IRS e-file Signature Authorization for a Tax Exempt Entity

dar year 2021, or fiscal year beginning	MAR	1	, 2021, and ending	FEB	28	, 20 2
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer THE GRAY MATTER EXPERIENCE, **-***6438 INC.

BRITNEY ROBBINS Name and title of officer or person subject to tax

Part I Type of Return and Return Information
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For cale

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I

iui i oi	io inio in i diti:		
1a	Form 990 check here > X	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>583,557</u>
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here ▶	b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Inder _I	penalties of perjury, I declare that X	I am an officer of the above entity or 🔲 I am a person subject to tax with re	espect to (name
f entit	y)	, (EIN) and that I ha	ve examined a copy of the
021 0	lectronic return and accompanying sch	adules and statements, and to the best of my knowledge and belief they are	true correct and

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	: check	one	box	only
------	---------	-----	-----	------

X I authorize	CHERYL	ROHLFS	&	ASSOCIATES,	LTD.	to enter my PIN	29721	
				ERO firm name			Enter five numbers, bu do not enter all zeros	t

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

15549134179 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print **-***6438 THE GRAY MATTER EXPERIENCE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 20 N. WACKER DRIVE, FLOOR 12 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 60606 CHICAGO, IL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) 07 BRITNEY ROBBINS The books are in the care of ► 222 NORTH CANAL - CHICAGO, IL 60606 Telephone No. ▶ 217-721-2021 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this __l. If it is for part of the group, check this box ▶ ____ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: $ightharpoonup \overline{X}$ tax year beginning MAR 1, 2021 , and ending FEB 28, 2022 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

LHA

EXTENDED TO JANUARY 17, 2023

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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)

OMB No. 1545-0047

Inspection

Department of the Treasury

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

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

Open to Public

MAR 1, 2021 A For the 2021 calendar year, or tax year beginning and ending FEB 28, 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 DRIVE FLOOR termin-ated City or town, state or province, country, and ZIP or foreign postal code 583,557. **G** Gross receipts \$ Amended return 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? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.GRAYMATTEREXPERIENCE.COM **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > 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 Check this box I 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 68 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 **Prior Year Current Year** 258,004. 566,307.Contributions and grants (Part VIII, line 1h) Revenue 55,050. 17,250. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. -207.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 312,847. 583.557 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21. 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) 128,155. 194,564. 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) 44,983. 115,860. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 173,159. 310,424. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 139,688. 273,133. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 535,798. 289,646. 20 Total assets (Part X, line 16) 50,766. 30,885. 21 Total liabilities (Part X, line 26) 238,880. 504,913. 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. Signature of officer Date 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 CHERYL ROHLFS & ASSOCIATES, **-***8687 Preparer Firm's name Firm's address 401 HUEHL ROAD, SUITE 1E Use Only Phone no. 847 - 753 - 9200 NORTHBROOK, IL 60062

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

Pa	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>		
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?	Yes X No		
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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 each of its three largest program services.	vnoncoc		
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp			
		enses, and		
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 210,607 • including grants of \$) (Revenue \$	17 250 v		
4a	(Code:) (Expenses \$210,607. including grants of \$) (Revenue \$	OCK THE THEIR TIES TO IEURSHIP. The Yes X No rvices? Yes X No rvices, as measured by expenses. To others, the total expenses, and O(Revenue \$ 17,250.) AL CURRICULUM, D FOR TEENS TO RAY MATTER PREPRENEURS ACROSS OO IN SEED FUNDING AND WORKED WITH O ENTREPRENEURSHIP		
	CONNECTIONS, AND COMMUNITY TO LEVEL THE PLAYING FIELD FOR TEENS			
	ENTER THE ENTREPRENEURIAL SPACE. SINCE 2016, THE GRAY MATTER			
		A CD C C		
	EXPERIENCE HAS DIRECTLY SUPPORTED 65 TEEN SOCIAL ENTREPRENEURS			
	CHICAGO'S SOUTH AND WEST SIDES, INVESTED OVER \$95,000 IN SEED F			
	AND PRO BONO SERVICES INTO 9 TEEN-FOUNDED COMPANIES, AND WORKED			
	OVER 700 STUDENTS ACCROSS THE CITY TO EXPOSE THEM TO ENTREPRENE	URSHIP		
	PRACTICES.			
4b	(Code:) (Expenses \$)		
	· · · · · · · · · · · · · · · · · · ·			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$			
+0	Code:) (expenses \$,		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 210,607.			
		Form 990 (2021)		

