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Return of Organization Exempt From Income Tax

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

2002

Open to Public Inspection

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 2002 calendar year, or tax year period beginning SEP 1, 2002 and ending AUG 31, 2003

B Check if 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)

1123 Broadway

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? **N/A** Yes No (If "No," attach a list.)

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

I Enter 4-digit GEN ▶

G Web site: **www.fracturedatlas.org**

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

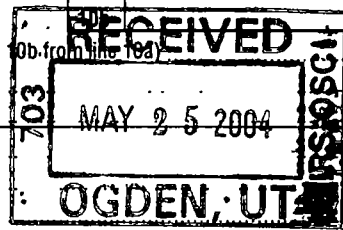
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **347776.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received.				
	a Direct public support	1a		270101.	
	b Indirect public support	1b			
	c Government contributions (grants)	1c		12000.	
	d Total (add lines 1a through 1c) (cash \$ 282101. noncash \$ _____)				1d 282101.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2 16785.
	3 Membership dues and assessments				3 46915.
	4 Interest on savings and temporary cash investments				4 707.
	5 Dividends and interest from securities				5
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)				6c
7 Other investment income (describe ▶ _____)				7	
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
		8a			
		8b			
		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a		1268.		
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)				9c 1268.	
10 a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold	10a			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c
11 Other revenue (from Part VII, line 103)				11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12 347776.	
Expenses	13 Program services (from line 44, column (B))			13 301139.	
	14 Management and general (from line 44, column (C))			14 5908.	
	15 Fundraising (from line 44, column (D))			15 5909.	
	16 Payments to affiliates (attach schedule)			16	
	17 Total expenses (add lines 16 and 44, column (A))				17 312956.
18 Excess or (deficit) for the year (subtract line 17 from line 12)				18 34820.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))			19 26236.	
	20 Other changes in net assets or fund balances (attach explanation)			20 <221.>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 60835.	



20

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 Page 2

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 \$ 230766. noncash \$	22 230766.	230766.	Statement 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 0.	0.	0.	0.
26 Other salaries and wages	26 32500.	26236.	3132.	3132.
27 Pension plan contributions	27			
28 Other employee benefits	28 702.	518.	130.	54.
29 Payroll taxes	29 4603.	3452.	690.	461.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 7395.	5486.	575.	1334.
34 Telephone	34			
35 Postage and shipping	35 1112.	567.	39.	506.
36 Occupancy	36 7124.	5176.	574.	1374.
37 Equipment rental and maintenance	37 1911.	1529.	191.	191.
38 Printing and publications	38 1255.	86.	2.	1167.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 29.	23.	3.	3.
42 Depreciation, depletion, etc (attach schedule)	42 2620.	2041.	324.	255.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 3	43e 22939.	20663.	1537.	739.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 312956.	296543.	7197.	9216.

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

What is the organization's primary exempt purpose? See Statement 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a Fiscal sponsorship of fine and performing arts projects by emerging had independent artists and arts organizations. (Grants and allocations \$ 230766.)	296543.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	296543.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	23557.	46 81725.
	47 a Accounts receivable	47a 957.	
	b Less allowance for doubtful accounts	47b	47c 957.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52 335.
	53 Prepaid expenses and deferred charges		53 238.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54 1238.
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 8178.		
b Less accumulated depreciation	57b 5503.	57c 2675.	
58 Other assets (describe <input type="checkbox"/> See Statement 6)		58 5219. 9475.	
59 Total assets (add lines 45 through 58) (must equal line 74)		59 34722. 96070.	
Liabilities	60 Accounts payable and accrued expenses	60 2189.	2855.
	61 Grants payable		61
	62 Deferred revenue	62 1292.	
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> See Statement 7)		65 5005. 32380.
66 Total liabilities (add lines 60 through 65)		66 8486. 35235.	
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	67 7491.	4083.
	68 Temporarily restricted	68 18745.	56752.
	69 Permanently restricted		69
	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)		73 26236. 60835.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		74 34722. 96070.

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 VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and compliance.

