ST LONG BEACH CA 90807	83-3665212		47,650				
(7)	A&A BALLET 310 S. MICHIGAN AVENUE, 1904 CHICAGO IL 60604	81-3341406		16,398				
(8)	AETHER HOUSE LLC 1215 EAGLE LANDING BLVD HANAHAN SC 29410	81-1599427		9,703				
(9)	AFRO HOUSE PRODUCTIONS, LLC 4431 HARCOURT ROAD BALTIMORE MD 21214	45-3950242		19,645				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**

3 Enter total number of other organizations listed in the line 1 table **353**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

FRACTURED ATLAS, INC.

Employer identification number  
**11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AKIBA ABAKA ARTS & ENTERTAINMENT, 8 PLEASANTON STREET BOSTON MA 02121	I 85-2373370		9,200				
(2)	ALEXANDRA ANN SPIETH 401 CIERMONT AVENUE BROOKLYN NY 11238			19,120				
(3)	ALOFT DANCE 3324 W WRIGHTWOOD AVE CHICAGO IL 60647			5,941				
(4)	AMBASSABURGH MICROARTS D/B/A PHILLT 212 HAMILTON DR PITTSBURGH PA 15235			29,611				
(5)	ANARCHESTRA FOUNDATION INC 16 RIDGEMWAY ROAD MEDFORD MA 02155			8,101				
(6)	ANN MORTON DESIGN LLC 1420 EAST BERRIDGE LANE PHOENIX AZ 85014			5,799				
(7)	APOCALYPTIC ARTISTS ENSEMBLE LLC 91 CLAY ST BROOKLYN NY 11222			13,712				
(8)	APOTHEETA, INC. 42 WEST 138TH STREET #26 NEW YORK NY 10037			13,400				
(9)	APOYONLINE - ASSOCIATION FOR HERITTA 11712 STONEMOOD LANE ROCKVILLE MD 20852			32,461				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ARACHNID FILMS LLC 182 CARLTON ST. APT. 2 BROOKLYN NY 11205	83-2019514		17,900				
(2)	ARC LLC 2368 LOMA VISTA PLACE LOS ANGELES CA 90039	36-4970259		8,925				
(3)	AROEESTE MUSIC LLC 57 GREEN RIVER VALLEY ROAD ALFORD MA 01230	80-0009833		17,202				
(4)	ART BEYOND THE INK 470 WESTCHESTER AVENUE PORT CHESTER NY 10573	86-2598551		5,036				
(5)	ART DEPT LP 184 CORSE RD WHITTINGHAM VT 05361	80-0887490		28,950				
(6)	ART HANDLER MAGAZINE LLC 29 HALSEY STREET BROOKLYN NY 11216	47-1633687		5,170				
(7)	ARTISTS BY ANY OTHER NAME INC. 142-08 HORACE HARDING EXPY APT 2 FLUSHING NY 11367	81-2450233		5,281				
(8)	ARRAGEOUS WITH NATE, LLC 326,N KENYON ST INDIANAPOLIS IN 46219	45-5261857		61,043				
(9)	ARTS FOR ALL ABILITIES CONSORTIUM 262 WEST 107 ST NEW YORK NY 10025	81-4976214		11,329				

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(1)	ARTS. BLACK LLC. 708 WEST 171ST STREET. NEW YORK NY 10032	81-4397217		26,350				
(2)	ASCENDANCE POLE & AERIAL ARTS 724 S 3RD ST SUITE A RENTON WA 98057	82-5021158		28,589				
(3)	ASHLEY MINNER ART, LLC 3517 SOLLERS POINT ROAD BALTIMORE MD 21222	84-3474234		24,475				
(4)	ASKIN POSING PRODUCTIONS LLC 301 W 22ND STREET NEW YORK NY 10011	47-4502863		5,185				
(5)	ASSOCIATION OF ARTS ADMINISTRATION 37 KNEELAND STREET CRANSTON RI 02905	95-3416945		23,000				
(6)	ATTACCA QUARTET LLC 271 HAISEY ST 3R BROOKLYN, NY 11216	47-2620596		8,585				
(7)	AURICIE PRODUCTIONS P. O. BOX 9394 MISSOULA MT 59807	84-2931585		65,618				
(8)	AUSTRALIAN THEATRE FESTIVAL LLC 430 EAST 83RD STREET, NEW YORK NY 10028	84-4634673		17,750				
(9)	AUTTRIANNA PROJECTS LLC 5710 N HERMITAGE AVENUE CHICAGO IL 60660	85-0936359		10,300				

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DAA

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(1)	AXIOM BRASS LLC 4311 N CLAREMONT AVE CHICAGO IL 60618	68-0649507		8,586				
(2)	BACCHANALIA BAROQUE ENSEMBLE, INC 81 SEAMAN AVE NEW YORK NY 10034	01-0872565		5,520				
(3)	BESHERT CREATIVE LLC 1049 HAVENHURST DR. #92 LOS ANGELES CA 90046	47-4430356		16,420				
(4)	BEYOND CATEGORY PRODUCTIONS, LLC 739 MILFORD STREET LOS ANGELES CA 90042	82-5183409		8,600				
(5)	BGSQD 113 HENRY STREET APT. 19 NEW YORK NY 10002	46-0848189		6,033				
(6)	BLACK OPERA PRODUCTIONS LLC 89 MURRAY STREET NEW YORK NY 10007	84-3295994		29,531				
(7)	BLACK THEATRE COMMONS P. O. BOX 773 NEW YORK NY 10108	82-3372634		30,633				
(8)	BLAZING STAR HOUSE PRODUCTIONS LLC 10 STEWART PL WHITE PLAINS NY 10603	86-3621604		10,817				
(9)	BMOREART LLC 648 REGESTER AVENUE BALTIMORE MD 21212	46-2443453		132,907				

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(1)	BOSTON FESTIVAL ORCHESTRA 59A STRATHMORE RD BOSTON MA 02130	84-3601675		66,271				
(2)	BRAIN CHANGE FILM, LLC 422 SAINT MARKS AVENUE BROOKLYN NY 11238	84-2752219		11,931				
(3)	BRIDGET BOSE 539 W 155TH ST NEW YORK NY 10032	81-1311696		5,895				
(4)	BROWN GIRL RECOVERY LLC 780 CONCOURSE VILLAGE WEST BRONX NY 10451	81-5313698		44,500				
(5)	BROWNSVILLE BRED LLC 4775 COLLINS AVENUE, APT 3603 MIAMI BEACH FL 33140	86-1805780		10,570				
(6)	BUILDING PERFORMANCE WORKSHOP 3398 WASHINGTON RD. ATLANTA GA 30337	26-4205528		37,195				
(7)	BURBANK DANCE ACADEMY 2518 WEST BURBANK BOULEVARD BURBANK CA 91505	47-2767241		5,890				
(8)	CABINET OF CURIOSITY 211 S TAYLOR AVE OAK PARK IL 60302	83-1316132		22,500				
(9)	CAIRO SESSIONS LLC 364 LINCOLN PLACE BROOKLYN NY 11238	85-2853280		38,000				

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Schedule I (Form 990) (2020)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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(1)	CAROLYN D. MILLER PRODUCTIONS 117 W 117TH ST., #3 NEW YORK NY 10026	46-3287015		7,170				
(2)	CATALYST QUARTET 500 FORT WASHINGTON AVE NEW YORK NY 10033	82-4414829		10,183				
(3)	CHALLENGE THE STATS, INC. P.O. BOX 941052 ATLANTA GA 31141	83-1911693		11,801				
(4)	CHARLES 4 PROJECTS, LLC DBA/MICROSC 1329 WILLOUGHBY AVE, 2B BROOKLYN NY 11237	27-3467600		12,319				
(5)	CHILD SPARK INITIATIVE 1483 LINCOLN PLACE, BROOKLYN NY 11213	47-3391913		9,472				
(6)	CHILDSPLAY INTERNATIONAL INC 603 WEST 111 STREET NEW YORK NY 10025	85-0677829		44,273				
(7)	CIRCUSENSE 423 ATLANTIC AVE 1E BROOKLYN NY 11217	81-4566698		25,628				
(8)	CLAIRE SABATINE 2116 LOS ANGELES AVE PITTSBURGH PA 15216	84-4092904		8,500				
(9)	CLAUDIA SCHREIER CHOREOGRAPHY INC. 66 HIGH RIDGE ROAD POUND RIDGE NY 10576	82-0900738		33,189				

