EXTENDED TO NOVEMBER 15, 2023

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 Internal Revenue Service

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.

Α	For the	2022 calendar year, or tax year beginning	and	ending	_					
В	Check if applicable	C Name of organization			D Employer identifi	cation number				
Г	Addres	UNIVERSAL HIP HOP MUSEUM	ſ							
	Name change				46-52781	90				
	Initial return	Number and street (or P.O. box if mail is not deliver	ed to street address)	Room/suite	E Telephone numbe	er				
	Final return/	P.O. BOX 6001	,		(877)829					
	termin- ated	City or town, state or province, country, and ZIP	or foreign postal code		G Gross receipts \$	660,436.				
	Ameno return	BRONX, NI 10451			H(a) Is this a group r	eturn				
	Application		L BUCANO		for subordinates	s? Yes X No				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No				
<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions				
	Websit				H(c) Group exemption					
K	Form of	organization: X Corporation Trust Assoc	iation Other	L Year	of formation: 2015	M State of legal domicile: \mathbf{NY}				
P	art I	Summary								
ě	1	Briefly describe the organization's mission or most sig	nificant activities: THE	UNIVER	SAL HIP HOP	MUSEUM IN				
au		THE BRONX CELEBRATES AND PR								
Activities & Governance	1	Check this box if the organization disconting								
ģ		Number of voting members of the governing body (Pa			3	<u>6</u>				
∞ ∞		Number of independent voting members of the govern				6				
ţies		Total number of individuals employed in calendar year				50				
ξį		Total number of volunteers (estimate if necessary)				0.				
Ā		Total unrelated business revenue from Part VIII, colum Net unrelated business taxable income from Form 990				0.				
	, b	Net differated business taxable income from Form 990	7-1, Fait i, iiile 11	<u></u>	Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)			3,476,573.	448,498.				
					173,555.	79,848.				
eve	1	Investment income (Part VIII, column (A), lines 3, 4, an			0.	0.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d		0.	102,489.					
		Total revenue - add lines 8 through 11 (must equal Pa			3,650,128.	630,835.				
	_	Grants and similar amounts paid (Part IX, column (A),			0.	5,400.				
		Benefits paid to or for members (Part IX, column (A), li		0.	0.					
Ş	1	Salaries, other compensation, employee benefits (Parl	153,480.	208,277.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line	11e)		0.	43,650.				
xbe	b ·	Total fundraising expenses (Part IX, column (D), line 25	252 (59.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11	f-24e)		519,959.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, c	column (A), line 25)		673,439.	1,598,410.				
	19	Revenue less expenses. Subtract line 18 from line 12			2,976,689.	-967,575.				
Net Assets or Find Balances				Ве	ginning of Current Year	End of Year				
Sset	20				3,670,779.	2,719,194.				
et A	21				586,035.	602,025.				
짇	art II	Net assets or fund balances. Subtract line 21 from line	e 20		3,084,744.	2,117,169.				
		Signature Block Ities of perjury, I declare that I have examined this return, incl	ludina accompanyina achadula	a and atatam	anto and to the heat of m	w knowledge and heliof it is				
		t, and complete. Declare that I have examined this return, incl t, and complete. Declaration of preparer (other than officer) is				y kilowieuge allu bellet, it is				
uuc	, соптес	t, and complete. Declaration of preparer (other than officer) is	s based on an information of wi	non preparei	inas arry knowledge.					
Sig	n	Signature of officer			I Date					
He		DANIEL BUCANO, EXECUTIVE DI	RECTOR							
110	٠٠٠	Type or print name and title								
_		· · · ·	eparer's signature	10	Date Check	PTIN				
Pai	d	JENNIFER COATES	Spa. St o orginatal o		if self-employ	P02247728				
		Firm's name LUTZ AND CARR, CPAS	LLP		Firm's EIN 1	3-1655065				
	Only	Firm's address 551 FIFTH AVENUE, S								
	-	NEW YORK, NY 10176			Phone no. 21	2-697-2299				
Ma	v the IF	RS discuss this return with the preparer shown above?	2 See instructions		<u> </u>	X Yes No				