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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	_		 ₩
•	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			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		22
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		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		122
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,			
a	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	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	Х	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_V
••	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

Form 990 (2021) THE GRAY MATTER EXPERIENCE, INC. Part IV | Checklist of Required Schedules (continued)

ı a	Officerist of Nequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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			x
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
ŭ	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	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			37
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	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
31 32	Did the organization requidate, terminate, or dissolve and cease operations? If Tes, complete Schedule N, Part I	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6	4		
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	I

132004 12-09-21

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			١
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		25
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ĭ	to file Form 8282?	7c		х
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 contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	```			
a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves on hand			
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 Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u></u>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			7.
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	. -		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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			
	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 4			
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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	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		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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 $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) 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, are	d 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			
	222 NORTH CANAL, CHICAGO, IL 60606			

132006 12-09-21

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, 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 r		orga	aniza			npe	nsat			
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pg.		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			en sat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıl trus	nal trı		loyee	dwo		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line) 40.00	ıı	lus	#0	Ş.	iž m	휸			
(1) BRITNEY ROBBINS	40.00	x		٠.				E7 777	0.	0
CEO	5.00	^		Х				57,777.	0.	0.
(2) SETH GREEN	3.00	x						0.	0.	0
DIRECTOR (2) CHIEN INCOME.	5.00	^						0.	0.	0.
(3) CHIKA UMEADI	3.00	x						0.	0.	0.
DIRECTOR (4) JONATHAN MCGEE	5.00	^		_				0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(5) TAMARA PRATHER	5.00	Δ						0.	0.	· ·
DIRECTOR	3.00	Х						0.	0.	0.
DIRECTOR								0.	0.	<u> </u>
		1								
		1								
-										
		1								
		1								
		1								
		1								
		L		L			L			

(A)	(B)			(0	•			(D)	(E)			(F)	
Name and title	Average hours per		not c	Posi	more	than		Reportable	Reportable			matec	
	week			ss per nd a di				compensation from	compensation from related			ount o ther	į.
	(list any	director						the	organizations			ensati	on
	hours for	or dire	يو			ated		organization	(W-2/1099-MISO	C/		m the	
	related organizations	ustee	truste		gg.	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate	
	below	Individual trustee or	Institutional trustee	L	nploye	st con	<u>ش</u>	1099-NEO)				nizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former						
		H											
	+												_
1b Subtotal								57,777.		0.			0.
c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c)								57,777.		-			0.
2 Total number of individuals (including but compensation from the organization	not limited to tr	iose	IISTE	ed at	DOVE	e) wr	10 re	eceived more than \$100	,000 of reportable	1			0
											'	Yes	No
B Did the organization list any former office			кеу е	empl	loye	e, o	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for											3		X
For any individual listed on line 1a, is the and related organizations greater than \$1											4		х
5 Did any person listed on line 1a receive of													
rendered to the organization? If "Yes," co	· · · · · · · · · · · · · · · · · · ·				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest										ens	ation fro	om	
the organization. Report compensation for (A)	or the calendar y	ear	enai	ng w	vitri	or w	Itmir	the organization's tax (B)	year.		(C)		
Name and busine	ss address	N	INC	3				Description of s	ervices	С	ompen		
Total number of independent contractors	(including but n	ot li	mite	d to	tho	se lie	sted	d above) who received m	nore than				
\$100,000 of compensation from the orga				J 10		0		. 45570/ 1110 10001194 11	10.0 (1141)			<u> </u>	

