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Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning September 1, 2001, and ending August 31, 2002

- B** Check applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization
Fractured Atlas Productions, Inc

Number and street (or P O box if mail is not delivered to street address) Room/suite
1123 Broadway 1109

City or town, state or country, and ZIP + 4
New York, NY 10010-2007

D Employer identification number
11 3451703

E Telephone number
(917) 606-0857

F Accounting method Cash Accrual
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No" attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site ▶ <http://www.fracturedatlas.org>

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **117,812 22**

I Enter 4 digit GEN ▶

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	65,928 06		
b	Indirect public support	1b	0 00		
c	Government contributions (grants)	1c	10,000 00		
d	Total (add lines 1a through 1c) (cash \$ 75,928 06 noncash \$ 0 00)	1d		75,928 06	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		30,489 12	
3	Membership dues and assessments	3		11,391 67	
4	Interest on savings and temporary cash investments	4		3 37	
5	Dividends and interest from securities	5		0 00	
6a	Gross rents	6a	0 00		
b	Less rental expenses	6b	0 00		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0 00	
7	Other investment income (describe ▶)	7		0 00	
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	Less cost or other basis and sales expenses	0 00	8a	0 00	
	Gain or (loss) (attach schedule)	0 00	8b	0 00	
	Net gain or (loss) (combine line 8c, columns (A) and (B))	0 00	8c	0 00	
8d					0 00
9	Special events and activities (attach schedule)				
a	Gross revenue including \$ 0 00 of contributions reported on line 1a	9a	0 00		
b	Less direct expenses other than fundraising expenses	9b	0 00		
9c	Net income or (loss) from special events (subtract line 9b from line 9a)				0 00
10a	Gross sales of inventory less returns and allowances	10a	0 00		
b	Less cost of goods sold	10b	0 00		
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				0 00
11	Other revenue (from Part VII, line 103)	11		0 00	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		117,812 22	
Expenses					
13	Program services (from line 44, column (B))	13		85,088 22	
14	Management and general (from line 44, column (C))	14		11,115 09	
15	Fundraising (from line 44, column (D))	15		2,740 85	
16	Payments to affiliates (attach schedule)	16		0 00	
17	Total expenses (add lines 16 and 44, column (A))	17		98,944 16	
Net Assets					
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		18,868 06	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		10,958 73	
20	Other changes in net assets or fund balances (attach explanation)	20		-2,920 53	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		26,906 26	

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>24,193 49</u> noncash \$ _____)	24,193 49	24,193 49		
23	Specific assistance to individuals (attach schedule)	0 00	0 00		
24	Benefits paid to or for members (attach schedule)	0 00	0 00		
25	Compensation of officers, directors, etc.	2,000 00	1,600 00	200 00	200 00
26	Other salaries and wages	0 00	0 00	0 00	0 00
27	Pension plan contributions	0 00	0 00	0 00	0 00
28	Other employee benefits	0 00	0 00	0 00	0 00
29	Payroll taxes	235 00	188 00	23 50	23 50
30	Professional fundraising fees	0 00	0 00	0 00	0 00
31	Accounting fees	0 00	0 00	0 00	0 00
32	Legal fees	0 00	0 00	0 00	0 00
33	Supplies	3,171 00	2,030 34	1,099 77	40 88
34	Telephone	3,164 00	2,535 05	381 65	247 29
35	Postage and shipping	200 21	144 30	52 27	3 64
36	Occupancy	11,143 27	8,709 88	1,689 88	743 51
37	Equipment rental and maintenance	160 04	34 25	125 79	0 00
38	Printing and publications	6,301 91	6,223 32	78 59	0 00
39	Travel	110 95	110 95	0 00	0 00
40	Conferences, conventions, and meetings	0 00	0 00	0 00	0 00
41	Interest	735 24	41 80	688 22	5 23
42	Depreciation, depletion, etc. (attach schedule)	1,652 17	280 22	1,336 92	35 03
43	Other expenses not covered above (itemize): a Insurance	902 24	158 24	744 00	0 00
b	Contract Labor	31,147 56	28,309 18	1,439 19	1,399 19
c	Bank Service Charges and Fees	1,734 43	1,251 47	465 38	17 59
d	Advertising	9,050 18	8,013 69	1,036 49	0 00
e	Misc. Other	3,042 47	1,264 04	1,753 44	24 99
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	98,944 16	85,088 22	11,115 09	2,740 85