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(1)	CLOCKS IN MOTION PERCUSSION INC. 1218 BAY RIDGE RD. MADISON WI 53716	46-1481171		6,330				
(2)	CO-CREATIVE CENTER 137 UNION ST. 1ST FLOOR NEW BEDFORD MA 02740	84-3854582		13,000				
(3)	COIL RECORDS, INC PO BOX 275 WHALEY MA 01093	46-3536381		17,250				
(4)	COMMON DANCE LLC 1535 N. DAYTON ST. CHICAGO IL 60642	83-4624284		8,625				
(5)	CONSENSSES LLC 150 LAKE VIEW AVE CAMBRIDGE MA 02138	87-2000942		54,361				
(6)	CONTEMPORARY CIRCUS AND IMMERSIVE PO BOX 115 EAST GREENBUSH NY 12061	84-1911455		8,200				
(7)	COOPER-HEWITT, NATIONAL DESIGN MUSE 2 EAST 91ST STREET NEW YORK NY 10018	53-0206027		27,706				
(8)	COURAGEOUS STAGE, LLC 297 STEVENSON RD WESTPORT NY 12993	85-3291030		14,600				
(9)	CRAZY 4 JAZZ LLC 116 WEST 116TH STREET 7B NEW YORK NY 10026	46-4634763		5,522				

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(1)	CREATENET STUDIO LLC 223 SECOND AVENUE NEW YORK NY 10003	47-3862048		15,600				
(2)	CRENSHAW DAIRY MART, LLC PO BOX 1212 INGLEWOOD CA 90308	84-3149208		325,721				
(3)	CROCODILE RIVER MUSIC & MEDIA, LLC 44 PORTLAND STREET WORCESTER MA 01608	90-0762449		203,337				
(4)	CYLAND FOUNDATION INC 901 BRICKELL KEY BLVD APT 3705 MIAMI FL 33131	86-3365746		317,186				
(5)	DAFNISON MUSIC, INC. 5129 VAN BUREN STREET HOLLYWOOD FL 33021	26-2523288		53,360				
(6)	DANIELLE FOUSHEE DESIGN 546 W LEWIS AVE PHOENIX AZ 85003	46-2407532		27,363				
(7)	DECK OF CARDS MEDIA 8 CLEMENT DRIVE SOMERDALE NJ 08083	83-2346711		9,007				
(8)	DENMANTHEATRE&DANCECO, INC 10 BENNETT AVE #3F NEW YORK NY 10033	85-4160297		8,840				
(9)	DILETTANTE ARMY LLC 1 GRAND ARMY PLZ, APT 5M BROOKLYN NY 11238	81-1375720		12,107				

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(1)	DIRECTORS GATHERING 3308 WEST QUEEN LANE PHILADELPHIA PA 19129	46-5215656		14,315				
(2)	DISABILITY DANCE WORKS LLC ALICE 3995 PAGE MILL ROAD LOS ALTOS CA 94022	47-3772433		53,365				
(3)	DNA'S COMEDY LAB & EXPERIMENTAL 155 S. RIVER STREET SANTA CRUZ CA 95060	83-2429715		6,418				
(4)	DNAWORKS LLC 1617 PARK PLACE AVE, SUITE 110 FORT WORTH TX 76110	26-3181751		45,319				
(5)	DO GOOD LLC 368 BROADWAY NEW YORK CITY NY 10013	47-2522555		55,008				
(6)	DOG STAR PICTURES 6016 PONCA STREET AUSTIN TX 78741	84-3616869		6,000				
(7)	DOMINIC PERRI 66 GROSVENOR AVENUE PROVIDENCE RI 02908	84-1822676		6,410				
(8)	DONKEYSADDLE PROJECTS LLC 5932 42ND AVE SW SEATTLE WA 98136	30-1157615		104,120				
(9)	DREAMING STONE ARTS AND ECOLOGY GEN 382 PLEASANT HILL RD RUTHERFORDTON NC 28139	85-2988908		7,879				

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(1)	EARSFACE ENSEMBLE 933 N CALVERT ST BALTIMORE MD 21202	81-3685131		7,405				
(2)	EARTHSEED COLLECTIVE 145 A RUST AVE HOLLY SPRINGS MS 38635	85-3544039		8,150				
(3)	EAST CITY ART MEDIA LLC 922 G STREET SE WASHINGTON DC 20003	46-2202199		9,554				
(4)	EAST CREEK ART, LLC 12251 SW EAST CREEK ROAD WILLAMINA OR 97396	81-1808707		35,226				
(5)	ELECTIC BREW 215A CARROLL STREET SE ATLANTA GA 30312	27-0359275		37,650				
(6)	EHNES MUSIC LLC 371 HIGHLAND SHORES DR. ELLENTON FL 34222	27-4003749		27,753				
(7)	EIDIA HOUSE INC. 426 EAST 9TH STREET #1C NEW YORK CITY NY 10009	56-2420211		19,538				
(8)	ELEVATE THEATRE COMPANY LLC 772 ST. NICHOLAS AVE NEW YORK NY 10031	85-3218149		7,400				
(9)	ELISTON PRODUCTIONS 3401 E. VIA PALOMITA TUCSON AZ 85718	81-4094804		11,680				

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Schedule I (Form 990) (2020)

DAA

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ENDANGERED SPECIES THEATRE PROJECT 511 GRANT PL FREDERICK MD 21702	84-2025864		15,855				
(2)	ENOUGH - PLAYS TO END GUN VIOLENCE 701 W BITTERSWEET PLACE APT 1E CHICAGO IL 60613	84-3826143		9,804				
(3)	EUREKA ENSEMBLE CORPORATION P.O. BOX 380125 CAMBRIDGE MA 02238	81-4063626		17,663				
(4)	EVERY WOMAN BIENNIAL, INC 1745 SYCAMORE DR. SEDALIA MO 65301	86-2277410		15,073				
(5)	EVOLVING DOORS DANCE COMPANY 545 SOUTH CANOSA COURT DENVER CO 80211	46-3771138		8,400				
(6)	FAITH MATTERS NETWORK LLC PO BOX 120801 NASHVILLE TN 37212	82-1994801		426,250				
(7)	FEMINIST MEDIA FOUNDATION 8 E RANDOLPH, SUITE 2206 CHICAGO IL 60601	83-1763578		18,404				
(8)	FLEMING CONSULTING INC. 11 ISLAND AVE APT 2005 MIAMI BEACH FL 33139	46-1795631		44,153				
(9)	FOUNDATION FOR DIVERSITY IN THE ART 170 DARLING ROAD SALEM CT 06420	83-0687806		43,918				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public Inspection

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

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FOXHOG PRODUCTIONS 220 EAST 73RD STREET SUITE 5G NEW YORK NY 10021	81-0735143		106,939				
(2)	FRANCO PRODUCTIONS 180 W 58TH STREET NEW YORK NY 10019	46-1362321		631,581				
(3)	FREE RANGE HUMANS INC 145 WICOMICO CT NEW MARKET MD 21774	84-5014680		10,305				
(4)	FRIENDS OF SEASIDE PLAYGROUND 64-15 OCEAN AVENUE NORTH ARVERNE NY 11692	84-2065786		29,283				
(5)	FURLOUGH FOR CHANGE LLC 2758 ALSTON DR SE ATLANTA GA 30317	85-1537076		23,497				
(6)	GARY INTERNATIONAL BLACK FILM FESTI 550 PENNSYLVANIA ST GARY IN 46402	27-3892089		5,850				
(7)	GARY ROSENTHAL COLLECTION, INC. 4218 HOWARD AVENUE KENSINGTON MD 20895	61-1823846		22,036				
(8)	GAS GALLERY LLC 2005 NORTH ALVARADO STREET LOS ANGELES CA 90039	82-2549536		6,000				
(9)	GATHERNYC, INC PO BOX 321738 NEW YORK NY 10032	87-2254563		7,253				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **7**

3 Enter total number of other organizations listed in the line 1 table: **0**

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047  
**2020**  
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Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GLORY EDIM, WELL-READ BLACK GIRL, 1040 1ST AVENUE NEW YORK NY 10022	L		82,154				
(2)	GOSTIA LLC 2821 21ST AVE S SEATTLE WA 98144			18,801				
(3)	GOMANUS DARKROOM 119 8TH ST. #212 BROOKLYN NY 11215	47-1748331		14,436				
(4)	GREATER RECORDS, LLC 3738 HOGARTH ST. DETROIT MI 48206	45-3176936		7,121				
(5)	GREENHOUSE CENTER LLC 165 WEST 127TH STREET NEW YORK NY 10027	47-4749941		16,318				
(6)	GREENWOOD THEATRICAL PRODUCTIONS 2130 E 60TH COURT TULSA OK 74104	73-1323362		8,981				
(7)	GRIEFIN THEATRE, CHRISTOPHER EVERETT 142 BANFF ST BEAR DE 19701	84-2838224		13,765				
(8)	GRX IMMERSIVE LABS 17412 VENTURA BLVD. #550 ENCINO CA 91316	83-1695649		57,818				
(9)	HAPPENSTANCE THEATER INC. 12718 VEIRS MILL RD. ROCKVILLE MD 20853-3505	20-4639247		31,920				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2020)