Pa	rt V	<u> </u>	Statement of Rev	enue						
			Check if Schedule O co	ontains	a response	or note to any lin	e in this Part VIII			<u></u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f	Government grants (contributions, gifts, g similar amounts not included a Noncash contributions included in literate. Add lines 1a-1f	putions rants, ar above ines 1a-11	1b	18,800. 547,507. 440. Business Code 611710	566,307. 17,250.	17,250.		sections 512 - 514
Be		e								
Pro			All other program service re	evenue						
			Total. Add lines 2a-2f				17,250.			
	3 4 5		Investment income (includi other similar amounts) Income from investment of Royalties	ng divid	dends, inter empt bond	est, and				
				6a	(i) Real	(ii) Personal				
		С	' '' F	6b 6c						
			Gross amount from sales of		Securities	(ii) Other				
Revenue			Less: cost or other basis and sales expenses	7b						
Rev			Net gain or (loss)							
Other I		а	Gross income from fundraising including \$contributions reported on li	g events	(not of					
			Part IV, line 18Less: direct expenses							
			Net income or (loss) from fu			>				
			Gross income from gaming Part IV, line 19		9a					
			Less: direct expenses							
			Net income or (loss) from g			·····				
	10		Gross sales of inventory, le			.				
			and allowancesLess: cost of goods sold							
_			Net income or (loss) from s	aics UI	inventory .	Business Code				
ous	11	а				Buomese Gous				
ane		b								
eve		С								
Miscellaneous Revenue		d	All other revenue				-			
			Total. Add lines 11a-11d .					45.55		
	12		Total revenue. See instruction	IS		▶	583,557.	17,250.	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				/= \
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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)	160 515	400 000	25 600	
7	Other salaries and wages	163,715.	128,093.	35,622.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	40.010			
9	Other employee benefits	12,849.	9,016.	3,833.	
10	Payroll taxes	18,000.	12,921.	5,079.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	650.		650.	
С	Accounting	3,000.		3,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	26,321.	26,321.		
12	Advertising and promotion	10,115.		10,115.	
13	Office expenses	1,656.	1,656.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,816.	499.	2,317.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,899.	2,899.		
23	Insurance	1,763.	1,763.		
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		36,801.			36,801
b	PROGRAM EXPENSE	17,749.	17,749.		
С	DUES AND SUBSCRIPTIONS	3,296.	3,296.		
d	PROFESSIONAL DEVELOPMEN	2,345.	2,345.		
е	All other expenses	6,449.	4,049.	2,400.	
25	Total functional expenses. Add lines 1 through 24e	310,424.	210,607.	63,016.	36,801
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 (2021) Part X Balance Sheet

rail A	`	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
1		Cash - non-interest-bearing			276,606.	1	525,883
2					2		
3		Pledges and grants receivable, net		3			
4		Accounts receivable, net	2,500.	4	C		
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
6	;	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
2 7	•	Notes and loans receivable, net				7	
7 8 8		Inventories for sale or use				8	
t 9		Prepaid expenses and deferred charges			0.	9	2,274
10:		Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	18,015.			
		Less: accumulated depreciation		10,374.	10,540.	10c	7,641
11		Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, lir	e 11			12	
13	}	Investments - program-related. See Part IV, lin	ne 11			13	
14		Intangible assets			14		
15	;	Other assets. See Part IV, line 11		15			
16		Total assets. Add lines 1 through 15 (must e			289,646.	16	535,798
17					0.	17	1,004
18						18	
19)	Deferred revenue		19			
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Comple				21	
g 22	2	Loans and other payables to any current or fo	ormer offi	cer, director,			
[trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t		22			
23	}	Secured mortgages and notes payable to un	elated th	ird parties		23	
24		Unsecured notes and loans payable to unrela	ted third	parties	20,700.	24	20,700
25	;	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			30,066.	25	9,181
26		Total liabilities. Add lines 17 through 25			50,766.	26	30,885
.		Organizations that follow FASB ASC 958, o	heck her	e ▶ X			
27 28 29 30 31 32		and complete lines 27, 28, 32, and 33.					
27	'	Net assets without donor restrictions			238,880.	27	504,913
28	}	Net assets with donor restrictions		<u></u>		28	
É		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
-		and complete lines 29 through 33.					
29		Capital stock or trust principal, or current fun				29	
30)	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
31		Retained earnings, endowment, accumulated	l income,	or other funds		31	
32	2	Total net assets or fund balances			238,880.	32	504,913
33	<u> </u>	Total liabilities and net assets/fund balances			289,646.	33	535,798

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		3,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		0,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	8,8	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-	7,1	
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	50	4,9	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	te 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				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	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

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

-*6438 THE GRAY MATTER EXPERIENCE, 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	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, settract lines 5 from line, 4 Section B. Total Support Calledar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total violation, and income from inerest, dividendes, payments received on securities loans, rents, royalties, and income from similar sources 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 Comparation, check this box and stop here. Prograization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 (a) 23 1/3% support test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or 17a.	Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
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16a 33 1/3% support test - 2021. 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 b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	14	Public support percentage for 2021 (line 6, column (f), d	divided by line 11,	column (f))		14	%	
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%	
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this b	ox and	
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		$\ensuremath{\text{stop}}$ here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□	
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check t	his box	
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. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		and stop here. The organization qualifies as a publicly supported organization							
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	17a								
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	ere. Explain in Part	VI how the organiz	zation	
-		meets the facts-and-circumstances to	est. The organizati	on qualifies as a p	oublicly supported	organization		▶□	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	b	10% -facts-and-circumstances tes	t - 2020. If the orc	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or	
		more, and if the organization meets the	ne facts-and-circur	mstances test, ch	eck this box and s	t op here. Explain i	in Part VI how the		
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		organization meets the facts-and-circ	umstances test. T	he organization q	ualifies as a public	ly supported orgar	nization	▶□	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or <u>17</u>	b, check this box	and see instructior	ns ▶	