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> support of arts and arts education	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a Management of low-cost health insurance plans for arts community - over 400 individual artists get health insurance through Fractured Atlas at rates less than half what they would otherwise have to pay (Grants and allocations \$ _____)	17,743 96
b Production and presentation of theatre, dance, and music works to audiences in New York, NY 7 different productions, viewed by over 3,000 individuals (Grants and allocations \$ _____)	39,195 36
c Fiscal sponsorship of fine and performing arts projects by emerging and independent artists and arts organizations (Grants and allocations \$ _____ 24,193 49)	27,568 03
d TheatreWarehouse.com - a free online resource for the theatre community, used by over 15,000 theatre artists nationwide (Grants and allocations \$ _____)	580 87
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44 column (B) Program services)	85,088 22

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)	
Where required attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45 Cash—non-interest bearing		0 00	45	0 00
	46 Savings and temporary cash investments		12,529 54	46	23,556 72
	47a Accounts receivable	47a	104 87		
	b Less allowance for doubtful accounts	47b	0 00	47c	104 87
	48a Pledges receivable	48a	0 00		
	b Less allowance for doubtful accounts	48b	0 00	48c	0 00
	49 Grants receivable		0 00	49	0 00
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0 00	50	0 00
	51a Other notes and loans receivable (attach schedule)	51a	0 00		
	b Less allowance for doubtful accounts	51b	0 00	51c	0 00
	52 Inventories for sale or use		260 00	52	335 00
	53 Prepaid expenses and deferred charges		3,892 00	53	238 11
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		0 00	54	1900 07
	55a Investments—land, buildings, and equipment basis	55a	0 00		
	b Less accumulated depreciation (attach schedule)	55b	0 00	55c	0 00
	56 Investments—other (attach schedule)		0 00	56	0 00
	57a Land, buildings, and equipment basis	57a	10,360 74		
	b Less accumulated depreciation (attach schedule)	57b	5,092 73	57c	5,268 01
	58 Other assets (describe ► <u>trademarks and intellectual property</u>)		4,793 75	58	5,218 75
59 Total assets (add lines 45 through 58) (must equal line 74)		25,010 83	59	36,621 53	
Liabilities	60 Accounts payable and accrued expenses		0 00	60	2,189 24
	61 Grants payable		0 00	61	0 00
	62 Deferred revenue		0 00	62	2,520 83
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		0 00	63	0 00
	64a Tax-exempt bond liabilities (attach schedule)		0 00	64a	0 00
	b Mortgages and other notes payable (attach schedule)		0 00	64b	0 00
	65 Other liabilities (describe ► <u>credit cards, loan, line of credit</u>)		14,052 10	65	5,005 20
66 Total liabilities (add lines 60 through 65)		14,052 10	66	9,715 27	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		10,958 73	67	8,161 44
	68 Temporarily restricted		0 00	68	18,744 82
	69 Permanently restricted		0 00	69	0 00
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72) (column (A) must equal line 19; column (B) must equal line 21)		10,235 95	73	26,906 26	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		25,010 83	74	36,621 53	

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a Total revenue, gains and other support per audited financial statements ▶	a		N/A
b Amounts included on line a but not on line 12 Form 990	b		
(1) Net unrealized gains on investments \$ _____			
(2) Donated services and use of facilities \$ _____			
(3) Recoveries of prior year grants \$ _____			
(4) Other (specify) _____			
\$ _____			
Add amounts on lines (1) through (4) ▶	b		
c Line a minus line b ▶	c		
d Amounts included on line 12 Form 990 but not on line a	d		
(1) Investment expenses not included on line 6b Form 990 \$ _____			
(2) Other (specify) _____			
\$ _____			
Add amounts on lines (1) and (2) ▶	d		
e Total revenue per line 12 Form 990 (line c plus line d) ▶	e		

