Short Form Return of Organization Exempt From Income Tax Intermediation Review Colspan="2">Other No. 1545-0047 Control Contrel Control Control Conter Control Control Control Control Control	ef	ïle P	ublic Visu	al Render	ObjectId: 202	332169349200018 - S	ubmis	ssion: 2	023-08-04	4		TIN: 83-0607170
Power Particle for The Team Particle for Team Particle f		_				Short Form						OMB No. 1545-0047
Internal Reverue Series Port de 2022 catendary year, or tax year (b)(1) of the Internal revenue Case (escept protect extended protect in Public Inspection Open to Public Inspection A For the 2022 catendary year, or tax year beginning 01-01-2022, and ending 12-31-2022 Demonstrates approximation Demonstrates Demonstrates Outcome of the 2022 catendary year, or tax year beginning 01-01-2022, and ending 12-31-2022 Demonstrates	For	" 9	90EZ	Re	turn of Org			om In	come T	ах		2022
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S ALCOUNTY Retrot. Colors 1 @ ALCOUNTY (Section 2) Part (Section				MIAMI, FL	33150							
required to attach schedule B required to attach schedule G required to attach sch	GA	ccoun	itina Method:	: O Cash 🖉 /	Accrual Other (spe	cify)			H Check)	
I Wobsite: PwiA I Starz-czengt status (enck-envy env) - # 501(c)(3) 0 \$10(c) ◀ (inset no.) □ 4947(a)(1) or □ 527 K Form of organization: Corporation □ Trust: □ Association □ Other	•		ing i lotilou									
K Form of organization: ** Corporation Trust > Association > Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, if total assets (Part II, column (8) below) are \$300,000 or more, if total assets (Part II, column (8) below) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 1 Contributions, gifts, grants, and similar amounts received 1 130,454 2 12,856 3 Membership dues and assessments 3 5,500 4 Investment income 3 5,500 4 4 55 5 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>(1011113</td><td>, , ,</td><td>550 LZ, (</td><td></td></td<>									(1011113	, , ,	550 LZ, (
LAdd lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, or if total asset (Part II, column (B) below) are \$500,000 or more, or if total asset (Part II, column (B) below) are \$500,000 or more, or if total asset (Part II, column (B) below) are \$500,000 or more, or if total asset (Part II, column (B) below) are \$500,000 or more, or if total asset (Part II, column (B) below) are \$500,000 or	J Ta	ix-exe	mpt status (ch	neck only one) - 🕑 5	501(c)(3) 😼 🗆 501(c)() 🚽 (insert no.) 🗆 4947(a)(1) or ⊂	527				
are ±500,000 or more, file form 990 instead of form 990-EZ			-									
Check if the organization used Schedule 0 to respond to any question in this Part I 1 130,454 Image: Contributions, gifts, grants, and similar amounts received 1 130,454 Program service revenue including government fees and contracts 3 5,500 Image: Contributions and sessessments 3 5,500 Image: Contributions and sessessments 5a 3 5,500 Image: Contributions and sessessments 5a 5a 5a Image: Contributions and sessessments 5a 5b 5c Image: Contributions and and sessessments 5a 5b 5c Image: Contributions and and sessessments 5a 5c 5c Image: Contributions and and sesses other than inventory Subtract line 5a) 5c 5c Image: Contributions and and sesses other than sine other set other than sine other set ot	L A are	dd line \$500	es 5b, 6c, an ,000 or more	d 7b to line 9 to e, file Form 990	o determine gross r instead of Form 99	eceipts. If gross receipts are D-EZ	\$200, • • • •	000 or mo	ore, or if tota	l ass	ets (Part	II, column (B) below) \$ 148,810
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21Net assets or fund balances at end of year. Combine lines 18 through 20	at A	20								-		122,025
	ž			-						H		78 123
For Paper work Reduction Act Notice, see the separate instructions. Lat. No. 106421 Form 990-EZ (7077)	For					<u> </u>			No. 10642I			Form 990-EZ (2022)