DAA

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047  
**2020**  
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Name of the organization **FRACTURED ATLAS, INC.** Employer identification number **11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HARLEM DANCE CLUB INC. 2816 8TH AVE 6M NEW YORK NY 10039	82-1630347		9,414				
(2)	HARLEM9, INC. 1855 ADAM CLAYTON POWEL JR BLVD NEW YORK NY 10026	47-4120850		9,000				
(3)	HARMONY IMAGE PRODUCTIONS, INC. 217 PELHAM ROAD PHILADELPHIA PA 19119	23-2916456		46,392				
(4)	HARRISON HOUSE MUSIC, ARTS & ECOLOG PO BOX 416 JOSHUA TREE CA 92252	81-2849984		99,809				
(5)	HELLAND CONSORT PO BOX 15 BAKERSFIELD VT 05441	46-2943281		6,000				
(6)	HIP ENTERPRISES, LLC P.O. BOX 90645 SANTA BARBARA CA 93190	56-2507526		10,795				
(7)	HOLLYDALE PRODUCTIONS LLC 321 W 77TH ST NEW YORK NY 10024	83-1448427		5,100				
(8)	HUNGER AND THIRST THEATRE COLLECTIV 563 NEPTUNE BOULEVARD LONG BEACH NY 11561	45-5017669		9,191				
(9)	I LEARN AMERICA LLC 443 12TH STREET #1B BROOKLYN NY 11215	27-3895930		13,000				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047  
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Name of the organization: **FRACTURED ATLAS, INC.** Employer identification number: **11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	IAMPRESIDENCY 2709 RIBAUULT SCENIC DRIVE JACKSONVILLE FL 32208	82-1184793		13,000				
(2)	IBIS PRODUCTIONS, INC. 64 NORMAN AVE BROOKLYN NY 11222	20-4884141		37,600				
(3)	IDEAS UNITED, LLC 750 GLENWOOD AVE SE ATLANTA GA 30316	83-2989310		104,972				
(4)	INDIANRAGA INC 8 ANTHONY J GRIECO TER, UNIT 2 BOSTON MA 02128	46-0621928		12,593				
(5)	INSPIRED MASSES 40 ELSON RD. WALTHAM MA 02451	84-2141217		8,563				
(6)	JAG PROJECTS LLC 336 GREENE AVE APT 2 NEW YORK CITY NY 11238	46-4409210		40,332				
(7)	JOSHUA WILLIAM GELB 618 E. 9TH STREET #4E NEW YORK NY 10009	11-7684915		5,277				
(8)	JUGANDO N PLAY LLC 1803 RIVERSIDE DR NEW YORK NY 10034	85-0961073		5,692				
(9)	KENDALL SQUARE ORCHESTRA INC 28 HOLYOKE ROAD SOMERVILLE MA 02144	83-3633860		14,961				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **14,961**

3 Enter total number of other organizations listed in the line 1 table: **14,961**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047  
**2020**  
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FRACTURED ATLAS, INC.

Employer identification number  
**11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	KEVIN NEWBURY PRODUCTIONS 48 JEFFERSON STREET, 4A BROOKLYN NY 11206	84-1804894		54,800				
(2)	KID'S CANVAS, INC. 1433 DEKALB AVE BROOKLYN NY 11237	27-3335011		14,660				
(3)	KINDRED PRESENTS LLC 820 SOUTH SAINT BERNARD ST PHILADELPHIA PA 19143	83-0707720		25,000				
(4)	KIOSK GALLERY LLC 2509 SW BLAZING STAR PL LEE'S SUMMIT MO 64081	46-1763545		8,614				
(5)	KLEIN & ALVAREZ PRODUCTIONS LLC 3910 LINCOLN ROAD INDIANAPOLIS IN 46238	47-5364070		12,750				
(6)	KYOUNG'S PACIFIC BEAT, INC. 645 EAST 26TH STREET, 4K BROOKLYN NY 11210	86-2713285		8,680				
(7)	LAB THEATRE PROJECT, INC. 812 E HENDERSON AVE. TAMPA FL 33605	84-3205022		7,344				
(8)	LADY SHIP PRODUCTIONS INC 169 E 78TH STREET NEW YORK NY 10075	27-1196791		46,847				
(9)	LANES COVEN LLC 2 SUNSET POINT RD. GLOUCESTER MA 01930	85-3151626		15,809				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

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Internal Revenue Service

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OMB No. 1545-0047  
**2020**  
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Name of the organization  
**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

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(1)	LARA GANZ 7578 N BROADWAY RED HOOK NY 12571	77-0626219		9,500				
(2)	LAURA BARAN 540 W 53RD ST, APT. 3A NEW YORK NY 10019	14-9669685		6,612				
(3)	LAUREN RUEFFIN 6300 RIVERSIDE PLAZA LN NW STE 118 ALBUQUERQUE NM 87102	83-2230474		133,978				
(4)	LAYERHYTHM PRODUCTIONS INC 412 GATES AVENUE, APT 4 BROOKLYN NY 11216	85-3555333		7,720				
(5)	LEADS CREATIVE LLC 791 PROSPECT AVE B OAKLAND CA 94610	82-1870250		15,507				
(6)	LEGACY CONNECTIONS FILMS 2057-A GREEN BAY ROAD HIGHLAND PARK IL 60035	26-4368591		11,594				
(7)	LEGENDARY PRODUCTIONS CLO INC 614 NEVADA ST REDLANDS CA 92373	87-1590193		21,118				
(8)	LEO NANI FARMS LLC 29-3871 KANNA ROAD HAKALAU HI 96710	27-0910775		5,623				
(9)	LIBERATION THEATRE COMPANY 9 CRESTWOOD DRIVE SAVANNAH GA 31405	80-0749668		22,074				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  
3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047  
**2020**  
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Inspection

Name of the organization  
**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LIGHTNING ROD SPECIAL, LLC 2003 S. HEMBERGER ST. PHILADELPHIA PA 19146	87-3269473		27,250				
(2)	LIKEU 101 PARK AVENUE NEW YORK NY 10178	27-4555121		19,423				
(3)	LISAFAR INC. (S-CORP) 4902 TOYOFF WAY SAN DIEGO CA 92115	46-5461656		12,525				
(4)	LISTENING ROOM NETWORK LLC 300 FOURTH AVENUE S. UNIT 528 ST. PETERSBURG FL 33701	46-4775296		13,531				
(5)	LITTLE HOUSE DANCE COMPANY LLC 167 COYLE STREET PORTLAND ME 04103	85-1326081		6,290				
(6)	LITTLE MATCHSTICK FACTORY LLC 14 WEST 9TH STREET APT 7 NYC NY 100146906	46-2411710		7,600				
(7)	LITTLE YUD VENTURES, INC. 77 W 55TH STREET NEW YORK NY 10019	81-4849168		18,965				
(8)	LIVING TRADITIONS, INC 315 COLUMBIA STREET BROOKLYN NY 11231	11-3193909		18,125				
(9)	LUBDUB. THEATRE COMPANY, INC. 515 WEST 52ND STREET NEW YORK, NEW YORK NY 10019	47-4249928		7,158				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

FRACTURED ATLAS, INC.

Employer identification number  
11-3451703

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

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(1)	M3EP, INC 213 SOMERSET RD, NO NORWOOD NJ 07648	45-4669892		77,505				
(2)	MACI DUFFY PRODUCTIONS INC. 429 WEST 154TH STREET NEW YORK NY 10032	83-1893586		34,152				
(3)	MAKE/SHIFT ARTS, LLC 21-74 46TH ST ASTORIA NY 11103	87-3309635		20,210				
(4)	MANUAL CINEMA LLC 2415 W 19TH ST. CHICAGO IL 60608	46-1827152		21,947				
(5)	MAROON ARTS AND CULTURE 565 E MAGNOLIA BLVD UNIT C BURBANK CA 91501	84-2873969		29,231				
(6)	MATTHEW CHENET 2301 41ST STREET, NW WASHINGTON D.C. DC 20007	38-2945755		13,920				
(7)	MENA MOUNTAIN PRODUCTIONS, INC. 4910 4TH AVENUE BROOKLYN NY 11220	16-1725283		5,617				
(8)	METROPOLITAN STUDIOS, INC 1259 METROPOLITAN AVE SE ATLANTA GA 30316	81-2285362		5,405				
(9)	MICRO LLC 199 COOK ST BROOKLYN NY 11206	81-4935296		440,490				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Name of the organization  
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Employer identification number  
**11-3451703**