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a Program/Service Fees					910.
b Ticket Sales					15875.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					46915.
95 Interest on savings and temporary cash investments			14	707.	
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			01	1268.	
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.		1975.	63700.
105 Total (add line 104, columns (B), (D), and (E))					65675.

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 page 32 of the instructions)

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	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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

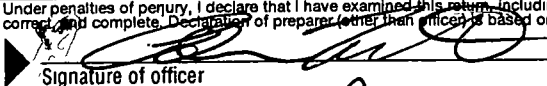
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

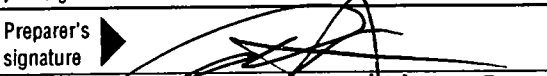
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (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.

Preparer's signature:  Date: 5/21/04 Type or print name and title: Adam F. Huttler, EXECUTIVE DIRECTOR

Preparer's signature:  Date: 5/21/04 Check if self-employed: Preparer's SSN or PTIN:
 Firm's name (or yours if self-employed): Conroy, Smith & Co. EIN:
 address, and ZIP + 4: 385 Propsect Ave. Hackensack, NJ 07601 Phone no:
 223161 01-22-03

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

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **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 ▶ \$ _____ \$ _____ (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.		X
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.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	75823.	43380.	7694.	5511.	132408.
16 Membership fees received	11392.	1335.	180.	0.	12907.
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	29242.	21419.	18976.	8006.	77643.
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	116457.	66134.	26850.	13517.	222958.
24 Line 23 minus line 17	87215.	44715.	7874.	5511.	145315.
25 Enter 1% of line 23	1165.	661.	269.	135.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2906.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 145315.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e 145315.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 100.0000%
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: N/A					
(2001) (2000) (1999) (1998)					
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. N/A					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

None

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
34 a	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.)

N/A

(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)		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

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.

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

Form 990	Special Events and Activities				Statement	1
Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income	
Special Events	1268.		1268.		1268.	
To Fm 990, Part I, line 9	1268.		1268.		1268.	

Form 990	Other Changes in Net Assets or Fund Balances		Statement	2
Description				Amount
Unrealized loss on investments				<221.>
Total to Form 990, Part I, line 20				<221.>

Form 990	Other Expenses				Statement	3
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising		
Professional fees	2156.	1986.	85.	85.		
Telecommunications	5221.	4395.	464.	362.		
Bank Service Charges and Fees	4691.	4453.	56.	182.		
Insurance	856.		856.			
Advertising	8703.	8703.				
Licenses and Permits	509.	464.	5.	40.		
Miscellaneous	331.	284.	24.	23.		
Utilities	472.	378.	47.	47.		
Total to Fm 990, ln 43	22939.	20663.	1537.	739.		

Form 990	Statement of Organization's Primary Exempt Purpose		Statement	4
Part III				

Explanation

Fractured Atlas provides services, resources, and support to liberate a nation of artists. From healthcare to publicity to collaborative production grants, we supply critical tools for independent artists and arts organizations so they can focus on their creative responsibilities. By nurturing today's vital but underrepresented voices, we hope to play a role

in fostering a dynamic and diverse cultural landscape of tomorrow.

Form 990

Cash Grants and Allocations

Statement 5

<u>Classification</u>	<u>Donee's Name</u>	<u>Donee's Address</u>	<u>Donee's Relationship</u>	<u>Amount</u>
Fiscal sponsorship program	Accoustic Rock and Blues Project		None	4750.
Fiscal sponsorship program	Art House Productions		None	525.
Fiscal sponsorship program	Athens International		None	1235.
Fiscal sponsorship program	Attic People		None	275.
Fiscal sponsorship program	Behind the Glass		None	5800.
Fiscal sponsorship program	Bob Yoon's Conducting Endeavors		None	1286.
Fiscal sponsorship program	Breedingground productions		None	6048.
Fiscal sponsorship program	Futurepoem		None	1905.
Fiscal sponsorship program	Gardenia Productions		None	21500.
Fiscal sponsorship program	Glass Cage Theatre Company		None	2062.
Creative development grant	Lory Hess		None	500.
Fiscal sponsorship program	Judith Shakespeare Company		None	9500.