— Page 2 —

Form 990-EZ (2022)					Pa	age 2
Part II Balance Sheets(see the instructions	for Part II)		_			
Check if the organization used Schedule	O to respond to any q			1		
73 Cash southers and investments			Beginning of year 122,995		(B) End of year	160
22 Cash, savings, and investments 23 Land and buildings		· · · · -	122,995	22	/4,	168
24 Other assets (describe in Schedule O)			37"	23	4.	500
25 Total assets			123,370			668
26 Total liabilities (describe in Schedule O).			,	26		545
27 Net assets or fund balances (line 27 of column			122,825			123
Part III Statement of Program Service	., .				Exper	ises
Check if the organization used Schedule					(Required for s (3) and 501(c)	
What is the organization's primary exempt purpose? DIMENSIONS VARIABLE IS A NONPROFIT LEAD BY AF SUPPORT OF CONTEMPORARY ART IN MIAMI. THROU CURATES EXHIBITIONS, PRODUCES EXTRNAL PROJECT	GH A SUPPORTIVE CO	MMUNITY, DV PROVI	DES STUDIOS,		organizations; others.)	
Describe the organization's program service accompli measured by expenses. In a clear and concise manne benefited, and other relevant information for each pro	er, describe the services	s provided, the num	per of persons			
28 DIMENSIONS VARIABLE OFFERED STUDIOS FOR A LOCAL AND INTERNATIONAL ARTISTS, HOSTED LECT THROUGHOUT THE CITY, AND FACILITATED THE SALE	URES AND TALKS AT C	OUR BUILDING AND		Η	28a	193,512
	t includes foreign gran	ts, check here .	🕨 🗆			
29					29a	
			_			
(Grants \$) If this amoun	t includes foreign gran	ts, check here .	🕨 🗆			
30					30a	
(Grants \$) If this amoun	t includes foreign gran	ts, check here .	🕨 🗆			
31 Other program services (describe in Schedule O)						
(Grants \$) If this amoun	t includes foreign gran	ts, check here .	. 🕨 🗆		31a	
32 Total program service expenses (add lines 28a				. 1	32	193,512
Part IV List of Officers, Directors, Trustees,	and Key Employees	(list each one even if no	ot compensated ; see the	instructio	ns for Part IV)	
Check if the organization used Schedule	O to respond to any q	uestion in this Part I	v	• •	••• 0	
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid enter -0-)	 benefit plans, 	mployee and	(e) Estimated am of other compense	
DANA BASSETT	1.00	enter -0-)	0	0		0
				-		
	1.00		0			
THOMAS H BROWN	1.00		0	0		0
DIRECTOR						
BROOK DORSCH	1.00		0	0		0
DIRECTOR						
TERESA ENRIQUEZ	1.00		0	0		0
DIRECTOR						
KELLY JOHNSON	1.00		0	0		0
DIRECTOR RUBEN MIYARES	1.00		0	0		0
RUBEN MITARES	1.00		0	0		0
DIRECTOR						
SARAH MICHELLE RUPERT	1.00		0	0		0
DIRECTOR						
ANA CLARA SILVA	1.00		0	0		0
DIRECTOR						
MINDY SOLOMON	1.00		0	0		0
				Ŭ		-
	20.00		0	^		
LEYDEN RODRIGUEZ-CASANOVA	20.00		0	0		0
CO-FOUNDER & CHAIR						
FRANCES TROMBLY	20.00		0	0		0
	1		1			