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MILES OF MUSIC LLC 1312 RIVERWOOD DRIVE NASHVILLE TN 37216	47-2166523		20,957				
(2)	MILLENNIUM CHAMBER PLAYER 625 WEST 57TH ST. #517 NEW YORK NY 10019	84-2046871		5,250				
(3)	MIPSTERZ, INC 1150 EASTERN PARKWAY BROOKLYN NY 11213	82-2405197		39,735				
(4)	MONICA MIKLIAS 3121 FOLSOM STREET LOS ANGELES CA 90003	81-5319476		5,975				
(5)	MOONLIGHT STAGE COMPANY 4720 HARGROVE SUITE 130 RALEIGH NC 27616	82-4207859		9,239				
(6)	MOVIE MENTORS LLC 89 MASON CIRCLE BEACON NY 12508	47-2222531		29,211				
(7)	MULTISTAGES THEATRE, INC. 344 W 87TH ST APT (2R) NEW YORK NY 10024-2666	46-1664579		9,150				
(8)	MUSICIVIC, INC. 68 N RIDGE AVE AMBLER PA 19002	83-1335015		50,123				
(9)	MYTH COMPLEX ART HOUSE LLC 205 21ST AVE SE SAINT PETERSBURG FL 33705	47-1780993		23,600				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **23,600**

3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Open to Public  
Inspection

Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NATIONAL MUSEUM OF THE AMERICAN IND PO BOX 23473 WASHINGTON D.C. DC 20002	53-0206027		35,182				
(2)	NEW TECH INNOVATION LLC 1390 MARKET ST SAN FRANCISCO CA 94102	84-3443061		1,544,838				
(3)	NORWALK METROPOLITAN YOUTH BALLET 112 MAIN STREET NORWALK CT 06851	46-4991269		77,300				
(4)	NOVA EARTH INSTITUTE 13918 E. MISSISSIPPI AVE AURORA CO 80012	81-1197618		13,702				
(5)	OCELOT 500 MERCER ST. SEATTLE WA 98109	83-1614625		19,148				
(6)	OCTAVIA PROJECT, INC PO BOX 381031 BROOKLYN NY 11238	83-3975000		52,352				
(7)	OFRENDA MEDIA LLC 1241 JOHNSON AVENUE #171 SAN LUIS OBISPO CA 93401	84-4641562		9,498				
(8)	OMNIDAWN CORPORATIO 1632 ELM AVE RICHMOND CA 94805	68-0424529		24,751				
(9)	ON THE QUAYS LLC 30-67 44TH STREET, APT. 3F ASTORIA NY 11103	81-4582076		8,592				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2020)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047  
**2020**  
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Name of the organization

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(1)	ONE TRUNK PRODUCTIONS LLC 2542 TRACY AVE KANSAS CITY MO 64108	45-3587485		5,548				
(2)	ONE WHALE'S TALE LLC 236 MOORE STREET, 406 NEW YORK NY 11206	86-2239820		70,370				
(3)	OPAL STUDIO LLC 500 7TH AVE. OPAL STUDIO C/O WE WOR NEW YORK NY 10018	93-2241208		22,773				
(4)	ORANGE BLUE GROUP, LLC 315 FLATBUSH AVE STE 418 BROOKLYN NY 11217	81-4209829		328,577				
(5)	PAPERS PLEASE INC. 3605 TILDEN ST. NW WASHINGTON DC 20008	83-1227096		5,686				
(6)	PARA.MAR DANCE THEATRE LLC 1720 S MICHIGAN AVE, APT 202 CHICAGO IL 60616	85-1990254		55,122				
(7)	PARADYM ACADEMY INC. 600 EAST ST NEW BRITAIN CT 06051	81-3737797		61,259				
(8)	PARENT ARTIST ADVOCACY LEAGUE FOR 2390 INDIANOLA AVE COLUMBUS OH 43202	82-2042582		41,216				
(9)	PARRIS PICTURES 125 BUTLER STREET #3 BROOKLYN NY 11231	47-1751207		13,800				

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(1)	PASTICHENYC LLC 80 SAW MILL ROAD NEW CITY NY 10956	86-1400912		27,506				
(2)	PATIENT FORWARD, LLC 620 WILSON AVENUE BROOKLYN NY 11221	84-1873597		80,921				
(3)	PEACOCK UNICORN 451 WEAVER HOLLOW ROAD MARGARETVILLE NY 12455	46-3001013		7,949				
(4)	PERFORMING ARTS STRATEGIES 6636 WILKINS AVENUE PITTSBURGH PA 15217	38-3842779		17,194				
(5)	PERSIMMON TREE, INC. 1600 S.E. 15TH ST. APT. 212 FORT LAUDERDALE FL 33316	82-4873168		26,961				
(6)	PHILADELPHIA ARGENTINE TANGO SCHOOL 2030 FRANKFORD AVE PHILADELPHIA PA 19125	80-0515661		18,250				
(7)	PHYSICAL FESTIVAL LLC 1403 W. WOLFRAM ST. CHICAGO IL 60657	82-4452556		26,514				
(8)	PIPELINE PLAYWRIGHTS 5910 LA VISTA DRIVE ALEXANDRIA VA 22310	84-5043359		10,205				
(9)	PISCES VIRGO RISING INC 261 1ST AVE, APT 7 NEW YORK NY 10003-2901	46-1685934		7,570				

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(1)	PLANET CONNECTION, INC. 171 EAST 77TH STREET NEW YORK NY 10005	27-1848213		158,948				
(2)	PLAY MUSIC NYC LLC 733 PROSPECT PL APT 1 BROOKLYN NY 11216	82-2147276		6,568				
(3)	PLAYDC LLC 475 K STREET NW WASHINGTON D.C. DC 20001	83-1317642		10,001				
(4)	PLAYER PIANO PRODUCTIONS LLC 203 BAL TIC ST, 3B BROOKLYN NY 11201	46-3090596		44,641				
(5)	POETRY & PICTURES INC 4693 CHURCH ROAD PHILADELPHIA PA 18902	95-4763179		81,145				
(6)	POLYPHONIC PRODUCTIONS, LLC DBA NEW JACKSON HEIGHTS 34-21 77TH STREET JACKSON HEIGHTS NY 11372	27-4562071		8,100				
(7)	PRATO PRODUCTIONS 3550 N LAKESHORE DRIVE, APT. 808 CHICAGO IL 60657	20-5465730		9,800				
(8)	PRICEARTS LLC 3055 NE 140TH ST APT 4 SEATTLE WA 98125	82-3096196		7,467				
(9)	PRIDE AND LESS PREJUDICE 15 BOULDER TRL MAHWAH NJ 07430	85-1285235		5,980				

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(1)	PRIMAVERANZIA, LLC 635 FOSTER DRIVE DES MOINES IA 50312-2517	85-1931796		37,887				
(2)	PROTESTRA, INC. 148 HENRY STREET BROOKLYN NY 11201	85-1772369		7,823				
(3)	PROVINCETOWN PUBLIC ART FOUNDATION 564 COMMERCIAL ST. PROVINCETOWN MA 02657	84-3981267		20,884				
(4)	PURE LAND LLC 135 LUCAS STR. BLACKSBURG VA 24060	83-1099259		5,850				
(5)	Q CONCERTS 614 BEAUREGARD STREET CHARLESTON SC 29412	84-3936296		5,655				
(6)	QUEENSBORO DANCE FESTIVAL INC. 41-44 44TH ST D14 SUNNYSIDE NY 11104	85-2034730		25,784				
(7)	QUINTESSENTIAL PROJECT LLC 115 W 1ST STREET SANFORD FL 32771	82-3492321		28,380				
(8)	RAINBOW MILLITIA 2123 SOUTH YANK WAY LAKEWOOD CO 80228	82-3351502		23,741				
(9)	RAISON D'TRE DANCE PROJECT 19 HALO DRIVE BOZEMAN MT 59718	82-2850178		26,059				

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(1)	RANDY BACON PHOTOGRAPHY, INC. 209 WEST COMMERCIAL STREET SPRINGFIELD MO 65803	20-3059833		21,097				
(2)	REAP WHAT YOU SEW LLC 327 SAINT NICHOLAS AVE, STUDIO 4A NEW YORK NY 10027	30-0461715		9,420				
(3)	RECLAIM PRIDE COALITION INC. 50 W 34TH ST APT 10B4 NEW YORK NY 10001	87-0917409		27,213				
(4)	RED LINE SERVICE INSTITUTE PO BOX 408781 CHICAGO IL 60640	84-4267306		7,660				
(5)	REJOICE! DIASPORA DANCE THEATER 835 NE 127TH AVENUE PORTLAND OR 97230	84-2709421		8,532				
(6)	RESILIENCE DANCE COMPANY STL 3172 MORGANFORD RD, APT. 308 SAINT LOUIS MO 63116	87-1484854		15,997				
(7)	RETREAT TO BROADWAY, LLC 1121 N. BETHLEHEM PIKE SPRING HOUSE PA 19477	46-3550458		6,573				
(8)	RIGHTFULLY SEWN 1800 WYANDOTTE ST KANSAS CITY MO 64108	47-4141377		38,407				
(9)	RING OF KEYS COALITION INC. 48 EAST 126TH STREET APT 1 NY NY 10035	85-4137087		6,549				