Schedule A (Form 990) 2021

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

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

Sec	quality under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")	46,903.	45,519.	142,255.	242,724.	565,867.	1043268.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	10,7030	13 / 313 (112,233	212,7210		
	organization's tax-exempt purpose					17,690.	17,690.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513			22,450.	55,050.		77,500.
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	46.002	45 510	164 505	000 004	F02 FFF	1120450
	Total. Add lines 1 through 5	46,903.	45,519.	164,705.	297,774.	583,557.	1138458.
78	Amounts included on lines 1, 2, and						0.
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
•	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
,	amount on line 13 for the year Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1138458.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,903.	45,519.	164,705.	(d) 2020 297,774.	(e) 2021 583,557.	1138458.
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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						
13	assets (Explain in Part VI.)	46,903.	45,519.	164,705.	297,774.	583,557.	1138458.
	First 5 years. If the Form 990 is for th	e organization's fir					ion,
	check this box and stop here					. , . , .	>
Se	ction C. Computation of Publ	ic Support Per					,
	Public support percentage for 2021 (I			column (fl)		15	100.00 %
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						
17				ne 13. column (fl)		17	.00 %
18						18	<u> </u>
	a 33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						► X
k	33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	<u></u>

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-1 a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
dula		~ 000	0004

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Par	t IV Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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		
	tion B. Type I Supporting Organizations			•
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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		
	tion 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	ıs).		
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		
	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			
	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 elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

3chedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mus	st complet	te Sections A through E.					
Sect	Section 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	tion 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	tion 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-functional	ally integra	ated Type III supporting org	anization (see				

Schedule A (Form 990) 2021

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	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	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Organization type (check one):

Employer identification number

THE GRAY MATTER EXPERIENCE, INC. **-**6438

Filers of	f:	Secti	on:
Form 99	0 or 990-EZ	X	501(c)(3) (enter number) organization
			4947(a)(1) nonexempt charitable trust not treated as a private foundation
			527 political organization
Form 99	0-PF		501(c)(3) exempt private foundation
			4947(a)(1) nonexempt charitable trust treated as a private foundation
			501(c)(3) taxable private foundation
			red by the General Rule or a Special Rule.
Note: O	nly a section 50 I(c)(7), (8),	or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule		
X			Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ontributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules		
	sections 509(a)(1) a contributor, during	and 17 the ye	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 0(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ar, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Complete Parts I and II.
	contributor, during literary, or education	the ye nal pu	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ad of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	<i>exclus</i> ere the nplete	ribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>sively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> contributions totaling \$5,000 or more during the year
	: An organization tha	at isn't	contributions totaling \$5,000 or more during the year \$\ \times covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must is Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

THE GRAY MATTER EXPERIENCE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE FRIENDS FOREVER FOUNDATION NFP 1325 CENTRAL PARK AVE. FLOSSMOR, IL 60422	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RANKIN FAMILY FUND C/O GOLDMAN SACHS PHILANTHROPY FUND, 540 LAKE COOK RD. DEERFIELD, IL 60015	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMERCIAL CLUB OF CHICAGO 21 S. CLARK ST., STE 4301 CHICAGO, IL 60603	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CHICAGO TRADING COMPANY 425 S. FINANCIAL PL 4TH FLOOR CHICAGO, IL 60605	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ALL STATE FOUNDATION 2775 SANDERS RD. NORTHBROOK, IL 60062	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	VERIZON FOUNDATION 205 N. MICHIGAN AVE. 7TH FLOOR CHICAGO, IL 60601	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE GRAY MATTER EXPERIENCE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	THE JOSEPH & BESSIE FEINBERG FOUNDATION		Person X Payroll
	415 E. NORTH WATER STREET, #2301	\$5,000.	Noncash (Complete Part II for
	CHICAGO, IL 60611		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CHARITIES AID FOUNDATION		Person X Payroll
	296 LINCOLN TER	\$5,001.	Noncash
	BUFFALO GROVE, IL 60089		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	Total contributions	Type of contribution
9	IMC CHARITABLE FOUNDATION 233 S. WACKER DR. STE. 4610	\$	Person X Payroll Noncash
	CHICAGO, IL 60606		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution Person X
No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE		Type of contribution Person X Payroll Noncash
No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN	Total contributions	Type of contribution Person X Payroll
No. 10	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607	\$ 20,000.	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 10	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607	\$ 20,000.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607 (b) Name, address, and ZIP + 4	\$ 20,000.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607 (b) Name, address, and ZIP + 4 THE CHICAGO COMMUNITY FOUNDATION	\$ 20,000.	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607 (b) Name, address, and ZIP + 4 THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVENUE SUITE 2200	\$ 20,000.	Type of contribution Person X Payroll
(a) No. 11	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607 (b) Name, address, and ZIP + 4 THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVENUE SUITE 2200 CHICAGO, IL 60601 (b)	\$ 20,000. (c) Total contributions \$ 25,000.	Person X Payroll
(a) No. 11 (a) No. 11 (a) No.	Name, address, and ZIP + 4 JOHN E. & JEANNE T. HUGHES CHARITABLE FDTN 1057 W. MONROE CHICAGO, IL 60607 (b) Name, address, and ZIP + 4 THE CHICAGO COMMUNITY FOUNDATION 225 N. MICHIGAN AVENUE SUITE 2200 CHICAGO, IL 60601 (b) Name, address, and ZIP + 4	\$ 20,000. (c) Total contributions \$ 25,000.	Person X Payroll