CRETARY Form 990-EZ (2022) Page 3 Tm 990-EZ (2022) Page 4 The page 3 Did the organization (Note the Schedule A and personal benefit contract statement requirements in the Instructions for Part V) Check if the organization used Schedule 0 to respond to any question in this Part V The amounted activity in Schedule 0 to respond to any question in this Part V The amounted activity in Schedule 0 to respond to any question in this Part V The amounted activity in Schedule 0 to respond to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 The amounted activity in Schedule 0 to respond to the IRS? If "Yes," attach a conformed copy of the amounted do See instructions. The amounted do See instructions. The amount of page 2, and 7, a mong others?] The yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedue 0 Was the organization nare organization file a Form 1020-For the year? If "No," provide an explanation in Schedue 0 The year? If "Yes," complete Schedule C, Part III The year of the organization file of Schedule N The year of the organization file form 1120-POL for this year? If "Yes," complete Schedule C, Part III The year of politic expenditure, and eavy loans to, any officer, directo, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? The Schedule L, Part II and enter the total amount involve Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization during the year of did t engage in any section 4953 D b de organization organize. There amount of tax imposed on the organization forms 4 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization D if "Yes," complete Schedule L, Part II and enter the total amount involve Secti		NY CHESTLER	5.00		0	0		(
Page 3 Page 4 Page 5 Page 5 Page 7 Other Information (Note the Schedule A and personal benefit contract statement requirements in the enstructions for Part V). Chuck if the organization used Schedule O to respond to any question in this Part V. 3 Did the organization engage in any significant activity not previously reported to the IR5? If "Yes," provide a deal activity in Schedule O. 3 Did the organization engage in any significant activity not previously reported to the IR5? If "Yes," provide a deal activity in Schedule O. 3 Did the organization head to the organization go overring documents? If "Yes," attach a conformed copy of the amended the comparison or governing documents? If "Yes," attach a conformed copy of the amended to the organization setting of the year? If "Yes," attach a conformed copy of the amended to the organization setting of the year? If "Yes," attach a schedule I in the Schedule O. 3 Did the organization aster of and/s, anonag ditters? If "Yes," attach a schedule I in the Schedule O. 3 Did the organization aster of and/s, anonag ditters? If "Yes," complete applicable part I I and enter the total amount involved 356 9 Did the organization Schedule I in P organization schedule I. 359 0 9			5.00		0	0		
Page 3 Page 3 Page 3 Page 3 Page 4 Page 4 Page 5 Page 4 Page 5 P	ECRE	ETARY						
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b Gross receipts, included on line 9, for public use of club facilities 390 0a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0; section 4915 0 0a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0; section 4955 0 0b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 0 40e No e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 40e No 1 List the states with which a copy of this return is filed. FL EL 1 40e No 2 The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no (305) 607-5527 1 List the states with which a copy of this return is filed. FL EL 1 1 2 No							l	
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section 4911 0; section 4912 0; section 4955 0 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 0 40e No e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e No 1 List the states with which a copy of this return is filed. FL The organization's books are in care of LEVDEN RODRIGUEZ-CASANOVA Telephone no. (305) 607-5527 2a Located at 101 NW 79TH STREET MIAMI, FL ZIP + 4 33150 5 At any time during the calendar year, did the organization maintain an office outside the U.S.? 42b No 16 Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here No 42c No 17 "Yes," enter the name of the foreign							l	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 0 40b No d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization? If "Yes," complete Form 8886-T 0 40e No e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e No 1 List the states with which a copy of this return is filed. EL EL 40e No 2a The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no (305) 607-5527 2a Located at 101 NW 79TH STREET MIAMI , FL ZIP + 4 33150 42b No 3 Section 4947(a)(1) nonexempt charitable trues filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account)? If "Yes," enter the name of the foreign country: 3 3 Secti	lua			-			l	
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managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed. ► FL 2a The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no. (305) 607-5527 Located at 101 NW 79TH STREET MIAMI, FL Clocated at 101 NW 79TH STREET MIAMI, FL ZIP + 4 33150 Yes No At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:		excess benefit transaction during the year,	or did it engage in a	n excess benefit transac	tion in a prior year that	40b		No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. t. List the states with which a copy of this return is filed.) FL The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no. (305) 607-5527 Located at 101 NW 79TH STREET MIAMI, FL ZIP + 4 33150 Yes No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? A tany time during the calendar year, did the organization maintain an office outside the U.S.? 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . 43	с				sed on organization	0		
by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. > FL The organization's books are in care of > LEYDEN RODRIGUEZ-CASANOVA Telephone no > (305) 607-5527 Cated at > 101 NW 79TH STREET MIAMI , FL Located at > 101 NW 79TH STREET MIAMI , FL ZIP + 4 > 33150 Yes No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: > See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c c d<	d	Section 501(c)(3), 501(c)(4), and 501(c)(2	29) organizations. En	ter amount of tax on lin	e 40c reimbursed		I	
transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. FL The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no (305) 607-5527 Located at 101 NW 79TH STREET MIAMI, FL Located at 101 NW 79TH STREET MIAMI, FL Ves No At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here At any enter the amount of tax-exempt interest received or accrued during the tax year At any Enter the amount of tax-exempt interest received or accrued during the tax year		by the organization	, -		▶	0	l	
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2a The organization's books are in care of LEYDEN RODRIGUEZ-CASANOVA Telephone no. (305) 607-5527 Located at 101 NW 79TH STREET MIAMI, FL ZIP + 4 33150 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Yes No If "Yes," enter the name of the foreign country:	41	List the states with which a copy of this return is f	- I					
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b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b No If "Yes," enter the name of the foreign country:								
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," enter the name of the foreign country: If "Yes," en							Yes	No
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c No c At any time during the calendar year, did the organization maintain an office outside the U.S.? . 42c No If "Yes," enter the name of the foreign country: ▶						. 42b		No
Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?		If "Yes," enter the name of the foreign cour	ntry: 🕨					
Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?							l	
Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.?		See the instructions for exceptions and filir	a roquiromonts for F	inCEN Form 114 Popor	t of Foreign Bank and Financia		l	
If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			ig requirements for i			11	l	
3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	с	At any time during the calendar year, did th	he organization main	tain an office outside the	e U.S.?	42c	. <u> </u>	No
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign cour	ntry: 🕨					
					Charle have			
	3 S		-		N 1 1	• •		

