EXTENDED TO JANUARY 16, 2024

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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 private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection MAR 1. 2022 FEB 28, A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number X Address change THE GRAY MATTER EXPERIENCE, INC. Name change **-***6438 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 217-721-2021 20 N. WACKER DR. 1200 termin-ated 924,948. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended CHICAGO, IL 60606 H(a) Is this a group return Applica-F Name and address of principal officer: BRITNEY ROBBINS Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GRAYMATTEREXPERIENCE.COM H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 2016 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: THE GRAY MATTER EXPERIENCE Activities & Governance PROVIDES AN ENVIRONMENT AND COMMUNITY WHERE BLACK STUDENTS CAN if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) $\overline{4}$ Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 879,147. Contributions and grants (Part VIII, line 1h) 566,307. Revenue 17,250. 45,601. Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 0. 200. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 583,557 924,948. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 194,564. 293,802. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 115,860. 355,721. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 310,424. 649,523. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 275,425. 273,133. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 535,798. 823,401. Total assets (Part X, line 16) 30,885. 43,063. 21 Total liabilities (Part X, line 26) 504,913. 780,338. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign BRITNEY ROBBINS, CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHERYL K. ROHLFS, CPA P01387972 Paid Firm's EIN **-**8687 CHERYL ROHLFS & ASSOCIATES, Preparer Firm's name Use Only Firm's address 401 HUEHL ROAD, SUITE 1E

NORTHBROOK, IL 60062

May the IRS discuss this return with the preparer shown above? See instructions

Yes L

Phone no. 847 - 753 - 9200

Pai	t 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 THE GRAY MATTER EXPERIENCE IS TO UNLOCK THE
	SELF-DETERMINING POWER OF BLACK YOUTH AND STRENGHEN THEIR TIES TO
	COMMUNITY THROUGH REAL-WORLD EXPERIENCE IN ENTREPRENEURSHIP.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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 \$ 281,700 • including grants of \$) (Revenue \$ 45,801 •)
	THE GRAY MATTER EXPERIENCE PROVIDES COACHING, CAPITAL CURRICULUM,
	CONNECTIONS, AND COMMUNITY TO LEVEL THE PLAYING FIELD FOR TEENS TO
	ENTER THE ENTREPRENEURIAL SPACE. SINCE 2016, THE GRAY MATTER
	EXPERIENCE HAS DIRECTLY SUPPORTED 65 TEEN SOCIAL ENTREPRENEURS ACROSS
	CHICAGO'S SOUTH AND WEST SIDES, INVESTED OVER \$95,000 IN SEED FUNDING
	AND PRO BONO SERVICES INTO 9 TEEN-FOUNDED COMPANIES, AND WORKED WITH
	OVER 700 STUDENTS ACCROSS THE CITY TO EXPOSE THEM TO ENTREPRENEURSHIP
	PRACTICES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	The value of the v
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 281,700.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8				x
_	Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	441		X
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		22
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	19		х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
b	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			۱,,
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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THE GRAY MATTER EXPERIENCE, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	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	2a 5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X			
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 A	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	to file Form 8282?		7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h					
h	, , , , , , ,							
8	,							
_	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.		00					
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b					
10	Section 501(c)(7) organizations. Enter:		90					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	100						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114						
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
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	13b						
С	Enter the amount of reserves on hand	13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?		15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.				77			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
_	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	٣		
<i>1</i> a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a		
b		76		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		25
8		0-	Х	
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	Nia
40-	Did the every insting have lead about on hypershap av efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	-	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		37
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c))	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, a	nd fina	ncial	
	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			
	BRITNEY ROBBINS - 217-721-2021			
	20 N. WACKER DR., SUITE 1200, CHICAGO, IL 60606			