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(1)	RIO VISTA UNIVERSAL INC 9350 WILSHIRE BLVD BEVERLY HILLS CA 90212	83-1459957		19,542				
(2)	RISING ARTIST FOUNDATION INC. 952 ST MARKS AVE BROOKLYN NY 11213	84-3585277		6,293				
(3)	RITTENHOUSE SOUNDWORKS PROPERTIES 257 W. RITTENHOUSE ST. PHILADELPHIA PA 19144	46-2213163		15,758				
(4)	RUNNING WATER ENTERTAINMENT 3500 VICKSBURG LANE N #135 MINNEAPOLIS MN 55447	45-2678166		16,275				
(5)	SAN FRANCISCO INTERNATIONAL PIANO 1159 GREEN STREET SAN FRANCISCO CA 94109	86-3796128		11,080				
(6)	SANKOFA FILM SOCIETY 3815 OTHELLO ST. SEATTLE WA 98118	84-3840258		10,060				
(7)	SCOPE OF WORK CO. 187 STANHOPE STREET APT 3R NEW YORK CITY NY 10002	82-0718228		114,650				
(8)	SCRANTON FRINGE PO BOX 1235 SCRANTON PA 18503	47-1808438		8,727				
(9)	SEED POD, LLC 225 STEWART WAY, BOX 277 KINGS BEACH CA 96143	84-3753457		161,528				

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(1)	SEVEN STAGES SHAKESPEARE COMPANY 170 EAST 94TH STREET NEW YORK NY 10128	IN 47-3460410		5,662				
(2)	SH8PESHIFT YOUR LIFE 1431 9TH STREET OAKLAND CA 94607	85-4115074		13,599				
(3)	SHAKESPEARE ON THE VINE PO BOX 1974 MURPHYS, CA 95247	46-2130161		6,220				
(4)	SHAMROCK PRODUCTIONS 3435 THORNHILL CT RENO NV 89509	84-1994636		16,000				
(5)	SHARE THE MOVEMENT INC 1300 NORTH AVENUE 45 LOS ANGELES CA 90041	85-3028604		10,592				
(6)	SHE SINGS PRODUCTIONS, LLC 6598 WILLIAMSBURG BLVD. ARLINGTON VA 22213	84-4841933		51,459				
(7)	SHELL & BEE STUDIO LLC 500 MAIN STREET DEEP RIVER CT 06417	87-2734145		10,465				
(8)	SHINE ARTS 2211 35TH STREET #1 ASTORIA NY 11105	27-4615065		5,600				
(9)	SHUGAH WORKS 135 E. 32ND ST. #2 BROOKLYN NY 11226	80-0074429		18,002				

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(1)	SIBLING RIVALRY PRESS, LLC PO BOX 26147 LITTLE ROCK AR 72221	27-3167520		15,228				
(2)	SIFTMEDIA 215 COLLECTIVE INC. 8100 COBDEN ROAD GLENSIDE PA 19038	85-4259810		17,871				
(3)	SIIDCKK 2403 LA CASA AUSTIN TX 78704	85-2948003		55,200				
(4)	SINKING SHIP PRODUCTIONS, LLC 220 EAST 4TH ST. NEW YORK NY 10009	47-1965666		6,682				
(5)	SO BRAVO LLC 121 SAINT MARK'S PLACE NEW YORK CITY NY 10009	85-3425579		18,400				
(6)	SOHO ARTS COLLECTIVE LLC 136 BOWERY NEW YORK NY 10013	81-5255470		73,600				
(7)	SOL INITIATIVE LLC, JACOB G PADRON 2254 5TH AVENUE NEW YORK NY 10037	84-2460538		36,030				
(8)	SOUND MIND COLLECTIVE 270 WATER STREET, APT. 3F NEW YORK NY 10038	85-2580288		12,000				
(9)	SPLIT DECISION LLC 300 SW PARK AVE PORTLAND OR 97201	84-3761650		9,540				

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Schedule I (Form 990) (2020)

DAA

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(1)	SRI PRABHA/ARTLAB I. L. C. 4800 HARRISON ST HOLLYWOOD FL 33021	81-3220641		10,206				
(2)	SS INCLUSION NETWORK 320 7TH AVENUE BROOKLYN NY 11215	81-4606256		16,267				
(3)	STANDARD EBOOKS L3C 1658 N. MILWAUKEE AVE. CHICAGO IL 60647	86-3387653		11,929				
(4)	STILL WATERS IN A STORM 49 ZIEGLER AVE POUGHKEEPSIE NY 12603	27-1195669		100,388				
(5)	STRAY CAT FILM CENTER 1662 BROADWAY BLVD KANSAS CITY MO 64108	83-1847187		5,469				
(6)	STUDIO ROMOLO LLC DBA DEL DEO FOUND 21 ATKINS MAYO RD PROVINCETOWN MA 02657	85-1374032		10,400				
(7)	SUBMERISIVE PRODUCTIONS, LLC 2518 E BALTIMORE STREET BALTIMORE MD 21224	47-5127247		5,800				
(8)	SUPERFLAT NEW BEDFORD 137 UNION ST. 1ST FLOOR NEW BEDFORD MA 02740	01-3215180		29,404				
(9)	SUPERMOON ART SPACE 753 ONDERDONK AVE. RIDGEWOOD NY 11385	82-1110311		13,155				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**  
Open to Public  
Inspection

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

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SYDNIE L. MOSLEY DANCES 2095 MADISON AVE APT 2A NEW YORK NY 10037	27-5164385		30,767				
(2)	SYNDICATE ENSEMBLE THEATER, LLC 5946 S. KING DRIVE #3 CHICAGO IL 60637	82-1068374		8,200				
(3)	TABLE POUNDING RECORDS 230 RIVERSIDE DRIVE #3B NEW YORK NY 10025	80-0210223		9,946				
(4)	TANGO 21, INC. 7356 S. LUELLA AVE. CHICAGO IL 60649	76-0827875		6,338				
(5)	TEACHING ARTISTS OF THE MID-ATLANTIC PO BOX 212 RIVERDALE MD 20738	83-3313865		8,000				
(6)	TEATRO SAN DIEGO 3821 VIA DE LA BANDOLA SAN YSIDRO CA 92173	85-1231784		9,046				
(7)	TEEN ART SALON INC 2728 THOMSON AVE. LONG ISLAND CITY NY 11101	84-2970385		16,123				
(8)	TESLA QUARTET 360 E 19TH ST BROOKLYN NY 11226	27-4818934		13,421				
(9)	THE ACROBATIC CONUNDRUM 18631 NE 55TH WAY REDMOND WA 98052	46-2900697		11,812				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: **11,812**

3 Enter total number of other organizations listed in the line 1 table: **11,812**



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2020**  
Open to Public Inspection

Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE AFTER FOREVER GROUP 8033 SUNSET BLVD LOS ANGELES CA 90046	81-3989934		25,450				
(2)	THE ANGLE PROJECT, LLC 850 49TH ST APT 4A BROOKLYN NY 11220	35-2714668		6,537				
(3)	THE ANTHROPOLOGISTS 100 CABRINI BLVD 24 NEW YORK NY 10033	27-2215878		11,733				
(4)	THE CITY FIRM INC 1313 3RD AVE APT 4FN NEW YORK NY 10013	61-1630847		129,857				
(5)	THE DELPHI TRIO INC. 134 CAROLINA ST VALLEJO CA 94590	27-4443218		5,440				
(6)	THE DIVISION AVENUE ARTS COLLECTIVE 1553 PLAINFIELD AVE NE GRAND RAPIDS MI 49505	90-1010164		9,127				
(7)	THE DRAMA CLUB NYC INC. 512 W 136TH ST. 1A NEW YORK NY 10032	83-4495336		6,128				
(8)	THE EXPONENTIAL FESTIVAL INC. 260 RIVERSIDE DRIVE NEW YORK NY 10025	85-2847820		7,095				
(9)	THE EXQUISITE CORPSE COMPANY LLC 476 EASTERN PARKWAY BROOKLYN NY 11225	46-2765993		36,863				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047  
**2020**  
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Inspection