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
 c Did the organization receive any payments for indoor tanning services during the year?

https://projects.propublica.org/nonprofits/organizations/830607170/202332169349200018/full

No

No

44b

44c

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d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
-		-	000 FT	(2022)

Form **990-EZ** (2022)

	Page 4			
Form	990-EZ (2022)			Page 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

			Yes	No
47	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	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE			
d	Total number of other independent contractors each receiving over $100,000.$		
52	Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations m completed Schedule A	ust attach a	🕨 🗹 Yes 🗌 No
	penalties of perjury, I declare that I have examined this return, including accompanying so edge and belief, it is true, correct, and complete. Declaration of preparer (other than office		

has any knowledge.

Cian	Signature of officer
	ts.propublica.org/nonprofits/organizations/830607170/202332169349200018/full

Sign

Paid	Print/Type preparer's name JOSHUA S RADER	Preparer's signature	Date	Check if PTIN self-employed
Preparer	Firm's name FITRIN COOPER	Firm's EIN 🕨 87-2525370		
Use Only	Firm's address > 355 ALHAMBRA C	CIRCLE SUITE 900	SUITE 900	
	CORAL GABLES,	FL 33143		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

efil	e Put	olic Visual	Render	ObjectId: 2	20233216934920	0018 - Submi	ssion: 2023-	08-04	TIN: 83-0607170
(Forr Departr	n 990) nent of th	ULE A ne Treasury e Service		nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form <u>agov/Form990</u> for in	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	OMB No. 1545-0047 2022 Open to Public Inspection
		ne organiza VARIABLE (D\						Employer identif	ication number
	510115							83-0607170	
	rt I rganiz				us (All organization e it is: (For lines 1 thro			See instructions.	
1	\square	A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	\square	A school de	escribed in se	ction 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90).)		
3		A hospital of	or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section 1	L70(b)(1)(A)(iii).	Enter the hospital's
5 6		170(Ď)(1)	(A)(iv). (Co	mplete Part II.)	t of a college or unive , · governmental unit de				ribed in section
7				-	-				ral public described in
8	0			(vi). (Complete	Part II.) 170(b)(1)(A)(vi).	(Complete Dart I	- T)	-	
9								with a land grant of	llege or university or a
5	\cup	non-land g	rant college c	of agriculture. S	ee instructions. Enter	the name, city, a	ind state of the c	college or university	
10	√	from activit investment	ties related to income and	its exempt fun unrelated busin	(1) more than 331/3% actions—subject to cer less taxable income (le amplete Part III.)	tain exceptions,	and (2) no more	than 33 1/3% of its	
11	\Box	An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public on lines 12	cly supported a through 12	organizations of that describes	described in section 5 s the type of supportin	609(a)(1) or se	ction 509(a)(2) nd complete line). See section 509 s 12e, 12f, and 12g.	
а	\Box	organizatio	n(s) the pow		appoint or elect a majo				y giving the supported anization. You must
b		manageme	nt of the sup		ervised or controlled i ation vested in the sar and C.				
с					supporting organizatio ions). You must com				rated with, its
d		Type III n functionally	on-function	ally integrate The organizatio		ization operated fy a distribution	in connection will requirement and	th its supported orga	anization(s) that is not quirement (see
е		Check this	box if the org	anization receiv	ved a written determir	nation from the I		ре I, Туре II, Туре I	II functionally
f	Enter				integrated supporting				
g				on about the su	upported organization(
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	
						Yes	No		
Tota	I								
		vork Reduc or 990-EZ.	tion Act Not	ice, see the Iı	nstructions for	Cat. No. 11285	δF	Schedul	e A (Form 990) 2022
					Pa	ge 2 ———			
		(Form 990)		. (a			70/1->/->		Page 2
-	rt II	(Comple If the o	ete only if y rganization	ou checked th	tations Described the box on line 5, 7, ify under the tests l	or 8 of Part I of	or if the organi	zation failed to qu	(1)(A)(vi) Ialify under Part III.
	ction	A. Public	Support		I				
			org/nonprofits/	organizations/830	0607170/2023321693492	00018/full			. 6