	990 (2022) UNIVERSAL HIP HOP MUSEUM	46-5278190	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	ANCHORED IN THE BIRTHPLACE OF THE CULTURE, THE UNIVERSAL	. нтр нор	
	MUSEUM IN THE BRONX WILL PROVIDE A SPACE FOR AUDIENCES,		<u> </u>
	•	-	עו
	TECHNOLOGY TO CONVERGE, CREATING UNPARALLELED EDUCATIONAL		
	ENTERTAINMENT EXPERIENCES AROUND THE HIP HOP CULTURE OF	THE PAST,	
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	XNo
_	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	massured by expenses	
-			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.	100	227
4a	(Code:) (Expenses \$ 1,010,795 · including grants of \$ 5,400 ·) (Revenue		337.
	THE [R]EVOLUTION OF HIP HOP OFFERS AN IMMERSIVE JOURNEY		
	HISTORY OF HIP HOP. EMPLOYING ARCHIVES AND EXPERIMENTAL		
	TECHNIQUES, THE EXPERIENCE DELVES INTO THE FIVE CORE ELI		P
	HOP: MC-ING, DJ-ING, BREAKDANCING, AEROSOL ART, AND KNOW	VLEDGE.	
	400.000		
4b	(Code:) (Expenses \$		
	IN 2022, OUR INSTITUTION CONTINUED ITS PURSUIT OF ESTABL		
	WORLD-CLASS MUSEUM. OUR PROGRAMMING AIMED TO CAPTIVATE		
	INNOVATIVE EXPERIENCES, INCLUDING FIRESIDE CHATS WITH H	IP HOP ICONS	AND
	MUSICAL SHOWCASES. THANKS TO THE SUPPORT OF THE SIMONS I	FOUNDATION,	WE
	SUCCESSFULLY LAUNCHED THE HIP HOP SCIENCE PROJECT (HHS)	DESIGNED T	'O
	INTRODUCE MIDDLE AND HIGH SCHOOL-AGED STUDENTS TO THE FA	-	
	INTEGRATION OF SCIENCE, TECHNOLOGY, AND HIP HOP. THE PR		TVE
	OF THE PROGRAM IS ROOTED IN ENGAGING PARTICIPANTS THROUGH		
	FOSTERING COMMUNITY STRENGTH THROUGH CULTURAL INVOLEMENT		МИ
		I AND	
	UNDERSTANDING.		
4c	(Code:) (Expenses \$57,000 • including grants of \$) (Revenue)		
		CH PERFECT	
	SUMMER MUSIC CAMP, GENEROUSLY SUPPORTED BY WARNER MUSIC		
	FAMILY FOUNDATION SOCIAL JUSTICE FUND. THIS FIVE-WEEK PR	ROGRAM PROVI	DED
	YOUTH WITH INSIGHTS INTO VARIOUS ROLES IN THE MUSIC INDU	JSTRY, BUSIN	ESS
	PLANNING, AND FINANCIAL CAPABILITIES. MOREOVER, OUR PROC		
	ACADEMIC SKILLS WITH LEADERSHIP DEVELOPMENT, ARTISTIC AC	~~TVT~TES A	ND
	CRITICAL THINKING EXERCISES, EXPOSING PARTICIPANTS TO NI	THE TOTAL AND	1112
		M IDEAS AND	
	POSSIBILITIES.		
4d	Other program services (Describe on Schedule O.)		
)	
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}}\frac{1,267,153.}{}	,	

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Form **990** (2022)

4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ \ •
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		x
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		Х
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	45		X
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		25
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		х
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
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%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			. v
	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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			X
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		