232006 12-13-22

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n		Jige				.ıpc	ioai			(E)
(A)	(B)		(C) Position		(D)	(E)	(F)			
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offic	, unie cer ar	ss pe ıd a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	ro						the	organizations	compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	96 Or	stee			ısate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al fru		yee	mper		1099-NEC)		and related
	below	qna	ngin	_	oldm	st co	le le	,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRITNEY ROBBINS	65.00					1				
FOUNDER AND CEO		Х						90,692.	0.	0 .
(2) SETH GREEN	5.00							,		
VICE CHAIR		х		x				0.	0.	0
(3) CHIKA UMEADI	5.00	Ť								
CHAIR		x		x				0.	0.	0
(4) LAYLA LUMPKIN	5.00	7						0.0		
TREASURER	3.00	x		х				0.	0.	0
(5) PAMELA RANDLE	5.00			4	-			0.	•	0.
SECRETARY	3.00	x		x				0.	0.	0
BECKETAKI		22	-					0.	0.	0 .
		-								

	(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(F) Estimated amount of						
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer of		Highest compensated thy kind in the compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	;/	o comp fro orgai	ther ensa m the nizati relate	tion e ion ed
			ŀ											
1b	Subtotal								90,692.		0.			0.
	Total from continuation sheets to Part V								90,692.		0.			0.
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								-		J •			<u> </u>
2	compensation from the organization	iot iiiriited to ti	USE	liste	ua	DOV	C) WI	10 10	eceived more than \$100	,,000 of reportable				0
			\neg		7								⁄es	No
3	Did the organization list any former officer,													
	line 1a? If "Yes," complete Schedule J for s										📙	3		_X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15		,	-					•	-		4		Х
5	Did any person listed on line 1a receive or											4		71
	rendered to the organization? If "Yes," com					-			-			5		Х
Sec	tion B. Independent Contractors												•	
1	Complete this table for your five highest co										ensati	on fro	om	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Cor	(C) npens	satio	n
									<u>·</u>			•		
								\dashv						
								\dashv						
2	Total number of independent contractors (ot li	mite	d to		se li:	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	Zation									Fc	orm 9	90 (2	2022)

	rt V	••••		ar note to envilin	o in this Dort VIII			
			Check if Schedule O contains a response	or note to any iin	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2:	b c d e f g h a b c d e	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f PROGRAM INCOME	Business Code 611710	879,147. 45,601.	45,601.	business revenue	from tax under sections 512 - 514
_			All other program service revenue Total. Add lines 2a-2f		45,601.			
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond p Royalties (i) Real	st, and roceeds				
	1	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c					
ne	7 :	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
Revenue			Gain or (loss)7c					
er Re			Net gain or (loss)					
Oth			including \$ of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	ı	b	Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b					
	10 :	a b	A Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold 10a 10b					
-	•	С	Net income or (loss) from sales of inventory	Business Code				
Miscellaneous Revenue	11 :	a b	MISCELLANEOUS	611710	200.	200.		
Reve		С						
Σ			All other revenue		200.			
	12	e	Total. Add lines 11a-11d Total revenue. See instructions		924,948.	45,801.	0.	0.

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 respon		er organizations must co this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	256,535.	156,800.	99,735.	
7	Other salaries and wages	230,333.	130,000.	· 99,133•	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	17,295.	13,667.	3,628.	
9	Other employee benefits	19,972.	11,418.	8,554.	
10	Payroll taxes	10,014	11,410.	0,334.	
11	Fees for services (nonemployees): Management				
a		7,250.		7,250.	
b	Legal	5,293.		5,293.	
4	Accounting	3,233.		3,233.	
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	5,222.		5,222.	
12	Advertising and promotion	12,609.		12,609.	
13	Office expenses			,	
14	Information technology				
15	Royalties				
16	Occupancy	37,219.		37,219.	
17	Travel	2,912.		2,912.	
18	Payments of travel or entertainment expenses	-		-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,638.		19,638.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,931.	2,931.		
23	Insurance	2,647.		2,647.	
24	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 0.)				
а	OUTSIDE CONSULTANTS AND	144,675.	72,904.	71,771.	
b	FUNDRAISING EXPENSES	75,883.			75,883
С	PROGRAM EXPENSE	23,444.	23,444.		
d	DUES AND SUBSCRIPTIONS	4,370.		4,370.	
е	All other expenses	11,628.	536.	11,092.	
25	Total functional expenses. Add lines 1 through 24e	649,523.	281,700.	291,940.	75,883
26	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 if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Part X | Balance Sheet