11/1	7/23, 9:55 PM	Dim	ensions Variable Inc	- Full Filing- Nonp	rofit Explorer - Prol	Publica	
	r field year			e 1	(d) 2021	(e) 2022	(f) Total
1	r fiscal year beginning in) Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
-	furnished by a governmental unit to						
4	the organization without charge 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. Subtract line 5 from						
	line 4.						
	Section B. Total Support						
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
-	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
	10						
12							
13	First 5 years. If the Form 990 is for the this box and stop here			•			ization, check
_	Section C. Computation of Public						
14				olumn (f))		14	
	Public support percentage for 2020 Sch		-			15	
	a 33 1/3% support test—2022. If the						xox
	and stop here. The organization quali						
I	33 1/3% support test—2021. If the						_
	box and stop here. The organization a 10%-facts-and-circumstances test	qualifies as a publ	icly supported org	anization			>
17	and if the organization meets the "fact	-2022. If the org s-and-circumstanc	es" test, check thi	s box and stop he	e 13, 16a, or 16b, ere. Explain in Pa	, and line 14 is 10 rt VI how the orga	mization
	meets the "facts-and-circumstances" to						_
ł	10%-facts-and-circumstances tes	t—2021. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, c	or 17a, and line 15	5 is 10% or
	more, and if the organization meets the "facts-and-circumstances"						
18							
	instructions						► 🗆
						Schedule A (F	orm 990) 2022
			Page 3				
Sch	nedule A (Form 990) 2022						Page 3
	Part III Support Schedule fo						D
	(Complete only if you the organization fails						er Part II. If
-	Section A. Public Support			below, piedse ee)	
Ca	lendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(0 1	r fiscal year beginning in) F Gifts, grants, contributions, and	(4) 2020	(-)	(0) 2020	(=) ====	(-) ====	(1) 1000
1	membership fees received. (Do not		86,475	184,109	79,175	135,954	485,713
2	include any "unusual grants.") . Gross receipts from admissions,		 				
2	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the				6,127	12,856	18,983
	organization's tax-exempt purpose		ļ				
3	Gross receipts from activities that are not an unrelated trade or business	2					
		1	1	I		1	
	under section 513						
4	under section 513						

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11/1//	to or expended on its benair					ublica	l
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5		86,475	184,109	85,302	148,810	504,696
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						0
	\$5,000 or 1% of the amount on line						Ŭ
	13 for the year.						
	Add lines 7a and 7b.						0
8	Public support. (Subtract line 7c from line 6.)						504,696
Se	ction B. Total Support	•	•		•		
	ndar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
-	fiscal year beginning in) 🕨	(4) 2010					504,696
9 10a	Amounts from line 6 Gross income from interest,		86,475	184,109	85,302	148,810	504,696
104	dividends, payments received on				500		500
	securities loans, rents, royalties and				500		500
b	income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
с	1975. Add lines 10a and 10b.				500		500
11	Net income from unrelated business				500		
	activities not included on line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
4.2	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).		86,475	184,109	85,802	148,810	505,196
14	First 5 years. If the Form 990 is for t	he organization	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization, check
	this box and stop here						🕨 🗆
Se	ction C. Computation of Public	Support Perc	entage				
15	Public support percentage for 2022 (lin					15	99.900 %
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15			16	99.860 %
Se	ction D. Computation of Invest	ment Income	e Percentage				
17	Investment income percentage for 20					17	0.100 %
18	Investment income percentage from 2					18	0.140 %
19a	33 1/3% support tests-2022. If the	organization did	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and line	e 17 is not
b	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the						
	not more than 33 1/3%, check this box	and stop here	. The organization of	qualifies as a publi	icly supported org	anization	. 🕨 🗆
20	Private foundation. If the organizati	on did not check	a box on line 14, :	19a, or 19b, check	this box and see	instructions	► 🗆
				, , , , , , , , , , , , , , , , , , , ,			Form 990) 2022
			Page 4				
Scher	dule A (Form 990) 2022						Page 4
	t IV Supporting Organization						raye 🕇
	supporting organization						