Name of the organization **FRACTURED ATLAS, INC.** Employer identification number **11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE FLOOR ON ATLANTIC 310 ATLANTIC AVENUE BROOKLYN NY 11201	82-2321143		7,665				
(2)	THE IMPOSTORS THEATRE CO. 2842 N WHIPPLE ST CHICAGO IL 60618	82-3595528		7,192				
(3)	THE KP PROJECT 4405 W. PINE BLVD ST. SAINT LOUIS MO 63108	86-1598792		29,236				
(4)	THE LADY HOOFGERS TAP ENSEMBLE 2521 S. 21ST STREET PHILADELPHIA PA 19145	46-2763618		11,250				
(5)	THE LOVE STORY, LLC 203 KINGSWAY WICHITA KS 67062	81-0690741		5,382				
(6)	THE MUSE BROOKLYN 350 MOFFAT ST BROOKLYN NY 11237	46-0706492		10,346				
(7)	THE OMARA PROJECT LLC 35 WEST 92 STREET #5D NEW YORK NY 10025	37-1872441		15,503				
(8)	THE Q STUDIOLAB 4120 QUEENS BOULEVARD SUNNYSIDE NY 11104	81-3353727		24,000				
(9)	THE SAPPHO PROJECT 176 SPRING ST. NEW YORK CITY NY 10025	85-0599467		25,886				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
 3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047  
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Name of the organization  
**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE SCHUBERT PROJECT, LLC 1705 JUMPERS RUN CHARLOTTESVILLE VA 22911	85-2302595		8,644				
(2)	THE SONG CAVE LLC 56 4TH PLACE BROOKLYN NY 11231	47-1064739		5,391				
(3)	THE SONG COLLECTIVE 375 76TH STREET, APT 2A BROOKLYN NY 11221	84-4172711		6,148				
(4)	THE SUPERGEOGRAPHIC ENSEMBLE THEATR 314 PROSPECT AVE BROOKLYN NY 11215-5554	86-2843089		19,890				
(5)	THE SWITCH NEW MUSIC ENSEMBLE, LLC 40 WOODSIDE DR SCHENECTADY NY 12302	81-2732217		6,830				
(6)	THE TOTEM PROJECT 1732 FIRST AVENUE NO. 21399 NEW YORK NY 10128	85-3586170		7,452				
(7)	THE WESTCHESTER CENTER FOR JAZZ AND 12 THE FARMS ROAD BEDFORD NY 10506	47-2943528		181,145				
(8)	THE WINDMILL FACTORY 155 N 3RD ST BROOKLYN NY 11211	27-1298347		32,551				
(9)	THE YELLOW HOUSE 577 KING STREET JACKSONVILLE FL 32204	35-2601953		47,118				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No. 1545-0047  
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Department of the Treasury  
Internal Revenue Service

FRACTURED ATLAS, INC.

Employer identification number  
**11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THEATRE PROMETHEUS, INC. 634 ROCK CREEK CHURCH RD NW WASHINGTON DC 20010	83-3339891		7,312				
(2)	THEATRICAL ANVILLS LLC 1921 SAINT PAUL ST BALTIMORE MD 21218	84-3768831		7,547				
(3)	THINKING IN FULL COLOR LLC 301 NEWARK AVE. JERSEY CITY NJ 07302	82-3516909		8,228				
(4)	THIS IS NOT A THEATRE COMPANY 2 PETER COOPER RD APT 12F NEW YORK NY 10010-6727	47-5268268		10,750				
(5)	THOUGHT EXPERIMENT LLC 2125 2ND AVE SEATTLE WA 98121	47-2627036		21,000				
(6)	THROUGH THE 4TH WALL 826 BASHFORD LANE ALEXANDRIA VA 22314	81-2027686		14,825				
(7)	THYMELE ARTS LLC 5481 SANTA MONICA BLVD LOS ANGELES CA 90029	47-4829662		5,300				
(8)	TIME TURNER FILMS INC 114 E 91ST ST NEW YORK NY 10128	84-4491565		47,620				
(9)	TML BROADWAY LLC 311 WEST 43RD STREET NEW YORK NY 10036	82-2640418		10,000				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
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**Grants and Other Assistance to Organizations,  
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Name of the organization  
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Employer identification number  
**11-3451703**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No  
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	IMPRODUCTIONS LLC 528 ELAINE AVE NASHVILLE TN 37209	84-3356476		12,500				
(2)	TRUCHA 39642 SUNTRAIL RD BAYVIEW, TEXAS RIO GRANDE VALLEY TX 78577	78 85-3104670		67,946				
(3)	TRUE MOSAICS STUDIO 4233 NE 17TH AVE PORTLAND OR 97211	20-8227903		8,608				
(4)	TWO DISTANT STRANGERS, LLC 1305 N. CATALINA ST. LOS ANGELES CA 90027	85-2843642		165,600				
(5)	TWO FOR SEA LLC 2425 ADOBE RD PETALUMA CA 94954	86-1340147		6,500				
(6)	UBU THEATER LLC P.O. BOX 285 TYRINGHAM MA 01264	81-3145588		6,840				
(7)	UBUNTU MOTION PICTURES, LLC 530 S. LAKE AVE. #569 PASADENA CA 91101	26-3533146		20,875				
(8)	UNA INC. 133 NEVADA STREET SAN FRANCISCO CA 94110	85-0835854		9,265				
(9)	UNITED ARTISTS GROUP LLC C/O 1171 S. ROBERTSON BOULEVARD #37 LOS ANGELES CA 90035	82-1479695		8,722				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....  
3 Enter total number of other organizations listed in the line 1 table .....

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047  
**2020**  
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Name of the organization  
**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	URBAN HAIKU LLC 4848 NE 14TH AVE PORTLAND OR 97211	81-4835980		14,826				
(2)	VIA ACADEMY LLC 8809 MOUNTAIN BROOK DRIVE LOUISVILLE KY 40272	86-1933744		26,250				
(3)	VICTOR L. DAVSON 62 FITZRANDOLPH ROAD WEST ORANGE NJ 07052	12-7527643		11,209				
(4)	VIRTUAL CULTURE 161 WEST 75TH STREET NEW YORK NY 10023	85-2791161		23,025				
(5)	VIVIFI FILMS LLC 1708-C AUGUSTA ST #319 GREENVILLE SC 29605	83-4467749		32,126				
(6)	VOICES FESTIVAL PRODUCTIONS LLC 5928 31ST PLACE, NW WASHINGTON DC 20015	87-0993040		10,489				
(7)	VOICES FROM WAR, INC. 276 FIRST AVENUE, #10A NEW YORK NY 10009	83-1974056		8,880				
(8)	VOICES OF SILICON VALLEY C/O BARBARA DUTRA 20746 SEVILLA LN SARATOGA CA 95070	47-5070575		10,000				
(9)	VOLUMINOUS ARTS, INC. 71-30 65TH STREET, GLENDALE NY 11385	86-2225807		9,631				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9,631**

3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047  
**2020**  
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Inspection

Name of the organization **FRACTURED ATLAS, INC.** Employer identification number **11-3451703**

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

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WALDO P. O. BOX 471 LINCOLNVILLE ME 04849	85-2057224		6,770				
(2)	WILHELMINA M BURNLEY-SCOTT 1940 BUFFALO WAY DURHAM NC 27704	21-8742279		9,300				
(3)	WOMEN OF COLOR IN THE ARTS 448 W. 19TH STREET HOUSTON TX 77008	85-4022076		28,568				
(4)	WORLD OF WILBEKIN 531 EAST 20TH STREET NEW YORK CITY NY 10010	47-2511619		26,000				
(5)	WORLD SOUL RECORDS LLC 980 MILLER RD EAST DUMMERSTON VT 05346	82-1851859		10,000				
(6)	YOUR LIFE AS A MASTERPIECE 26330 CHERRY CREEK ROAD MONROE OR 97456	26-4703185		13,024				
(7)	YUCCA VALLEY MATERIAL LAB INCORPORA 57275 CANTERBURY ST YUCCA VALLEY CA 92284	83-3715029		23,630				
(8)	ZENITH ENSEMBLE 66 PENNY LANE BOWDOIN ME 04287	82-3789473		8,200				
(9)	ZORICH CONSULTING LLC 12 BURLINGTON AVENUE VOORHEES TOWNSHIP NJ 08043-4778	81-5024088		7,167				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7,167**

3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
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OMB No. 1545-0047  
**2020**  
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Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  Yes  No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ZUSHA MUSIC LLC 686 DOWNING STREET TEANECK NJ 07666	84-4527973		12,315				
(2)	(UN) SOLICITED PRODUCTIONS 368 13TH ST. BROOKLYN NY 11215	85-2142235		8,620				
(3)	.....							
(4)	.....							
(5)	.....							
(6)	.....							
(7)	.....							
(8)	.....							
(9)	.....							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

3 Enter total number of other organizations listed in the line 1 table .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2020)  
DAA



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FISCAL SPONSORSHIP GRANT	3508	5,483,051			
2					
3					
4					
5					
6					
7					
<b>Part IV Supplemental Information.</b> Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FRACTURED ATLAS REVIEWS INDIVIDUAL EXPENDITURES AND FUND RELEASE REQUESTS

TO ENSURE COMPLIANCE WITH PROJECT PARAMETERS AND CHARITABLE MISSION.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Employer identification number

**11-3451703**

**FRACTURED ATLAS, INC.**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
  - b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
  - c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
  - b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
  - b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

Schedule J (Form 990) 2020 **FRACTURED ATLAS, INC.** **11-3451703** Page 2  
**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	TIM CYNOVA	(i) 172,577	(ii) 0	(iii) 0	0	0	172,577	0
1	FORMER COO	(ii) 0	0	0	0	0	0	0
	LAUREN RUFFIN	(i) 170,220	0	0	0	0	170,220	0
2	FORMER CERO	(ii) 0	0	0	0	0	0	0
3		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
4		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
5		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
6		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
7		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
8		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
9		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
10		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
11		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
12		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
13		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
14		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
15		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....
16		(i) .....	(ii) .....	(iii) .....	.....	.....	.....	.....