Pai	T X	Balance Sheet					
		Check if Schedule O contains a response or I	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			525,883.	1	733,913.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	75,000
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	t or forme	r officer, director,			
		trustee, key employee, creator or founder, su		· · · · · · · · · · · · · · · · · · ·			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri		F		6	
ets	7	Notes and loans receivable, net			A	7	
Assets	8	Inventories for sale or use			0.074	8	4 000
٩	9	Prepaid expenses and deferred charges			2,274.	9	4,838.
	10a	Land, buildings, and equipment: cost or othe		21 205			
		basis. Complete Part VI of Schedule D		21,305.	D C 11		0 000
	b	Less: accumulated depreciation		13,305.	7,641.	10c	8,000.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		0	14	1 650	
	15	Other assets. See Part IV, line 11			0. 535,798.	15	1,650. 823,401.
	16	Total assets. Add lines 1 through 15 (must e			1,004.	16	13,235
	17	Accounts payable and accrued expenses			1,004.	17	13,233.
	18	Grants payable		18			
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, su					
iii		controlled entity or family member of any of the				22	
Lie	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela			20,700.	24	20,700.
	25	Other liabilities (including federal income tax,					,
		parties, and other liabilities not included on lin					
		of Schedule D			9,181.	25	9,128.
	26	Total liabilities. Add lines 17 through 25			30,885.	26	43,063.
		Organizations that follow FASB ASC 958, o					
ces		and complete lines 27, 28, 32, and 33.					
a	27	Net assets without donor restrictions			504,913.	27	743,880.
Ва	28	Net assets with donor restrictions			0.	28	36,458.
pur		Organizations that do not follow FASB ASC					
Į.		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fun	ds			29	
sset	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income,	or other funds		31	
Se	32	Total net assets or fund balances			504,913.	32	780,338.
	33	Total liabilities and net assets/fund balances			535,798.	33	823,401.

Pa	rt XI Reconciliation of Net Assets			`				
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,9				
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,5				
3	Revenue less expenses. Subtract line 2 from line 1	3			25. 13.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	78	0,3	38.			
Pa	rt XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				Ш			
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990)

Total

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 for instructions and the latest information.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE GRAY MATTER EXPERIENCE, INC.

Employer identification number **-**6438

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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 X 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

(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.)

Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total membership feas received. (Do not include any "unusual grants.") 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 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, 30-864 live 5 inon line 4 8 Gross income from interest, dividends, payments received on securities loans, rorts, royalties, and income from similar sources. 9 Not income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assists (Explain in Part VI). 11 Total support percentage for 2022 (line 8, column (f), divided by line 11, column (f)) 12 Gross receipts from related activities, got, (see instructions) 13 First 5 years; if the Form 990 is or the organization of first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 8, column (f), divided by line 11, column (f)) 15 Public support percentage for 2022 (line 8, column (f), divided by line 11, column (f)) 16 Public support percentage for 2022 (line 8, column (f), divided by line 11, column (f)) 17 Amounts from the sale of capital assistance in the computation of the column of the	Sec	ction A. Public Support										
membership fees received, (Do not include any "unusual grants.") 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 Total, Add lines 1 through 3 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 Public support, liabract lines 5 tren line 4 Section B. Total Support Celledar year (of fisal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividende, spayments received on securities loans, rents, royalties, and income from similar sources 9 Not income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support, Add lines 7 through 10 5 Public support percentage from 2021 (se) column (f), divided by line 11, column (f)) 14 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% - facts-and-circumstances test. The organization did not check a box on line 13, fla, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. Check his box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check his box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
include any "unusual grants.") 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 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Where the 5 from line 4 8 Gross income from in each and a service organization and income from the service organization and income from the service organization and income from increast, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from melated 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 assesses activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assesses (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Total support procreatage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 Public support percentage from 2021 Schedule A, Part II, line 14 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. Check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts and circumstances test, etched this box and stop here. Explain in Part VI how the organization more, and if the organization meets	1	Gifts, grants, contributions, and										
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		membership fees received. (Do not										
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232022 12-09-22