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements ▶	a		N/A
b Amounts included on line a but not on line 17, Form 990	b		
(1) Donated services and use of facilities \$ _____			
(2) Prior year adjustments reported on line 20 Form 990 \$ _____			
(3) Losses reported on line 20 Form 990 \$ _____			
(4) Other (specify) _____			
\$ _____			
Add amounts on lines (1) through (4) ▶	b		
c Line a minus line b ▶	c		
d Amounts included on line 17 Form 990 but not on line a	d		
(1) Investment expenses not included on line 6b Form 990 \$ _____			
(2) Other (specify) _____			
\$ _____			
Add amounts on lines (1) and (2) ▶	d		
e Total expenses per line 17 Form 990 (line c plus line d) ▶	e		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Adam Forest Huttler 160 Evergreen Rd , #15B, Edison, NJ 08837	Executive Director - 40	2,000 00	0 00	0 00
Susan Longstreet 1400 L St , N W , Washington, DC 20005-3502	Chairman - as needed	0 00	0 00	0 00
Larry Searcy 4111 Blackpool Rd, Rockville, MD 20853	Vice Chair - as needed	0 00	0 00	0 00
Lyn Errico 150 Douglas Rd , Far Hills, NJ 07931	Director - as needed	0 00	0 00	0 00
Stephen Huttler 9312 Winterset Dr , Potomac, MD 20854	Director - as needed	0 00	0 00	0 00
Robbie McCauley 228 Whiting Ln , West Hartford, CT 06119	Director - as needed	0 00	0 00	0 00
Elisa Monte 1170 Broadway, Suite 912, New York, NY 10001	Director - as needed	0 00	0 00	0 00
Marylyn Rosenblum 150 Croton Lake Rd , Katonah, NY 10536-1206	Director - as needed	0 00	0 00	0 00
Kamal Sinclair Steele 2362 Van Ness Ave #102, San Francisco, CA 94109	Director - as needed	0 00	0 00	0 00
Butch Trucks 171 Dunbar Rd , Palm Beach, FL 33480	Director - as needed	0 00	0 00	0 00

75 Did any officer director trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76	✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77	✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b	If "Yes" has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	79	✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	✓
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0 00
b	Did the organization file Form 1120-POL for this year?	81b	✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	✓
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	30,510 01
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations	85a	
a	Were substantially all dues nondeductible by members?	85b	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85c	
c	Dues, assessments, and similar amounts from members	85d	
d	Section 162(e) lobbying and political expenditures	85e	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter	86a	
a	Initiation fees and capital contributions included on line 12	86b	
b	Gross receipts, included on line 12, for public use of club facilities	87a	
87	501(c)(12) orgs. Enter	87b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 00, section 4912 <input type="checkbox"/> 0 00, section 4955 <input type="checkbox"/> 0 00		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	✓
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0 00		0 00
d	Enter: Amount of tax on line 89c above reimbursed by the organization <input type="checkbox"/> 0 00		0 00
90a	List the states with which a copy of this return is filed <input type="checkbox"/> New York		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	0
91	The books are in care of <input type="checkbox"/> Adam Forest Telephone no <input type="checkbox"/> (917) 606-0857 Located at <input type="checkbox"/> 1123 Broadway, Suite 1109, New York, NY ZIP + 4 <input type="checkbox"/> 10010-2007		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program/Service Fees					910 00
b Ticket Sales					29,242 00
c Other Program-related Income					337 12
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					11,391 67
95 Interest on savings and temporary cash investments			14	3 37	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0 00		3 37	41,880 79
105 Total (add line 104, columns (B) (D) and (E))					41,884 16

Note Line 105 plus line 1d, Part I, should equal the amount on line 12 Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a & 93c	Subsidized support services permitted artists to expand their activities and present high-quality work to public
93b	Presentation of high-quality theatre and modern dance works to public
94	Developed membership community of artists that serves as support network and resource infrastructure