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Transactions With Interested Persons**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,  
28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open To Public  
Inspection

**FRACTURED ATLAS, INC.**

Employer identification number

**11-3451703**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

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

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

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

**Total** ..... \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) <b>EXPONENTIAL CREATIVE VENTURE INC.</b>	<b>MAJORITY OWNER</b>		<b>LOAN</b>		<b>X</b>
(2) <b>EXPONENTIAL CREATIVE VENTURE INC.</b>	<b>MAJORITY OWNER</b>		<b>CAPITAL CONTRIBUTION</b>		<b>X</b>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

**FRACTURED ATLAS, INC.**

Employer identification number

**11-3451703**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>225</b>	<b>FAIR MARKET VALUE</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	<b>X</b>	<b>22</b>	<b>375,955</b>	<b>FAIR MARKET VALUE</b>
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>3</b>	<b>1,229</b>	<b>FAIR MARKET VALUE</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>FURN &amp; SUPPLIES</b> )	<b>X</b>	<b>8</b>	<b>13,797</b>	<b>FAIR MARKET VALUE</b>
26 Other ( <b>COMPUTERS</b> )	<b>X</b>	<b>5</b>	<b>8,349</b>	<b>FAIR MARKET VALUE</b>
27 Other ( )				
28 Other ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			<b>29</b>	

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

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

Schedule M (Form 990) 2020





**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

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

Attach to Form 990 or 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Employer identification number

**FRACTURED ATLAS, INC.****11-3451703**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
TAX RETURN IS SENT TO ORGANIZATION FOR THE GOVERNING BODY TO REVIEW BEFORE  
SIGNING AND SENDING TO THE GOVERNMENT.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
PURSUANT WITH THE ORGANIZATION'S FORMAL CONFLICTS OF INTEREST POLICY  
ADOPTED BY THE BOARD OF DIRECTORS ON APRIL 30, 2005, ANY DIRECTOR,  
PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS WHO  
HAS A DIRECT OR INDIRECT FINANCIAL INTEREST HAS A DUTY TO DISCLOSE TO THE  
BOARD OF DIRECTORS ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. THE POLICY  
CLEARLY OUTLINES PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST AND  
REPERCUSSIONS FOR VIOLATING OF THE POLICY. DISCLOSED CONFLICTS OF INTEREST  
ARE MONITORED ON A PERIODIC BASIS AS OUTLINED IN THE POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
APPROVED BY BOARD

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
IN 2014 AND 2015, THE ORGANIZATION'S BOARD OF DIRECTORS AND EXECUTIVE STAFF  
CONTRACTED QUATT ASSOCIATES TO CONDUCT STAFF COMPENSATION STUDIES TO ASSIST  
FRACTURED ATLAS IN SETTING COMPENSATION THAT IS COMPETITIVE WITH THE MARKET  
AND MEETS APPLICABLE IRS STANDARDS. THE FIRST PHASE EVALUATED SENIOR STAFF  
COMPENSATION. THE SECOND PHASE EXAMINED JUNIOR STAFF AND SOFTWARE DEVELOPER  
COMPENSATION.

Name of the organization <b>FRACTURED ATLAS, INC.</b>	Employer identification number <b>11-3451703</b>
--	---

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED  
 LOUISIANA, MASSACHUSETTS, MARYLAND, MAINE, MICHIGAN, MINNESOTA,  
 MISSISSIPPI, NORTH CAROLINA, NORTH DAKOTA, NEW HAMPSHIRE, NEW JERSEY,  
 NEW MEXICO, NEVADA, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA,  
 RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, VIRGIN ISLANDS,  
 WASHINGTON, WEST VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY  
 ARE AVAILBLABLE UPON REQUEST, AT FRACTURED ATLAS' OFFICE.

FORM 990, PART XI - ADDITIONAL INFORMATION  
 BOARD REVIEWS FINANCIAL STATEMENTS AND APPROVES BEFORE THEY ARE BOUND AND  
 SENT.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
 DONATED LEGAL SERVICES \$ -17,980

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**FRACTURED ATLAS, INC.**

Employer identification number  
**11-3451703**

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	.....					
(2)	.....					
(3)	.....					
(4)	.....					
(5)	.....					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	.....							
(2)	.....							
(3)	.....							
(4)	.....							
(5)	.....							

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

Schedule R (Form 990) 2020

DAA

**Part III** Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	<b>EXPONENTIAL CREATIVITY VENTURES, IN</b> 1063 ULUOPIHI LOOP KALIUA HI 96734 82-4197795	<b>INVESTING</b>	<b>NY</b>		<b>C</b>		<b>1,713,334</b>	<b>82.000000</b>		<b>X</b>
(2)										
(3)										
(4)										

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X																			
b Gift, grant, or capital contribution to related organization(s)		X																			
c Gift, grant, or capital contribution from related organization(s)			X																		
d Loans or loan guarantees to or for related organization(s)				X																	
e Loans or loan guarantees by related organization(s)					X																
f Dividends from related organization(s)						X															
g Sale of assets to related organization(s)							X														
h Purchase of assets from related organization(s)								X													
i Exchange of assets with related organization(s)									X												
j Lease of facilities, equipment, or other assets to related organization(s)										X											
k Lease of facilities, equipment, or other assets from related organization(s)											X										
l Performance of services or membership or fundraising solicitations for related organization(s)												X									
m Performance of services or membership or fundraising solicitations by related organization(s)													X								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)														X							
o Sharing of paid employees with related organization(s)															X						
p Reimbursement paid to related organization(s) for expenses																X					
q Reimbursement paid by related organization(s) for expenses																	X				
r Other transfer of cash or property to related organization(s)																		X			
s Other transfer of cash or property from related organization(s)																			X		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>EXPONENTIAL CREATIVE VENTURES</b>	<b>C</b>	<b>2,110,000</b>	<b>AS PER CONTRIBUTION AGREEMENT</b>
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

Table with columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners 501(c)(3) organizations?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Form **990**

**Tax Return History**

**2020**

Name **FRACTURED ATLAS, INC.** Employer Identification Number **11-3451703**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	22,407,764	24,164,905	26,647,238	23,859,729	26,511,931	
Membership dues	794,183	809,105	803,808	728,001	637,201	
Program service revenue	1,205,085	1,130,777	920,385	599,750	327,862	
Capital gain or loss		392,600	836,578	354,639	578,922	
Investment income	142,677	190,836	215,107	191,364	222,495	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	1,195	3,756	1,692	409		
<b>Total revenue</b>	<b>24,550,904</b>	<b>26,691,979</b>	<b>29,424,808</b>	<b>25,733,892</b>	<b>28,278,411</b>	
Grants and similar amounts paid	18,025,557	20,299,827	22,705,214	19,607,169	18,587,313	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	3,185,278	3,054,778	3,070,003	2,923,364	1,841,159	
Professional fees	163,282	634,500	791,419	568,386	299,541	
Occupancy costs	232,278	250,690	249,331	140,206		
Depreciation and depletion	39,824	39,825	42,394	26,461		
Other expenses	1,061,962	819,109	944,464	751,908	509,236	
<b>Total expenses</b>	<b>22,708,181</b>	<b>25,098,729</b>	<b>27,802,825</b>	<b>24,017,494</b>	<b>21,237,249</b>	
<b>Excess or (Deficit)</b>	<b>1,842,723</b>	<b>1,593,250</b>	<b>1,621,983</b>	<b>1,716,398</b>	<b>7,041,162</b>	
Total exempt revenue	24,550,901	26,691,979	29,424,808	25,733,892	28,278,411	
Total unrelated revenue						
Total excludable revenue	1,348,957	1,717,969	1,973,762	1,146,162	1,129,279	
Total Assets	11,446,740	13,520,975	13,454,794	15,069,281	23,234,426	
Total Liabilities	476,156	891,650	529,194	38,862	22,869	
Net Fund Balances	10,970,584	12,629,325	12,925,600	15,030,419	23,211,557	

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 222,495				14	
TOTAL	<u>\$ 222,495</u>					