022) UNIVERSAL HIP HOP MUSEUM Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_								
	filed for the calendar year ending with or within the year covered by this return	2a 6								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X						
3а	· · · · · · · · · · · · · · · · · · ·		3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	,			37					
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 transa		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6a		Х					
	any contributions that were not tax deductible as charitable contributions?									
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	C.L							
-	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the payor?	70		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		76							
С	to file Form 8282?	•	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X					
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7h							
			8							
9	9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?										
b										
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	 	12a							
	,	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405								
_	organization is licensed to issue qualified health plans	13b								
C 140	Enter the amount of reserves on hand		140		X					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le ()	14a 14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		יייט							
.5	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.		13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
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				
	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		X
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	X	
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	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X 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 finar	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			
	DANIEL BUCANO - (877)829-5500			
	P.O. BOX 6001, BRONX, NY 10451			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)	1			C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Name and title	hours per	(do not check more than one box, unless person is both an		compensation	compensation	amount of				
	week		officer and a director/trustee)					from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal ti		loyee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer of the order	Key employee	Highest compensated employee	Former			organizations
(1) STEPHON ALEXANDER	35.00	드	드	ð	3	포등	요			
TRUSTEE (THROUGH DECEMBER 2022)	33.00	x						100,000.	0.	0.
(2) DANIEL BUCANO	40.00							200,000		<u>_</u>
EXECUTIVE DIRECTOR		x		х				60,400.	0.	0.
(3) ADAM SILVERSTEIN	40.00							, , , ,		
TRUSTEE		Х						0.	0.	0.
(4) PETER BITTENBENDER	1.00									
TRUSTEE		Х						0.	0.	0.
(5) BRUCE JACKSON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) ROBERT REID	16.00									
TREASURER		Х		Х				0.	0.	0.
(7) RUBEN DIAZ JR.	1.00							_	_	_
TRUSTEE		Х						0.	0.	0.
		1								
		4								
		1								
		1								
		1								
		1								
		1								
		<u> </u>								
		1								
					l	1	l			

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
(A)	(B)	(C) Position					(D)	(E)			(F)		
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	on	an	timate nount o other	
	(list any hours for	(list any 듗				the	organization (W-2/1099-MIS			pensat			
	related	tee or d	stee			ensated		organization (W-2/1099-MISC/	1099-NEC)			om the anizati	
	organizations below	al trust	onal tru		loyee	compe		1099-NEC)	•			d relate	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ns
					χ_	1 0							
							H						
4h Cubicial		1						160,400.		0.			0.
1b Subtotal c Total from continuation sheets to Part V	II. Section A						••	0.		0.			0.
d Total (add lines 1b and 1c)								160,400.		0.			0.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	,	,	,		,	,	_	, , ,	,		3		х
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si											3		21
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	\Box	Х
5 Did any person listed on line 1a receive or					•			•		;	_		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J i	or s	ucn	pers	son .			<u></u>		5		
1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	rithir 	n the organization's tax y (B)	/ear.		(0	<u>:)</u>	
Name and business	address	N	INC	3				Description of s	ervices	С		nsation	1
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,000 of compensation from the organ	zation				(0					Form	990 (2	0000)