	Vac	No
Section A. All Supporting Organizations		
12d, of Part I, complete Sections A and D, and complete Part V.)		
box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you check	ked bo	х
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you		

			Yes	No
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.			
	describe the designation. If historic and continuing relationship, explain.	1		
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).			
	described in Section 509(a)(1) or (2).	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.	3a		
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.	3b		
с	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.			
		30	I I	

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.

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. С

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).

5a	Did the organization and, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 50 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).	5a	
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?	5b	
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If</i> "Yes," provide detail in Part VI .		
		6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
		7	
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).	8	
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 .		
	·	9a	
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 .	9b	
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	50	
•	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	50	
100	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
_		10a	
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).		
	are organization had exects business notanings).	10b	

Schedule A (Form 990) 2022

Page 5

4a

4b

4c

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Ра	u	е.	

Schedule A (Form 990) 2022

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
-				

Section B. Type I Supporting Organizations

Section C. Type II Supporting Organizations

1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly
	appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,
	applied to such powers during the tax year.

2	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.

Yes

1

2

No

:	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors

Yes No

ectors 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).

|--|

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

Section 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 year (see instructions):
 - **a** \square The organization satisfied the Activities Test. Complete **line 2** below.

 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a 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.
- **b** 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.*

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- **a** 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.*
- **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 | Schedule A (Form 990) 2022

2a

2b

3a

Yes

No

1

Schedule A	(Form 990)	2022
Julieuule A		/ 2022

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Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting 0	rgan	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization			
	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		
	Section 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):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			

Page 6

(explain in detail in **Part VI**)

		_	I	1
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	 Check here if the current year is the organization's first as a non-functionally-i instructions) 	ntegrat	ed Type III suppo	rting organization (see