**Federal Statements**

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 229,189	\$ 150,782	\$ 28,973	\$ 49,434
TOTAL	\$ 229,189	\$ 150,782	\$ 28,973	\$ 49,434

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

Description	Amount
PROGRAM FEES	\$ 637,201
4CULTURE	14,250
ARIZONA COMMISSION ON THE ARTS	4,000
ARTS COUNCIL OF SANTA CRUZ COUNTY	3,000
BOSTON CULTURAL COUNCIL	13,500
BOSTON OFFICE OF ARTS AND CULTURE	12,000
CITY OF NEW BEDFORD	12,600
COUNCIL OF LITERARY MAGAZINES	1,950
DURHAM ARTS COUNCIL	2,500
FOXBOROUGH CULTURAL COUNCIL	700
HUDSON CNTY OFFICE OF CULT AFFAIRS	6,083
KING COUNTY	10,000
MADISON ARTS COMMISSION	1,114
NEW MEXICO HUMANITIES COUNCIL	1,524
NYC DEPT OF CULTURAL AFFAIRS	210,185
NYC YOUNG MEN'S INITIATIVE	18,926
NYS COUNCIL ON THE ARTS	114,318
NEWARK ARTS COUNCIL	3,000
RIVERSIDE ARTS COUNCIL	4,630
TRUSTEES OF THE PUBLIC LIBRARY	5,000
US EMBASSAY- PAS MEXICO CITY	12,900
WASHINGTON ARTS COMMISSION	24,807
CORPORATE	1,880,710
FOUNDATIONS	15,860,174
INDIVIDUALS	8,270,460
INDIVIDUALS - NONCASH	8,349
INDIVIDUALS - NONCASH	13,797
INDIVIDUALS - NONCASH	225
INDIVIDUALS - NONCASH	1,229
TOTAL	<u>\$ 27,149,132</u>

**Federal Statements**

**Schedule A, Part II, Line 8(e)**

Description

Amount

INTEREST INCOME

\$ 222,495

TOTAL

\$ 222,495

**Schedule A, Part II, Line 9(e)**

Description

Amount

\$

TOTAL

\$ 0

**Schedule A, Part II, Line 12 - Current year**

Description

Amount

\$ 233,355

PROGRAM SERVICE FEES  
NON-DEDUCTIBLE PORTION OF CON

\$ 94,507

TOTAL

\$ 327,862

2002050 FRACTURED ATLAS, INC.  
11-3451703  
ph:212-277-8020  
Platform Version: 20.3.4  
Federal Version: 20.3.9  
New York Version: 20.3.2

**2020**

Prepared by: Gregory S. Rom, CPA  
03/24/2022 02:59 PM  
mlesica

## New York Diagnostics

### Critical Messages

None

### Informational Messages

- Electronic filing for the federal return is indicated; Form CHAR500 must be paper filed; The form is not available for electronic filing by software providers through the New York Department of Taxation
- Date of tax exemption claimed from is required entry for Form CT-247

## Return Summary

For calendar year 2020, or tax year beginning 09-01-20 , and ending 08-31-21

11-3451703

FRACTURED ATLAS, INC.

**Income**

Federal unrelated business income \_\_\_\_\_  
 NYS Article 13 tax \_\_\_\_\_  
 Additions for S corporations \_\_\_\_\_  
 Other additions \_\_\_\_\_

**Income**

Other income \_\_\_\_\_  
 S corporation subtractions \_\_\_\_\_  
 Other subtractions \_\_\_\_\_

**Total subtractions**

State net operating loss deduction \_\_\_\_\_  
 Taxable income \_\_\_\_\_

Apportionment percentage \_\_\_\_\_ %

**Apportioned taxable income**

**Taxes / Credits / Payments**

Tax on taxable income \_\_\_\_\_  
 Minimum tax \_\_\_\_\_

**Tax**

Paid with extension \_\_\_\_\_  
 Estimated tax payments \_\_\_\_\_  
 Other payments \_\_\_\_\_

**Total payments**

Overpayment applied to next year's estimated tax \_\_\_\_\_

**Net tax due**

**Additions to Tax**

Interest on late payments \_\_\_\_\_  
 Failure to file penalty \_\_\_\_\_  
 Failure to pay penalty \_\_\_\_\_

**total additions**

**Balance due**

**Refund**

**Form CHAR500 - Annual Filing Information**

Total support / revenue 28,278,411  
 Net assets 23,211,557

**Filing Fees**

Article 7-A \_\_\_\_\_ 25  
 Estates / trust law \_\_\_\_\_ 750  
**Total** \_\_\_\_\_ 775

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due dates:  
 Form CHAR500 01-18-22  
 Form CT-13 \_\_\_\_\_

**Next Year's Estimates**

2nd installment \_\_\_\_\_  
 3rd installment \_\_\_\_\_  
 4th installment \_\_\_\_\_  
**Total** \_\_\_\_\_

**Filing Instructions**

**FRACTURED ATLAS, INC.**

**New York Annual Report**

**Taxable Year Ended August 31, 2021**

**Date Due:** AS SOON AS POSSIBLE

**Remittance:** The filing fee for the tax year ended 8/31/21 is \$775. Include a check payable to the New York State Department of Law and write "State Registration Number 06-35-38, for the year ended 8/31/21" on the check.

**Mail To:** NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**Signature:** Form CHAR500 should be signed and dated by two appropriate officers.

<h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	<p style="margin: 0;"><u>Send with fee and attachments to:</u> NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005</p>	<h2 style="margin: 0;">2020</h2> <h3 style="margin: 0;">Open to Public Inspection</h3>
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### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 09/01/2020 and Ending (mm/dd/yyyy) 08/31/2021			
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>FRACTURED ATLAS, INC.</b> Mailing Address: <b>228 PARK AVE S #56651</b> City / State / Zip: <b>NEW YORK NY 10003</b> Website: <b>WWW.FRACTUREDATLAS.ORG</b>	Employer Identification Number (EIN): <b>11-3451703</b> NY Registration Number: <b>06-35-38</b> Telephone: <b>212-277-8020</b>	Email: <b>FINANCE@FRACTUREDATLAS.ORG</b>
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*		Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a> .	

### 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	Signature	Print Name and Title	Date

### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.
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### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25</u>	EPTL filing fee: \$ <u>750</u>	Total fee: \$ <u>775</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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FRACTURED ATLAS, INC.

11-3451703

<b>CHAR500</b>	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.
<b>Annual Filing Checklist</b>	

**Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

**Calculate Your Fee**

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:  
 - IRS Form 990 Part I, line 22  
 - IRS Form 990 EZ Part I, line 21  
 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

**Send Your Filing**

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

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)



**CHAR500**Schedule 4b: Government Grants  
www.CharitiesNYS.com**2020**  
Open to Public  
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

**1. Organization Information**

Name of Organization: FRACTURED ATLAS, INC.	NY Registration Number: 06-35-38
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**2. Government Grants**

Name of Government Agency	Amount of Grant
1. 4CULTURE	1. 14,250
2. ARIZONA COMMISSION ON THE ARTS	2. 4,000
3. ARTS COUNCIL OF SANTA CRUZ COUNTY	3. 3,000
4. BOSTON CULTURAL COUNCIL	4. 13,500
5. BOSTON OFFICE OF ARTS AND CULTURE	5. 12,000
6. CITY OF NEW BEDFORD	6. 12,600
7. COUNCIL OF LITERARY MAGAZINES	7. 1,950
8. DURHAM ARTS COUNCIL	8. 2,500
9. FOXBOROUGH CULTURAL COUNCIL	9. 700
10. HUDSON CNTY OFFICE OF CULT AFFAIRS	10. 6,083
11. KING COUNTY	11. 10,000
12. MADISON ARTS COMMISSION	12. 1,114
13. NEW MEXICO HUMANITIES COUNCIL	13. 1,524
14. NYC DEPT OF CULTURAL AFFAIRS	14. 210,185
15. NYC YOUNG MEN'S INITIATIVE	15. 18,926
Total Government Grants:	Total:

<h1 style="margin: 0;">CHAR500</h1> <p style="margin: 0;">Schedule 4b: Government Grants www.CharitiesNYS.com</p>	<p style="margin: 0;"><b>2020</b> Open to Public Inspection</p>
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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.  
**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

**1. Organization Information**

Name of Organization: FRACTURED ATLAS, INC.	NY Registration Number: 06-35-38
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**2. Government Grants**

Name of Government Agency	Amount of Grant
1. NYS COUNCIL ON THE ARTS	1. 114,318
2. NEWARK ARTS COUNCIL	2. 3,000
3. RIVERSIDE ARTS COUNCIL	3. 4,630
4. TRUSTEES OF THE PUBLIC LIBRARY	4. 5,000
5. US EMBASSAY- PAS MEXICO CITY	5. 12,900
6. WASHINGTON ARTS COMMISSION	6. 24,807
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 476,987