Name of organization

Employer identification number

THE GRAY MATTER EXPERIENCE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	FERRARA USA 404 W. HARRISON ST. STE 650 CHICAGO, IL 60607	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KEVITA 433 W. VAN BUREN ST. CHICAGO, IL 60607	\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	CHICAGO BEYOND 811 W. FULTON MARKET CHICAGO, IL 60607	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	NETWORK FOR GOOD PO BOX 191 SOUTHFIELD, MI 48037	\$17,223.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JEWISH FEDERATION OF METROPOLITAN CHICAGO FOUNDATION 30 S. WELLS ST. CHICAGO, IL 60606	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	BUILDING COLLECTIVE POWER FUND C/O COMMUNITY OF CHICAGO, 225 N. MICHIGAN, STE 2200 CHICAGO, IL 60601	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE GRAY MATTER EXPERIENCE, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	MAX A. HART MEMORIAL FUND. C/O COMMUNITY OF CHICAGO, 225 N. MICHIGAN, STE 2200 CHICAGO, IL 60601	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	AFTER SCHOOL MATTERS, INC. 66 EAST EANDOLPH ST. CHICAGO, IL 60601	\$5,080.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	THE MAYER & MORRIS KAPLAN FAMILY FOUNDATION 1780 GREEN BAY RD. HIGHLAND PARK, IL 60035	\$ 21,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ILLINOIS SCIENCE & TECHNOLOGY INSTITUTE 20 N. WACKER DR. SUITE 1200 CHICAGO, IL 60606	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	YAGAN FAMILY FUND C/0 FIDELITY CHARITABLE, PO BOX 770001 CINCINNATI, OH 45277	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	SAMIR MIRZA & ANJAL CHANDE 458 ARKANSAS ST.	\$5,000.	Person X Payroll
123452 11-1	SAN FRANCISCO, CA 94107		noncash contributions.)