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

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

<u>C-</u>	quality under the tests listed b	elow, please comp	Diete Fart II.)				
	ction A. Public Support	-	-				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	45,519.	142,255.	242,724.	565,867.	879,147.	1875512.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				17,690.	45,601.	63,291.
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-		22,450.	55,050.	<u> </u>		77,500.
	iness under section 513		42,430.	55,050.			11,500.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	45,519.	164,705.	297,774.	583,557.	924,748.	2016303.
	Amounts included on lines 1, 2, and				-		
	3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2016303.
Sec	etion B. Total Support		_				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(6) 2020	(4) 2021	(a) 2022	(f) Total
	Amounts from line 6	45,519.	(b) 2019 164,705.	(c) 2020 297,774.	(d) 2021 583,557.	(e) 2022 924,748.	(f) Total 2016303.
	Gross income from interest,	43,313.	101,703.	201,1140	303,337.	324,740.	2010303.
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					200.	200.
13	Total support. (Add lines 9, 10c, 11, and 12.)	45,519.	164,705.	297,774.	583,557.	924,948.	2016503.
	First 5 years. If the Form 990 is for the	<u>-</u>		-	year as a section !	501(c)(3) organizat	ion,
	check this box and stop here		,,,		,		,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (column (f))		15	99.99 %
13							100.00 %
16	Public support percentage from 2021					10	100.00 %
	Public support percentage from 2021					·	
Se	ction D. Computation of Inves	stment Incom	e Percentage			47	00 0/
Se o	ction D. Computation of Investment income percentage for 20	stment Income 22 (line 10c, colun	e Percentage nn (f), divided by li			17	.00 %
Se o 17 18	Investment income percentage for 20 Investment income percentage from 20	stment Incomo 22 (line 10c, colun 2021 Schedule A,	e Percentage nn (f), divided by li Part III, line 17			18	%
Se o 17 18	Investment income percentage for 20 Investment income percentage from 2 Investment income percentage from 2 3 3 1/3% support tests - 2022. If the	stment Income 22 (line 10c, colun 2021 Schedule A, organization did n	e Percentage nn (f), divided by li Part III, line 17 oot check the box	on line 14, and line	e 15 is more than 3	18 3 1/3%, and line 1	% 17 is not
17 18 19 <i>a</i>	Investment income percentage for 20 Investment income percentage from 20	stment Income 122 (line 10c, colun 2021 Schedule A, organization did n nd stop here. The	e Percentage nn (f), divided by li Part III, line 17 ot check the box o organization qualit	on line 14, and line fies as a publicly s	15 is more than 3	18 3 1/3%, and line 1 tion	% 17 is not
17 18 19 <i>a</i>	Investment income percentage for 20 Investment income percentage from 20 Investment i	stment Income 122 (line 10c, colun 2021 Schedule A, organization did n ndstop here. The organization did n	e Percentage nn (f), divided by li Part III, line 17 tot check the box or organization qualified check a box on	on line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than 3 upported organiza , and line 16 is mo	18 3 1/3%, and line 1 tion	% 17 is not X and

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
-	ison 217th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01-		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or clost a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	DIG THE CHARMERUCH EVELOPE & SUPSIGNED ABOVE OF CHEED HOLD OVER THE DOUGHS OF CHARMES WHO WINDHES OF EXCH.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990) 2022

		ER EXPERIENCE			
	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	janizations _{(contin}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatio	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	/e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
_ <u>-</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
•	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
_	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2022

a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

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

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

Inspection

Name of the organization THE GRAY MATTER EXPERIENCE, INC. **Employer identification number** **-***6438

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	organization anowered Tee Giff Giff 650, Farthy, into	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ad	A	
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai		anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by t	he organization during the tax
Ū	year	adoca, extinguiorica, or torrimated by t	The organization during the tax
4	Number of states where property subject to conservation eas	rement is located	
5	Does the organization have a written policy regarding the peri		- f
J	violations, and enforcement of the conservation easements it	1 11 2	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
J	otali and volunteer nours devoted to morntoling, inspecting, i	hariding of violations, and emoraling co	inscribing the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	vation easements during the year
-	3)		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	oto to the organization o financial state	mente that describes the
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	'	
	service, provide in Part XIII the text of the footnote to its finan		
h	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
		exhibition, education, or research in tu	Trierance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		·
•			
2	If the organization received or held works of art, historical trea		ciai gairi, provide
	the following amounts required to be reported under FASB AS		•
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