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NONE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

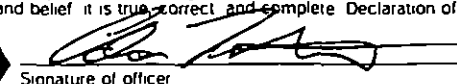
(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No

(b) Did the organization during the year pay premiums, directly or indirectly on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here

Signature of officer:  Date: 1/12/02

Adam Forest Huttler, Executive Director

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:

Firm's name (or yours if self-employed) address and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen Inst W): _____

EIN: _____ Phone no: () _____



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Supplementary Information—(See separate instructions)

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Fractured Atlas Productions, Inc

Employer identification number

11 3451703

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50 000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year has the organization attempted to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0 00</u> (Must equal amounts on line 38, Part VI-A or line I of Part VI B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		✓
2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees directors officers creators key employees or members of their families or with any taxable organization with which any such person is affiliated as an officer director trustee majority owner, or principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions)	[Hatched]	
a Sale exchange or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3 Does the organization make grants for scholarships fellowships student loans etc? (See Note below)	3	✓
4 Do you have a section 403(b) annuity plan for your employees?	4	✓
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 A church convention of churches or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)

12 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 charitable etc 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) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)	
(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10 11 or 12) *Use cash method of accounting*

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts grants and contributions received (Do not include unusual grants See line 28)	43,380 00	7,694 00	5,511 08	373 24	56,958 32
16 Membership fees received	1,334 68	180 00	0 00	0 00	1,514 68
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc purpose	21,419 00	18,976 25	8005 50	0 00	48,400 75
18 Gross income from interest dividends, amounts received from payments on securities loans (section 512(a)(5)) rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	0 00	0 00	0 00	0 00	0 00
19 Net income from unrelated business activities not included in line 18	0 00	0 00	0 00	0 00	0 00
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0 00	0 00	0 00	0 00	0 00
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	0 00	0 00	0 00	0 00	0 00
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	0 00	0 00	0 00	0 00	0 00
23 Total of lines 15 through 22	66,133 68	26,850 25	13,516 58	373 24	106,873 75
24 Line 23 minus line 17	44,714 68	7,874 00	5,511 08	373 24	58,473 00
25 Enter 1% of line 23	447 15	78 74	55 11	3 73	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24 ▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶		26b	
c Total support for section 509(a)(1) test Enter line 24 column (e) ▶		26c	
d Add Amounts from column (e) for lines 18 _____ 19 _____		26d	
22 _____ 26b _____		26e	
e Public support (line 26c minus line 26d total) ▶		26f	%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶			

27 Organizations described on line 12	a For amounts included in lines 15 16 and 17 that were received from a disqualified person prepare a list for your records to show the name of and total amounts received in each year from each 'disqualified person' Do not file this list with your return Enter the sum of such amounts for each year				
(2000)	0 00	(1999)	0 00	(1998)	0 00
(1997)					0 00
b For any amount included in line 17 that was received from each person (other than disqualified persons) prepare a list for your records to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11 as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year					
(2000)	0 00	(1999)	0 00	(1998)	0 00
(1997)					0 00
c Add Amounts from column (e) for lines 15 <u>56,958 32</u> 16 <u>1,514 68</u>		17 <u>48,400 75</u> 20 <u>0 00</u>		21 <u>0 00</u>	▶ 27c 106,873 75
d Add Line 27a total <u>0 00</u> and line 27b total <u>0 00</u>					▶ 27d 0 00
e Public support (line 27c total minus line 27d total)					▶ 27e 106,873 75
f Total support for section 509(a)(2) test Enter amount from line 23 column (e) ▶	27f 106,873 75				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶		27g 100 00 %			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶		27h 0 00 %			