Statement(s) 4, 5

Organizational development grant	Jonathan Katz	None	500.
Fiscal sponsorship program	Mad Sheep	None	10600.
Fiscal sponsorship program	Mahina Movement	None	238.
Fiscal sponsorship program	Marie Gabrielle Blues Profect	None	1850.
Fiscal sponsorship program	Mumblequatch Pictures	None	5705.
Fiscal sponsorship program	Nerve	None	1054.
Fiscal sponsorship program	New Triad Foundation for Coll. Art.	None	1100.
Fiscal sponsorship program	Nibras	None	3365.
Fiscal sponsorship program	Nonprofit Center for Emerging Photo	None	1802.
Fiscal sponsorship program	Pale Idiot/ Frozen No Salt Product.	None	7620.
Fiscal sponsorship program	Phasis ii	None	5492.
Fiscal sponsorship program	Positive Focus, Inc.	None	912.
Fiscal sponsorship program	Reel Venue Film Festival	None	650.
Fiscal sponsorship program	REV Theatre Company	None	1750.

Fiscal sponsorship program	Right Down Broadway Productions	None	14600.
Fiscal sponsorship program	Roi Escudero 'Budi'	None	799.
Fiscal sponsorship program	Rooftop Films	None	3166.
Creative development grant	Basya Schechter	None	300.
Fiscal sponsorship program	Singing with Shira!	None	9310.
Fiscal sponsorship program	Six Characters	None	23231.
Fiscal sponsorship program	Sweet William Collective	None	9120.
Fiscal sponsorship program	The Ballad of Sacco and Vanzetti	None	700.
Creative development grant	The Four Bags	None	300.
Fiscal sponsorship program	The No Frills Company	None	798.
Fiscal sponsorship program	The Spartan Theatre	None	1850.
Fiscal sponsorship program	The Subjective Theatre	None	12237.
Fiscal sponsorship program	The Whelan Ensemble	None	679.
Fiscal sponsorship program	Theatre Rats	None	1600.

Fiscal sponsorship program	Tooth & Nil Theatre	None	1817.
Fiscal sponsorship program	Universal Arts	None	262.
Fiscal sponsorship program	Wanderlust Theatre Co.	None	21560.
Fiscal sponsorship program	Weird Sisters	None	21597.
Fiscal sponsorship program	Women Seeking...a theater company	None	2245.
Fiscal sponsorship program	Women's Shakespeare Company	None	6571.
Total Included on Form 990, Part II, line 22			<u>230766.</u>

Form 990	Other Assets	Statement	6
Description		Amount	
Security Deposits		3825.	
Trademarks and intellectual property		5650.	
Total to Form 990, Part IV, line 58, Column B		<u>9475.</u>	

Form 990	Other Liabilities	Statement	7
Description		Amount	
Other Current Liabilities		66.	
Advance Dues Held		32314.	
Total to Form 990, Part IV, line 65, Column B		<u>32380.</u>	

Form 990

Part V - List of Officers, Directors,
Trustees and Key Employees

Statement 8

Name and Address	Title and Avg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Susan Longstreet 1123 Broadway New York, NY 10010-2007	Chairman 1-2	0.	0.	0.
Larry Searcy 1123 Broadway New York, NY 10010-2007	Vice Chairman 1-2	0.	0.	0.
Adam Forest 1123 Broadway New York, NY 10010-2007	ex-officio 1-2	0.	0.	0.
Alexandra Gray 1123 Broadway New York, NY 10010-2007	ex-officio 1-2	0.	0.	0.
Joshua Lindland 1123 Broadway New York, NY 10010-2007	ex-officio 1-2	0.	0.	0.
Robbie McCauley 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Elisa Monte 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Marylyn Rosenblum 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Neil Shapiro 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Kamal Sinclair Steele 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Amy Wrzesniewski 1123 Broadway New York, NY 10010-2007	Director 1-2	0.	0.	0.
Totals Included on Form 990, Part V		0.	0.	0.