Sche		MATTER EX						-***6		9
Pai	rt III Organizations Maintaining Co	llections of Ar	t, His	torical Tr	easures,	or Other	Similar A	Assets(c	ontinue	ed)
3	Using the organization's acquisition, accession	, and other record	s, checl	k any of the	following th	at make sig	nificant use	of its		
	collection items (check all that apply):									
а	Public exhibition	d			hange progi					
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll							in Part XIII		
5	During the year, did the organization solicit or								г	
D	to be sold to raise funds rather than to be main									No_
Pai	reported an amount on Form 990, Part	•	te if the	organizatio	n answered	"Yes" on F	orm 990, Pa	art IV, line	9, or	
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for	contribution	ns or other a	ssets not in	cluded			
	on Form 990, Part X?							L Ye	es l	No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the fol	lowing t	table:		A				
								Am	ount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for	escrow or co	ustodial acc	ount liability	/?	L Ye	es [No
	If "Yes," explain the arrangement in Part XIII. C								L	
Pai									_	
	-	(a) Current year	(b) P	rior year	(c) Iwo yea	ars back (d) Three years	back (e)	Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation tha	at are held a	nd administ	ered for the)			
	organization by:								Ye	s No
	(i) Unrelated organizations							3	a(i)	
	(ii) Related organizations							3	a(ii)	
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as requir	ed on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment	funds.						
Pai	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered	"Yes" on Form 990	, Part I\	/, line 11a. S	See Form 99	0, Part X, lir	ne 10.			
	Description of property	(a) Cost or ot			or other (other)		umulated eciation	(d)	Book v	alue

	Description of property	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				
	Leasehold improvements				
d	Equipment		21,305.	13,305.	8,000.
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, colur	mn (B), line 10c.)		8,000.

8,000. Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	on Forms 000 Port IV lin	a 11h Can Faura 2000 Bart V line 10	· ·
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year	market value
	(b) book value	(c) Method of Valuation. Cost of end-or-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (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		
(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)			
Total. (Col. (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	e 11d. See Form 990. Part X. line 15	
	Description		Book value
(1)	Boompaion	(10)	, Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
1. (a) Description of liability		(b)	Book value
(1) Federal income taxes			
(2) STUDENT BUSINESS TRUST LI	ABILITIES		9,128.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0 100
Total. (Column (b) must equal Form 990, Part X, col. (B) lin		•	9,128.
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2022

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included in Part XIII.) c Add lines 4a and 4b	
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GRAY MATTER EXPERIENCE, INC.

Employer identification number **-***6438

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPLORE BUSINESS AND CREATIVE AREAS WITHIN AN INNOVATIVE SPACE -
FOSTERING THE DEVELOPMENT OF ENTREPRENEURIAL SKILLS, MINDSETS,
SELF-AGENCY, AND TRANSFERABILITY OF THEIR SKILLS AND MINDSETS TO
SCHOOL, CAREER, AND LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
MANAGEMENT ASSIST IN PREPARING AND THEN REVIEWS A DRAFT COPY OF THE FORM
990 PREPARED BY THE OEGANIZATION'S TAX PREPARER PRIOR TO THE FILING WITH
THE IRS.
FORM 990, PART VI, SECTION C, LINE 19:
ANNUAL REPORTS ARE MADE AVAILABLE ON THE WEBSITE AND INCOME TAX RETURNS ARE
MADE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER LENOVO	02/22/20	SL	5.00	нү17	12,735.				12,735.	5,094.		2,547.	7,641.
2	COMPUTER	06/30/16	SL	5.00	ну17	5,280.				5,280.	5,280.		0.	5,280.
3	MACBOOKS	07/25/22	SL	5.00	нү19	в 3,290.				3,290.			384.	384.
	* TOTAL 990 PAGE 10 DEPR					21,305.				21,305.	10,374.		2,931.	13,305.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					18,015.			0.	18,015.	10,374.			12,921.
	ACQUISITIONS					3,290.			0.	3,290.	0.			384.
	DISPOSITIONS/RETIRED					0.			0.	0.	0.			0.
	ENDING BALANCE					21,305.			0.	21,305.	10,374.			13,305.
	ENDING ACCUM DEPR										13,305.			
	ENDING BOOK VALUE										8,000.			