28 **Unusual Grants** For an organization described in line 10 11 or 12 that received any unusual grants during 1997 through 2000 prepare a list for your records to show for each year the name of the contributor the date and amount of the grant and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body faculty and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues brochures, announcements and other written communications to the public dealing with student admissions programs and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space attach a separate statement)	32d	
33 Does the organization discriminate by race in any way with respect to		
a Students rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above please explain (If you need more space attach a separate statement)	33h	
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of:	Yes	No	Amount
a Volunteers		✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications or published or broadcast statements		✓	
f Grants to other organizations for lobbying purposes		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		✓	
i Total lobbying expenditures (Add lines c through h.)			0 00

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

Fractured Atlas Productions, Inc

Employer identification number

11 3451703

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 box(es) for both the General rule and a Special rule—see instructions)

General Rule—

- For organizations filing Form 990, 990-EZ or 990-PF that received during the year \$5 000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33½% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ, that received from any one contributor during the year aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7) (8) or (10) organization filing Form 990, or Form 990-EZ that received from any one contributor during the year some contributions for use *exclusively* for religious, charitable etc purposes but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable etc, contributions of \$5 000 or more during the year)

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ or 990-PF) but they **must** check the box in the heading of their Form 990 Form 990-EZ or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ or 990-PF)

Name of organization
Fractured Atlas Productions, Inc

Employer identification number
11 3451703

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 13,705 56	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ 5,000 00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ 5,000 00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ 12,500 00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ 10,000 00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ 5,000 00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Fractured Atlas Productions, Inc.
2001 FEDERAL STATEMENTS

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

Change in unrestricted net assets (\$2,920.53)
EXPLANATION Reduction in fair market value of securities held

STATEMENT 2
FORM 990, PART II, LINE 22
SCHEDULE OF GRANTS AND ALLOCATIONS

<u>Grants made through Fiscal Sponsorship Program</u>	<u>Amount Granted</u>
Chelsea Bacon.....	\$1,425.00
Nibras.....	\$10,251.22
Rooftop Films.....	\$3,391.50
Six Characters.....	\$2,685.27
Thermodynamic Theatre Company.....	\$1,175.00
Universal Arts.....	\$300.00
Vessel.....	\$218.50
Women's Shakespeare Company.....	\$4,750.00
TOTAL.....	\$24,193.49

STATEMENT 3
FORM 990, PART II, LINE 42 and FORM 990, PART IV, LINE 57b
EXPLANATION OF DEPRECIATION AND AMORTIZATION

Fractured Atlas Productions, Inc. uses the straight-line method of depreciation.

<u>Machinery/Equipment</u>	<u>Cost/Basis</u>	<u>Salvage Value</u>	<u>Prior Depr.</u>	<u>Book Value</u>	<u>Life</u>	<u>Current Depr.</u>
1 Dell Laptop Computer	1,191.00	250.00	0.00	929.60	3	261.40
2 Dell Desktop Computer	877.00	150.00	0.00	743.68	5	133.32
3 HP Deskjet 1220c	399.97	75.00	0.00	300.64	3	99.33
3 Epson SC3000 Printer	1,300.00	300.00	499.92	550.12	4	249.96
4 Brother Fax/Copier	155.90	15.00	72.98	15.00	2	67.92
5 iMac Computer	1,958.00	350.00	274.02	1,362.38	5	321.60
6 Nokia Cell Phone	120.00	10.00	83.00	10.00	3	27.00
7 Powerbook Computer	1,000.00	200.00	533.38	200.00	3	266.62
						Total \$1,427.17

<u>Intangible Assets</u>	<u>Cost/Basis</u>	<u>Salvage Value</u>	<u>Prior Depr.</u>	<u>Book Value</u>	<u>Life</u>	<u>Current Depr.</u>
1 Architectural Drawings and related rights	5,000.00	500.00	225.00	4,550.00	3	225.00
						Total \$225.00

Total Depreciation and Amortization \$1,652.17

Fractured Atlas Productions, Inc.
2001 FEDERAL STATEMENTS

STATEMENT 4
FORM 990, PART IV, LIN : 54
SCHEDULE OF SECURITIES HELD FOR INVESTMENT PURPOSES

<u>Investment Type</u>	<u>FMV of Holdings on 8/31/02</u>
Mutual Funds	\$1,900.07