Form **990** 232008 12-13-22

Pa	rt V			a in this Dout VIII			
		Check if Schedule O contains a response o	r note to any iin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	11,235. 137,263.	448,498.			
_			Business Code				
<u>.c</u>	2 8	a MUSEUM ADMISSIONS	713990	79,848.	79,848.		
Program Service Revenue	•	b					
- ۵		f All other program service revenue		F0 040			
_		Total. Add lines 2a-2f		79,848.			
	3 4 5	other similar amounts) Income from investment of tax-exempt bond pro	oceeds				
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
	ı	b Less: rental expenses 6b					
		c Rental income or (loss) 6c 6c					
		d Net rental income or (loss)	(ii) Other				
	/ 3	a Gross amount from sales of assets other than inventory 7a	(II) Other				
anı	ı	b Less: cost or other basis and sales expenses 7b					
Revenue		Gain or (loss)					
		d Net gain or (loss)					
Other	8 6	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	ı	b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 ;	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
			32,090.				
	ı	b Less: cost of goods sold 10b	29,601.				
		Net income or (loss) from sales of inventory		2,489.	2,489.		
s l		<u> </u>	Business Code	100 000	100 000		
Miscellaneous Revenue	11 :		900999	100,000.	100,000.		
ella							
lisc		d All other revenue					
Σ		e Total. Add lines 11a-11d		100,000.			
	12	Total revenue. See instructions		630,835.	182,337.	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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 400	F 400		
	and domestic governments. See Part IV, line 21	5,400.	5,400.		
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,	F0 000	20 000	14 500	14 500
	trustees, and key employees	58,000.	29,000.	14,500.	14,500
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	120 200	120 200		
7	Other salaries and wages	132,329.	132,329.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 = 0.10	1 - 010		
10	Payroll taxes	17,948.	15,213.	1,368.	1,367
11	Fees for services (nonemployees):				
а	Management	52,587.	26,294.	26,293.	
b	Legal				
С	Accounting	39,000.	19,200.	19,800.	
d	Lobbying	60,100.	12,020.		48,080
е	Professional fundraising services. See Part IV, line 17	43,650.			43,650
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	19,900.	19,900.		
12	Advertising and promotion	163,720.	108,882.		54,838
13	Office expenses	35,483.	27,220.	1,567.	6,696
14	Information technology	77,362.	65,575.	5,894.	5,893
15	Royalties				
16	Occupancy				
17	Travel	87,506.	40,482.		47,024
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	16,675.	14,134.	1,271.	1,270
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	EXHIBITS	359,030.	359,030.		
b	PROGRAMMING AND CONTENT	282,067.	282,067.		
c	CONCERTS AND EVENTS	104,419.	76,230.		28,189
d	DUES, LICENSES AND SUBS	28,250.	23,946.	2,152.	2,152
e	A.II II	14,984.	10,231.	4,753.	_,
25 25	Total functional expenses. Add lines 1 through 24e	1,598,410.	1,267,153.	77,598.	253,659
<u>25</u> 26	Joint costs. Complete this line only if the organization		_,,	,5501	200,000
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (202)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		759,079.	1	337,686.	
	2	Savings and temporary cash investments			2,279.	2	2,279.
	3	Pledges and grants receivable, net	2,322,167.	3	1,758,082		
	4	Accounts receivable, net			4	2,322	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	rsons (as defined				
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			14,139.	9	15,710
	10a	Land, buildings, and equipment: cost or other		Г			
		basis. Complete Part VI of Schedule D	10a	593,115.			
	b	Less: accumulated depreciation		0.	563,115.	10c	593,115.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		10,000.	15	10,000.	
	16	Total assets. Add lines 1 through 15 (must equ		II.	3,670,779.	16	2,719,194.
	17	Accounts payable and accrued expenses			586,035.	17	602,025.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Se	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			586,035.	26	602,025.
(0		Organizations that follow FASB ASC 958, che	ck he	e X			
ĕ		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			485,577.	27	173,445.
Ã	28	Net assets with donor restrictions		<u></u>	2,599,167.	28	1,943,724.
Ĕ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
Ē		and complete lines 29 through 33.					
is o	29	Capital stock or trust principal, or current funds				29	
se	30	Paid-in or capital surplus, or land, building, or ed	nt fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	or other funds		31		
Ne.	32	Total net assets or fund balances	[3,084,744.	32	2,117,169.	
	33	Total liabilities and net assets/fund balances			3,670,779.	33	2,719,194.

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			0,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,59				
3								
4								
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						
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	2	,11	7,1	69.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			Ш		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule							
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 reviewed	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,					
	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	e audit	ī,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNIVERSAL HIP HOP MUSEUM