228111 04-01-22

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

990

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

тнт	E GRAY MATTER EXPER	TENCE. IN	C.	FOR	м 990	PΖ	AGE 10		**-***6438
Pai								V before v	V - V V
	Maximum amount (see instructions)		-	-		-	-	1	1,080,000.
	otal cost of section 179 property place	red in service (see							2,000,000
	Threshold cost of section 179 property		2,700,000.						
	Reduction in limitation. Subtract line 3		= 7 . 0 0 7 0 0 0 0						
	Pollar limitation for tax year. Subtract line 4 from lin								
6	(a) Description of p			(b) Cost (busine		$\overline{}$	(c) Elected		
7 L	isted property. Enter the amount fron	n line 29			7				
8 T	otal elected cost of section 179 prop							8	
	entative deduction. Enter the smalle								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the s								
12 5	Section 179 expense deduction. Add	lines 9 and 10, but	don't enter n	nore than line	11		<u></u>	12	
	Carryover of disallowed deduction to 2								
Note	: Don't use Part II or Part III below for	listed property. In:	stead, use Pa	art V.					
Pai	rt II Special Depreciation Allowa	ance and Other D	epreciation (Don't include	e listed pro	perty	/.)		
14 5	Special depreciation allowance for qua	alified property (oth	er than listed	property) pla	aced in se	rvice	during		
t	he tax year			<u> </u>				14	
15 F	Property subject to section 168(f)(1) el	ection						15	
16 Other depreciation (including ACRS)									
Pai	rt III MACRS Depreciation (Don'	t include listed pro	perty. See ins	structions.)					
			Sec	ction A					
17 N	MACRS deductions for assets placed	in service in tax ye	ars beginning	before 2022	<u></u>		<u></u>	17	2,547.
18 If	you are electing to group any assets placed in se								
	Section B - Assets				Jsing the	Gene	ral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Reco perio	/ery d	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property			3,290.	5 YR	s.	HY	SL	384.
С	7-year property								
d	10-year property								
<u>e</u>	15-year property								
f	20-year property								
g	25-year property				25 yr	S		S/L	
h	Residential rental property	/			27.5 y	rs.	MM	S/L	
	- Tresidential remail property	/			27.5 y	rs.	MM	S/L	
i	Nonresidential real property	/			39 yr	S	MM	S/L	
	,	/ /					MM	S/L	
	Section C - Assets	Placed in Service	During 2022	Tax Year Us	ing the A	Itern	ative Depred		stem
<u>20a</u>	Class life							S/L	
b	12-year				12 yr		1 1 1	S/L	
	30-year	/			30 yr		MM	S/L	
Do	40-year	/			40 yr	S.	MM	S/L	
	Summary (See instructions.)							1	
	Listed property. Enter amount from lin		40 100					21	
	Total. Add amounts from line 12, lines Enter here and on the appropriate line:						· · · · · · · · · · · · · · · · · · ·	22	2,931.
	For assets shown above and placed in								
r	portion of the basis attributable to sec	tion 263A costs			23	3			