Name of organization Employer identification number

THE GRAY MATTER EXPERIENCE, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

-*6438 THE GRAY MATTER EXPERIENCE, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Done, danied idinae	(2)
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	L	d funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
Par		panization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
4	Number of states where property subject to conservation ea	sement is located ►	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche	dule [D (Form 990) 2021 THE GRA	Y MATTER E	XPER	IENCE,	INC.		**_	***643	88	⊃age 2
Pai	t III	Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	r Similar As	ssets(cont	inuea)
3	Usin	g the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at make si	gnificant use o	f its		
	colle	ction items (check all that apply):									
а		Public exhibition	C	ı 🖳	Loan or exc	hange progr	am				
b		Scholarly research	e	• 🔲	Other						
С		Preservation for future generations									
4	Prov	ide a description of the organization's co	ollections and explain	in how th	ney further t	he organizat	ion's exem	npt purpose in	Part XIII.		
5	Durir	ng the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er similar	assets		_	_
		sold to raise funds rather than to be ma							Yes		No
Pai	t IV	Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on F	Form 990, Parl	IV, line 9,	or	
		reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the	e organization an agent, trustee, custodi	ian or other interme	diary for	contribution	ns or other as	ssets not i	ncluded		_	_
		orm 990, Part X?							Yes		_ No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
									Amou	nt	
С	Begi	nning balance						1c			
d	Addi	tions during the year						1d			
е	Distr	ibutions during the year						1e			
f	Endi	ng balance						1f			
2a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or co	ustodial acco	ount liabilit	y?	Yes	Ļ	_ No
		es," explain the arrangement in Part XIII.								L	
Pai	t V	Endowment Funds. Complete in	f the organization ar								
			(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years b	ack (e) Fo	ur year	s back
1a		nning of year balance									
b	Cont	ributions									
С	Net i	nvestment earnings, gains, and losses									
d	Gran	ts or scholarships									
е	Othe	r expenditures for facilities									
		programs									
f	Adm	inistrative expenses									
g	End	of year balance									
2	Prov	ide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Boar	d designated or quasi-endowment 🕨 _		%							
b	Perm	nanent endowment	%								
С			%								
	The	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are t	here endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for th	e organization			1
	by:									Yes	No
		Jnrelated organizations								1	
	(ii) F	Related organizations							3a(ii)	
b		es" on line 3a(ii), are the related organiza							3b		
4		ribe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI	ຼ່ Land, Buildings, and Equipm									
		Complete if the organization answered									
		Description of property	(a) Cost or o			or other		cumulated	(d) Bo	ok val	ue
			basis (investi	ment)	basis	(other)	depi	reciation			
		l									
		lings									
С	Leas	ehold improvements									

Schedule D (Form 990) 2021

7,641.

7,641.

10,374

e Other

d Equipment

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

18,015.

TTER EXPERIEN	CE, INC.	**-***6438	Page
on Form 990, Part IV, line	11b. See Form 990, Part X, li	ne 12.	
(b) Book value	(c) Method of valuation:	Cost or end-of-year market v	value
on Form 990, Part IV, line	11c. See Form 990, Part X, li	ne 13.	
(b) Book value	(c) Method of valuation:	Cost or end-of-year market v	value
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line	(b) Book value (c) Method of valuation:	on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market valuation: Cost or end-of-year valuation: Cost or end-

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(6)(7) (8) (9)

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	STUDENT BUSINESS TRUST LIABILITIES	9,181.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,181.

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 THE GRAY MATTER EXPERTED	NCE, INC.	* * - * *	* 6438 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	583,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d			0,
3	Subtract line 2e from line 1		3	583,557
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
_	Add lines 4a and 4b			<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			583,557
Pa	Reconciliation of Expenses per Audited Financial Sta	=	enses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1.1	210 424
1	Total expenses and losses per audited financial statements		1	310,424
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			
С.	Other losses			
d	Other (Describe in Part XIII.)	•		0 .
	Add lines 2a through 2d			310,424
3	Subtract line 2e from line 1		3	310,424
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	45		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		10	0 .
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.			310,424
	t XIII Supplemental Information.)	3	310,424
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional information.		

Schedule D (Form 990) 2021

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

<u> </u>
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) 2021

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lir 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	ну17	12,735.				12,735.	2,547.		2,547.	5,094.
2	COMPUTER	06/30/16	SL	5.00	ну17	5,280.				5,280.	4,928.		352.	5,280.
	* TOTAL 990 PAGE 10 DEPR					18,015.				18,015.	7,475.		2,899.	10,374.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) 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

	GRAY MATTER EXPER			RM 990 P) (I	**-***6438
Part		erry under Section 1	I/9 Note: If you have any	listed property, o	complete Part		•
		1	1,050,000				
	tal cost of section 179 property plac		2 620 000				
	reshold cost of section 179 property						2,620,000
	duction in limitation. Subtract line 3						
	lar limitation for tax year. Subtract line 4 from lin						
6	(a) Description of p	roperty	(b) Cost (bu	siness use only)	(c) Elected	cost	
7 Lic	ted property. Enter the amount fron	n lino 20		7			
	tal elected cost of section 179 prop					8	
	ntative deduction. Enter the smalle						
	rryover of disallowed deduction from						
	siness income limitation. Enter the						
	ction 179 expense deduction. Add						
	rryover of disallowed deduction to 2					···· ·	
	Don't use Part II or Part III below for						
Part	II Special Depreciation Allows	ance and Other D	Depreciation (Don't inclu	ude listed propert	y.)		
14 Sp	ecial depreciation allowance for qua	alified property (ot	her than listed property)	placed in service	during		
the	e tax year	, ,		•	ū	14	
15 Pro							
15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS)							
Part		t include listed pro	operty. See instructions.)			
			Section A				
17 MA	ACRS deductions for assets placed	in service in tax y	ears beginning before 20)21	<u></u>	17	2,899
18 If yo	ou are electing to group any assets placed in se						
	Section B - Assets		ce During 2021 Tax Yea	r Using the Gen	eral Deprecia	ation Syster	m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
С	7-year property						
d	10-year property						
е	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
	Tresidential rental property	/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	,	/			MM	S/L	
		Placed in Service	During 2021 Tax Year	Using the Altern	ative Depred	· ·	em
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С .	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	
Part							
		- 00				1 04 1	
	ted property. Enter amount from lin					21	
22 To	tal. Add amounts from line 12, lines	14 through 17, lir					2 000
22 To f		s 14 through 17, lir s of your return. P	artnerships and S corpo	rations - see instr	·		2,899