Page 7 -

1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3 a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a a Applied to underdistributions of prior years	Schedule A (Form 990) 2022				Page 7
1 Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide 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 Distributons to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) 10 Excess Distributions Pre-2022 11 Distributable amount for 2022 from Section C, line 6 9 12 Underdistributions, applied to underdistributable amount for 2022 from Section C, line 6 9 13 Excess distributions caryover, if any, to 2022: 2 <th>Part V Type III Non-Functionally Integrated</th> <th>d 509(a)(3) Supporting</th> <th>Organizations (co</th> <th>ntinued)</th> <th></th>	Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)	
2 Amounts paid to perform activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions 8 9 Distributions to attentive supported organization so which the organization is responsive (provide details in Part VI). See instructions 10 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (ii) Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 9 2 Underdistributions, if any, for years prior to 2022. (iii) 1 Excess distributions carryover, if any, to 2022: 2 2 Excess distributions carryover, if any, to 2022: 2 3 Excess distributions of prior years 9 4	Section D - Distributions				Current Year
excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions. (describe in Part VI) 5 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 (ii) Underdistributions (iii) 0 Section E - Distribution Allocations (see instructions) Excess Distributions (iii) 10 (iii) Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: Image: instructions. Image: instructions. 3 Excess distributions carryover, if any, to 2022: Image: instructions. Image: instructions. Image: instructions. 3 Excess distributions of prior years Image: instructions.	1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
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4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Excess Distributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 9 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 8 3 Excess distributions carryover, if any, to 2022: 1 1 4 From 2018. 1 1 5 Form 2020. 1 1 6 From 2021. 1 1 6 From 2021. 1 1 7 1 1			organizations, in	2	
5 Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) 9 Underdistributions, fran, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 9 3 Excess distributions carryover, if any, to 2022: a From 2017	3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
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 organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Interview of the end of th	4 Amounts paid to acquire exempt-use assets			4	
7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Underdistributions (ii) Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 8 3 Excess distributions carryover, if any, to 2022: 1 a From 2017. 1 b From 2018. 1 c From 2019. 1 d From 2020. 1 e From 2021. 1 g Applied to underdistributios of prior years 1 h Applied to underdistributions of prior years 1 f Total of lines 3g, 3h, and 3i from line 3f. 4 a Applied to underdistributions of prior years 1 h Applied to underdistributions of prior years 1 h App	5 Qualified set-aside amounts (<i>prior IRS approval require</i>	ed - provide details in Part VI))	5	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Line 6 (ii) Underdistributions (iii) Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in Part VI). See instructions. Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in Part VI). See instructions. Section C, line 6 2 2 Distributions carryover, if any, to 2022: a From 2017 b From 2018	6 Other distributions (<i>describe in Part VI</i>). See instruction	ons		6	
details in Part VI). See instructions 9 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Underdistributions Pre-2022 1 Distributable amount for 2022 from Section C, line 6 (ii) 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.	7 Total annual distributions. Add lines 1 through 6.			7	
10 Line 8 amount divided by Line 9 amount 10 Section E - Distribution Allocations (see instructions) (i) Excess Distributions (ii) Underdistributions Pre-2022 (iii) Distributable Amount for 2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 2 Image: Comparison of the cause required explain in Part VI). See instructions. 2 3 Excess distributions carryover, if any, to 2022: (reasonable cause required explain in Part VI). See instructions. 2 Image: Comparison of the cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: (reasonable cause required explain in Part VI). See instructions. 1 1 4 From 2017. 6 From 2018. 7 Total of lines 3 a through e 9 Applied to underdistributions of prior years 1 Carryover from 2017 not applied (see instructions) 1 Carryover from 2017 not applied (see instructions for 2022 from Section D, line 7: 3 Applied to u		nich the organization is respon	sive (<i>provide</i>	8	
Section E - Distribution Allocations (see instructions)(i) Excess Distributions(ii) Underdistributions Pre-2022(iii) Distributable Amount for 20221 Distributable amount for 2022 from Section C, line 62111<	9 Distributable amount for 2022 from Section C, line 6			9	
Section E - Distribution Allocations (see instructions)() Excess DistributionsUnderdistributions pre-2022Distributable Amount for 20221 Distributable amount for 2022 from Section C, line 62002 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.003 Excess distributions carryover, if any, to 2022: (reasonable cause required explain in Part VI). See instructions.004 From 2017.0005 From 2018.0006 From 2020.0007 Total of lines 3a through e0009 Applied to underdistributions of prior years0001 Carryover from 2017 not applied (see instructions)0001 Remainder. Subtract lines 3g, 3h, and 3i from line 3f.0004 Distributions of prior years0003 Applied to underdistributions of prior years0001 Applied to underdistributions of prior years0001 Carryover from 2017 not applied (see instructions)0002 Applied to underdistributions of prior years0003 Remainder. Subtract lines 3g, 3h, and 3i from line 3f.004 Distributions of prior years000a Applied to underdistributions of prior years001 Applied to underdistributions of prior years001 Applied to underdistributions of prio	10 Line 8 amount divided by Line 9 amount			10	
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(reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years	1 Distributable amount for 2022 from Section C, line 6				
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cFrom 2019.Image: Constraint of the second se	a From 2017				
dFrom 2020.Image: Constraint of the second se					
eFrom 2021.Image: Constraint of the second se	c From 2019 .				
f Total of lines 3a through eImage: Constraint of the system					
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h Applied to 2022 distributable amount					
i Carryover from 2017 not applied (see instructions) instructions j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 4 Distributions for 2022 from Section D, line 7: 5 a Applied to underdistributions of prior years 6					
instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years 4 Distributions of prior years					
4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years					
\$ a Applied to underdistributions of prior years	j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	,				
h Applied to 2022 distributable amount	a Applied to underdistributions of prior years				
Applied to 2022 distributable amount	b Applied to 2022 distributable amount				

c Remainder. Subtract lines 4a and 4b from line 4.				
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 				
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.				
7 Excess distributions carryover to 2023. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				
		Scl	nedule A (Form 990) (2022)	
Page 8				

Schedule A (Form 990) 2022

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

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Additional Data

Software ID: Software Version:

efile Public Visual Rend	er Objectld: 202332169349200018 - Submission: 2023-08-04		TIN: 83-0607170	
Schedule B	Schedule of Contributors		OMB No. 1545-0047	
(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information. 	Attach to Form 990, 990-EZ, or 990-PF.		
Name of the organization		Employer id	entification number	
DIMENSIONS VARIABLE (D	v)	83-0607170	83-0607170	
Organization type (chec	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation		
	527 political organization			
Form 990-PF	\Box 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation	on		
	\Box 501(c)(3) taxable private foundation			