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Section A -	Depreciati	on and Other	Informat	tion (Caut	ion: S	See the	instruc	tions for li	mits for	passenç	ger autor	nobiles.))	
24	a Do you have evidence to s	support the bu	usiness/investme	nt use cla	imed?	Y	es	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	l oth	(d) Cost or ner basis		(e) sis for depr siness/inve use onl	estment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation alle	owance for o	qualified listed	property	placed in	servi	ce durin	g the t	ax year an	ıd					
	used more than 50% in	a qualified b	ousiness use								. 25				
26	Property used more tha	n 50% in a d	qualified busine	ess use:											
		: :	9	6											
		: :	9	6											
		1 1	9	6											
<u>27</u>	Property used 50% or le	ess in a qual	lified business	use:											
		1 1	 	6						S/L -					
		: :	9			_				S/L -					
		: :		6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter here	and on li	ne 21	, page 1	·			. 28				
<u>29</u>	Add amounts in column	(i), line 26. I	Enter here and	on line 7	, page 1			<u></u>	<u></u>				. 29		
	emplete this section for very your employees, first ans														S
				(a)		(b)			(c)		(d)		(e))
30	Total business/investment			Vehi	icle	Vel	hicle	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	/ehicle	Vel	nicle	Ver	nicle	Vehicle	
	year (don't include commu							-							
	Total commuting miles							-							
32	Total other personal (no														
	driven							+							
33	Total miles driven during														
	Add lines 30 through 32			V.	N	V/-	T	V	.			V			NI-
34	Was the vehicle availab			Yes	No	Yes	No	Yes	S No	Yes	No	Yes	No	Yes	No
٥-	during off-duty hours?														
35	Was the vehicle used p														
26	than 5% owner or relate														
30	Is another vehicle availa	-													
_	use?		- Questions f	or Emple	overe Wh	o Dro	vido Vo	hiolog	for Hoo b	y Thoir I	Employ				
۸n	swer these questions to												ron't		
	ore than 5% owners or rel			xception	to compi	sung .	Section	D IOI V	rei ilcies us	sed by el	прюуес	5 WIIO ai	i eii t		
	Do you maintain a writte			ohibits al	ll personal	l use o	of vehic	les. inc	ludina cor	nmutina	. by you	ır		Yes	No
											, 2, ,			1.55	1
38	Do you maintain a writte										our/				
	employees? See the ins	tructions for	r vehicles used	by corp	orate offic	ers, c	directors	s, or 1%	6 or more	owners					
39	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,													.	
41	Do you meet the require	ements cond	erning qualifie	d automo	obile demo	onstra	ation use	e?							
	Note: If your answer to	37, 38, 39, 4	10, or 41 is "Ye	s," don't	complete	Sect	ion B fo	r the c	overed vel	hicles.					
P	art VI Amortization														
(a) Description of costs Date			(b) (C) amortization Amortizable amount			(d) Code section		(e) Amortiza period or pe	ation						
<u>42</u>	Amortization of costs th	at begins du	uring your 2022	2 tax yea	r:										
_				1 1											
_				<u> </u>											
43	Amortization of costs th	at began be	efore your 2022	tax year	r							43			
<u>44</u>	Total. Add amounts in o	column (f). S	ee the instruct	ions for v	where to re	eport						44			
216	252 12-08-22						36						F	orm 456 2	2 (2022)