Part V 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.

			on and Other			iution: S	see the i	nstruc	tions for li	mits for p	assenç	ger auton	nobiles.)			
24a	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?	<u>Y</u>	es L	_ No	24 b If "Y	es," is the	e evide	nce writt	en?	J Yes ∟	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentaç	nt COSLOI		/hus	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	Meth Conve	nod/	Depre	h) ciation iction	Ele sectio	(i) cted on 179 ost	
25 S	Special depreciation allo	owance for q	ualified listed	property	placed	in servi	ce durin	g the t	ax year an	d						
u	used more than 50% in	a qualified b	usiness use								25					
26 P	Property used more tha	n 50% in a q	ualified busine	ess use:						_		-				
		: :	9	6												
		: :	9	6												
		: :	9	6												
27 P	Property used 50% or le	ess in a quali	fied business	use:												
		1 1	9	6						S/L -						
		1 1	9	6						S/L -						
		1 1	9	6						S/L -						
28 A	Add amounts in column	(h), lines 25	through 27. E	nter here	e and or	line 21	, page 1				28					
29 A	Add amounts in column	(i), line 26. E	nter here and	on line 7	7, page	1							29			
			S	ection E	3 - Infor	mation	on Use	of Vel	hicles							
-	plete this section for ve our employees, first ans			on C to s	see if yo	u meet a	an excep		o completi	ng this se	ection f	or those	vehicles	S.		
00 T	Total business/investment	milaa drivan d	uring the	(a)			(b) Vehicle		(c)	(d)		(e)		(f)		
	otal business/investment	41	· ·	Vehicle		ver	licie	 '	/ehicle	Vehi	cie	ven	icle	ven	Vehicle	
	ear (don't include commu							-								
	otal commuting miles															
	otal other personal (no	-	•													
	driven															
	otal miles driven during															
	Add lines 30 through 32					V		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.		NI -	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N		NI-	
	Was the vehicle availab	•		Yes	No	Yes	No	Yes	S No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?															
	Was the vehicle used p															
	han 5% owner or relate s another vehicle availa															
		•														
u	ıse?			or Empl	l Noveme M	/ha Dra	uida Val	hioloo	for Hoo b	. Their E	manlave					
٨٠٠٠	var thank avantians to		- Questions f	-	-								.an/4			
	ver these questions to on the than 5% owners or rel	-		xception	i to com	pleting	Section	D IOI V	renicies us	ed by en	ipioyee	s who ar	ent			
	Do you maintain a writte	<u> </u>		obibito o	ll porco	aal usa a	of vobiol	oo inc	duding oor	nmutina	byyyou	<u> </u>		Yes	No	
	•		· · · · · · · · · · · · · · · · · · ·		-				-		by you	1		163	INO	
38 L	employees? Do you maintain a writte	n policy stat	ement that or	ohihite n	oreonal	use of v	 Ahiclas		ot commut	ing by v						
	employees? See the ins		-					-								
	Do you treat all use of v															
	Do you provide more th															
	he use of the vehicles,															
	Do you meet the require															
	Note: If your answer to															
	rt VI Amortization	07, 00, 00, 4	0,014113 16	3, uom	Comple	ste Geot	1011 15 10	i ti ie c	Overed ver	iicies.						
ı uı	(a)		1	(b)		(c)			(d)		(e)			(f)		
				amortization Amortizable			(d) Code section			Amortization period or percentage		Ar fo	Amortization for this year			
42 A	Amortization of costs th	at begins du		_{begins} I tax vea	ı ar:					P	ellou ol pel	centage				
			.5 , 55 252	: :	1											
				<u>: :</u>				+				- 				
43 A	Amortization of costs th	at began het			ır							43				
	Fotal. Add amounts in o											44				
	2 12-21-21	(i). O											F	orm 456 2	2 (2021)	
. 52.52	- ·- - · - ·						35							100	_ \ ' /	