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

General Rule

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

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)	
F	Page 2		
Schedule B (Form 990) (2022)		Page 2	

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	PersonPayrollNoncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Page 3

Schedule I	B (Form 990) (2022)		Page 3	
Name of organization Employer identification number DIMENSIONS VARIABLE (DV)				
DIMENSION		83-0607170		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	

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-				\$		
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(a) No. from Part I	(b) Description of noncash		(C) or estimate) istructions)	(d) Date received		
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(a) No. from Part I	(b) Description of noncash		(C) or estimate) istructions)	(d) Date received		
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(a) No. from Part I	(b) Description of noncash		(c) (d) V (or estimate) ee instructions) Date received			
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(a) No. from Part I	(b) Description of noncash		(C) (d) V (or estimate) Date received			
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(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) ostructions)	(d) Date received	
				\$		
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					Schedule B (Form 990) (2022)	
		Page 4				
Schedule	B (Form 990) (2022)				Page 4	
Name of or	rganization NS VARIABLE (DV)	Employer identification number 83-0607170				
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) t e total of <i>exclusively</i> religious, c tructions.)▶ \$	through (e) a	nd the following	line entry. For	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-						
	Tropoforoala nome address and	Polotionahi	of transformets to	ranafaraa		
	Transferee's name, address, and		Relationship	o of transferor to t		
		<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descript	ion of how gift is held	
-						
	Transferee's name, address, and	(e) Transfer of gift ZIP 4	Relationship	o of transferor to t	ransferee	
(a)						

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Part I	(b) Purpose of gift	(c) use or girt		(a) Description of now gift is neid		
	Transferee's name, address, and ZIP 4		(e) Transfer of gift Relatio	hip of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held		
	Transforacia nome address as		(e) Transfer of gift			
	Transferee's name, address, ar			nship of transferor to transferee		

Schedule B (Form 990) (2022)

Additional Data

Return to Form

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efile Public	Visual R	ender	ObjectId:	202332169	93492000	018 - S	ubmi	ssion: 2	2023-	08-04		TIN: 83-0607170
SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.				Z	OMB No. 1545-0047					
Name of the organization DIMENSIONS VARIABLE (DV)										Employ	er iden	tification number
		83					83-0607	83-0607170				
Return Reference						Explan	ation					
FORM 990- EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION: ARTIST STIPEND. AMOUNT: 42,153. DESCRIPTION: BANK SERVICE CHARGE. AMOUNT: 90. DESCRIPTION: COMPUTER SOFTWARE. AMOUNT: 672. DESCRIPTION: OFFICE SUPPLIES. AMOUNT: 9,615. DESCRIPTION: PROGRAM/EVENT EXPENSE. AMOUNT: 21,023. DESCRIPTION: TAXES & LICENSES. AMOUNT: 2,748. DESCRIPTION: MATERIALS & EQUIPMENT. AMOUNT: 1,259. DESCRIPTION: MEALS. AMOUNT: 1,670. DESCRIPTION: TRAVEL. AMOUNT: 157. DESCRIPTION: PROCESSING FEE. AMOUNT: 365. TOTAL TO FORM 990-EZ, LINE 16: 79,752.											
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: OTHER CURRENT ASSETS. BEG. OF YEAR AMOUNT: 375. END OF YEAR AMOUNT: 4,500.											
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRI	PTION: O	THER LIABILIT	ry. Beg. of ye	ΈΑR ΑΜΟι	UNT: 54	5. END	OF YEA	R AMO	UNT: 545	5.	
For Paperwork Reduc	ction Act Noti	ce, see the Ir	nstructions for Forn	n 990 or 990-EZ.		Cat.	No. 51	.056K				Schedule O (Form 990) 202
Additiona	l Data											Return to Form
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efile Public Visual Render	ObjectId: 202332169349200018 - Submission: 2023-08-04	TIN: 83-0607170
TY 2022 IRS 990 e-I	File Render	

Name:	DIMENSIONS VARIABLE (DV)
EIN:	83-0607170
Declaration:	THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.