Form	AG99	90-IL
Rev	/ised	1/19

For Off	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION		Form AG990 Revised 1
PMT	#	Attorney General KWAME RAOUL S		
		Charitable Trust Bureau, 100 Wes		CO <u>#</u>
		11th Floor, Chicago, Illinois		Check all items attached:
AMT		Report for the Fiscal Period:		X Copy of IRS Return
			Make Checks	X Audited Financial Statements
		Beginning 03/01/2022	Payable to	Copy of Form IFC
INIT			the Illinois Charity	X \$15.00 Annual Report Filing F
		& Ending 02/28/2023	Bureau Fund	\$100.00 Late Report Filing Fe
Federa	al ID# **-***6438	MO DAY YR		MO DAY YF
Are co	ontributions to the organization t	ax deductible? X Yes No	Date Organization was cre	eated:
	LEGAL		Year-end	
	NAME THE GRAY N	MATTER EXPERIENCE, INC.	amounts	
	MAIL		A) ASSETS	A) \$ 823,401
l ad	DRESS 20 N. WACK	KER DR., 1200	B) LIABILITIES	B) \$ 43,063
CITY	STATE CHICAGO, I	[L	C) NET ASSETS	c) \$ 780,338
	P CODE 60606			
I.	SUMMARY OF ALL F	REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
	D) PUBLIC SUPPORT, CONTE	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.978	% D) \$ 924,748
	E) GOVERNMENT GRANTS &			% E) \$
	F) OTHER REVENUES		0.022	% F) \$ 200
	.,			
	G) TOTAL REVENUE, INCOME	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100	% G) \$ 924,948
III.	,	EXPENDITURES DURING THE YEAR:		
	H) OPERATING CHARITABLE		43.370	% H)\$ 281,700
	,			γ, ψ
	I) EDUCATION PROGRAM SE	FRVICE EXPENSE		% I) \$
	., 2500			γ γ γ
	J) TOTAL CHARITABLE PRO	43.370	% J) \$ 281,700	
	,	, ,		
	J1) JOINT COSTS ALLOCATED	TO PROGRAM SERVICES (INCLUDED IN J):	\$	
	•			
	K) GRANTS TO OTHER CHAR	ITABLE ORGANIZATIONS		% K) \$
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	43.370	% L) \$ 281,700
	M) MANAGEMENT AND GENE	RAL EXPENSE	44.947	% M)\$ 291,940
	N) FUNDRAISING EXPENSE		11.683	% N) \$ 75,883
	0) TOTAL EXPENDITURES TO	HIS PERIOD (ADD L, M, & N)	100	% 0) \$ 649,523
lIII.	SUMMARY OF ALL P	AID FUNDRAISER AND CONSULTANT ACT	IVITIES:	
	(Attach Attorney General Repor	t of Individual Fundraising Campaign- Form IFC. One for each PFI		
	PROFESSIONAL FUNDRAISER			D) #
	P) TOTAL AMOUNT RAISED F	BY PAID PROFESSIONAL FUNDRAISERS	100 '	% P) \$ (
				0) 6
	Q) TOTAL FUNDRAISERS FEE	S AND EXPENSES		% Q) \$
	- NET DECEMED BY THE O	IADITY (DAMNUO O. D.)		-
	R) NET RECEIVED BY THE CH	HARTIY (P MINUS U=R)		% R) \$
	PROFESSIONAL FUNDRAISING			c) ¢
_N ,	•	PROFESSIONAL FUNDRAISING CONSULTANTS	THE VEAD.	S) \$ (
IV.		THE (3) HIGHEST PAID PERSONS DURING		T) \$ 00 600
		NEY PAIGE ROBBINS, FOUNDER AN		T) \$ 90,692
	U) NAME, TITLE: JESSI V) NAME, TITLE: LATRI	CA ANN CHILDRESS ROBINSON, C	00	U) \$ 81,745 V) \$ 24,416
			OV & EVDENDES	,
V .	CHARITABLE PROG	RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST E CODE CATEGORIES	SY \$ EXPENDED)	List on back side of instructions CODE
11-22		PRENEURSHIP EDUCATION FOR TE		W)# 040
298091 04-01-22		TREMEDIATIF EDUCATION FOR TE	DIAD.	X) #
98091	X) DESCRIPTION: Y) DESCRIPTION:			Y) #
Š	I) DESUMPTION.			1) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			37
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
0	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS,			
٥.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS,			
	DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE			
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		Х
	ANTITING OF VALUE NOT HEL OTTED AS COMI ENGATION:	٥.		44
Δ	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE			
٦.	THAN 10% OF THE OUTSTANDING SHARES?	4.		Х
	TIME 10% OF THE OUTON MEDICA OF MILEO.			
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON			
٠.	OR ORGANIZATION?	5.		Х
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		Х
	,			
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS			
	BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	, (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND			
	GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR			
	REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION,	40		Х
	COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Λ
11	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS			
11.	THREE LARGEST ACCOUNTS:			
	THILE LANGEST ACCOUNTS.			
	JPMORGAN CHASE BANK, N.A., PO BOX 182051, COLUMBUS, OH 60624			
10	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: BRITNEY ROBBINS - 217-721-2021			
12.	NAMIC AND TELEFOUNE NUMBER OF CONTACT PERSON. DRITING! ROBDING - ZIT-1ZI-ZUZI			
ALI	L ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS			

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

BRITNEY ROBBINS

PRESIDENT OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER OF TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHERYL K. ROHLFS, CPA

298101 04-01-22

PREPARER (PRINT NAME)

SIGNATURE

DATE