	ice Use Only	ILLINOIS CHARITABLE ORGANIZATION ANNUAL		Form AG990-II Revised 1/1
PMT	#	Attorney General KWAME RAOUL State of I		
		Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	olph CO	
		Report for the Fiscal Period:	X	Check all items attached:
AMT		Report for the Fiscal Period:		Copy of IRS Return Audited Financial Statements
		Beginning 03/01/2021	Make Checks X Payable to	Copy of Form IFC
INIT		<u> </u>	the Illinois	\$15.00 Annual Report Filing Fee
11411		& Ending 02/28/2022	Charity Bureau Fund	\$100.00 Late Report Filing Fee
Federa	al ID# **-**6438	MO DAY YR		MO DAY YR
	ontributions to the organization	tax deductible? X Yes No Date Or	ganization was created	
	LEGAL		Year-end	
	NAME THE GRAY I	MATTER EXPERIENCE, INC.	amounts	
	MAIL		A) ASSETS	A) \$ 535,798
		KER DRIVE, FLOOR 12	B) LIABILITIES	B) \$ 30,885
	STATE CHICAGO,	IL	C) NET ASSETS	C) \$ 504,913
	P CODE 60606	DEVENUE ITEMS BURING THE VEAR	DEDOENTAGE	AMOUNT
I.		REVENUE ITEMS DURING THE YEAR:	PERCENTAGE 96.778%	AMOUNT D) \$ 564,757
	,	RIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	3.222%	E) \$ 18,800
	E) GOVERNMENT GRANTS &F) OTHER REVENUES	X MEMBERSHIP DUES	%	F) \$
	I) UIIILN NEVENUES		/0	Ι', Ψ
	G) TOTAL REVENUE INCOM	E AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 583,557
ш.	,	EXPENDITURES DURING THE YEAR:	100 70	, , , , , , , , , , , , , , , , , , , ,
	H) OPERATING CHARITABLE		%	H) \$
	,			7 +
	I) EDUCATION PROGRAM S	ERVICE EXPENSE	67.845%	1) \$ 210,607
	J) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENSE (ADD H & I)	67.845%	J) \$ 210,607
	J1) JOINT COSTS ALLOCATE	D TO PROGRAM SERVICES (INCLUDED IN J): \$		
	0. ,	<u> </u>		
	K) GRANTS TO OTHER CHAP	RITABLE ORGANIZATIONS	%	K) \$
	L) TOTAL CHARITABLE PRO	GRAM SERVICE EXPENDITURE (ADD J & K)	67.845%	L) \$ 210,607
				62.016
	M) MANAGEMENT AND GENE	ERAL EXPENSE	20.300%	M)\$ 63,016
	N) FUND MOING EVENO		11 055	36 901
	N) FUNDRAISING EXPENSE		11.855%	N) \$ 36,801
	0) TOTAL EXPENDITURES T	HIS DEDIOD (ADD I M & M)	100 %	0) \$ 310,424
	•	, , ,		0) φ
III.		PAID FUNDRAISER AND CONSULTANT ACTIVITIES: rt of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISER	The state of the s		
		BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0
	Q) TOTAL FUNDRAISERS FEI	ES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CI	HARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISIN			c/ ¢
	•	PROFESSIONAL FUNDRAISING CONSULTANTS THE (3) HIGHEST PAID PERSONS DURING THE YE	=AD-	S) \$ 0
'*-		ICA ANN CHILDRESS, CHIEF OPERATING		T) \$ 57,777
		NEY PAIGE ROBBINS, CEO	OII IOLIK	U) \$ 53,083
		ANGEL CONTRERAS		V) \$ 10,613
v.		RAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDIC	ED)	List on back side of instructions
	STATITABLE FROM	CODE CATEGORIES		CODE
198091 04-01-21	W) DESCRIPTION: ENTRI	EPRENEURSHIP EDUCATION FOR TEENS		W)# 040
091 0	X) DESCRIPTION:			X) #
198	Y) DESCRIPTION:			Y) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
	MAG THE ODGANIZATION THE OUR IEST OF ANY COURT ASTIGN FINE RENALTY OR HIROMENTS			v
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			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, 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.		X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
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.		Х
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (iii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (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.		Х
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	JPMORGAN CHASE BANK, N.A., PO BOX 182051, COLUMBUS, OH 60624			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: BRITNEY ROBBINS - 217-721-2021			
ΔII	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

198101 04-01-21

PREPARER (PRINT NAME)

SIGNATURE

DATE