Employer identification number

46-5278190 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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 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	, noted selett, pied					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	()	()	` '	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	45,405.	304,219.	477,680.	3476573.	448,498.	4752375.
2	Tax revenues levied for the organ-						
	ization'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	45 405	204 010	400 600	2456552	440 400	4050205
4	Total. Add lines 1 through 3	45,405.	304,219.	477,680.	3476573.	448,498.	4752375.
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,						2500502
	column (f)						3780723.
	Public support. Subtract line 5 from line 4.						971,652.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018 45, 405.	(b) 2019 304,219.	(c) 2020 477,680.	(d) 2021 3476573.	(e) 2022 448, 498.	(f) Total 4752375.
	Amounts from line 4	45,405.	304,219.	4//,000.	34/03/3.	440,450.	4/3/3/3.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					100,000.	100,000.
44	assets (Explain in Part VI.)					100,000.	4852375.
	Gross receipts from related activities,	ata (aga inatmusti				12	285,493.
12	First 5 years. If the Form 990 is for the	· ·		fourth or fifth tax			203,433.
13	organization, check this box and stor				-		
Sec	etion C. Computation of Publ		rcentage				
	Public support percentage for 2022 (column (f))		14	20.02 %
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	r I		•	
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported	organization		X
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2022

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.)

Se	ction A. Public Support	clow, picase com	pioto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	` ,	<u> </u>	1	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
_	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	***						
	Total. Add lines 1 through 5	<u> </u>		+	+	+	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (I	line 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
k	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		· ·	

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
4 a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV S	upporting Organizations _(continued)			
				Yes	No
11	Has the c	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 belov	w, the governing body of a supported organization?	11a		
b	A family r	nember of a person described on line 11a above?	11b		
С	A 35% co	ontrolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in F		11c		
Sect	ion B.	Type I Supporting Organizations			
				Yes	No
1		overning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s), operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the o	rganization operate for the benefit of any supported organization other than the supported			
	•	ion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI h	ow providing such benefit carried out the purposes of the supported organization(s) that operated,			
		d, or controlled the supporting organization.	2		
Sect	ion C.	Type II Supporting Organizations			
				Yes	No
1		najority of the organization's directors or trustees during the tax year also a majority of the directors			
		es of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	_	ement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		orted organization(s).	1		
Seci	ion D. A	All Type III Supporting Organizations		T	
				Yes	No
1		rganization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•		ion's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ization maintained a close and continuous working relationship with the supported organization(s).	2		
3	_	n of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	It voice in the organization's investment policies and in directing the use of the organization's			
	U	r assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		d organizations played in this regard.	3		
Sect		Type III Functionally Integrated Supporting Organizations			
1		e box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		e organization satisfied the Activities Test. Complete line 2 below.	-		
b		e organization is the parent of each of its supported organizations. Complete line 3 below.			
С		e organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities	Test. Answer lines 2a and 2b below.		Yes	No
а	Did subst	tantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supp	orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those su	pported 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	e activities constituted substantially all of its activities.	2a		
b	Did the a	ctivities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or me	ore of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI th	ne reasons for the organization's position that its supported organization(s) would have engaged in			
	these act	ivities but for the organization's involvement.	2b		
3	Parent of	Supported Organizations. Answer lines 3a and 3b below.			
а		rganization have the power to regularly appoint or elect a majority of the officers, directors, or			
		of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the o	rganization 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 | 232025 12-09-22 | Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 UNIVERSAL HIP HOP MUSE	JM		46-5278190 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explair	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E	<u>. </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	2		
	Acquisition indebtedness applicable to non-exempt-use assets	3		
<u>3</u>	Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	 		
4	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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Sect	ion 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 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

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.)
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
UNIVERSAL HIP HOP MUSEUM'S (UHHM) PERCENTAGE OF PUBLIC SUPPORT IS LESS
THAN 33 1/3%. HOWEVER, UHHM'S PUBLIC SUPPORT IS MORE THAN 10% OF ITS TOTAL
SUPPORT. UHHM'S PROGRAM SERVICES DIRECLTY BENEFIT THE GENERAL PUBLIC, AND
IT HAS A BROAD, REPRESENTATIVE GOVERNING BODY. DURING 2022, UHHM
IMPLEMENTED A SOLICITATION PLAN FOR ATTRACTING PUBLIC SUPPORT. THEREFORE,
UNIVERSAL HIP HOP MUSEUM QUALIFIES AS A PUBLIC CHARTIY UNDER THE FACTS AND
CIRCUMSTANCES TEST OF IRC SEC 170(B)(1)(A)(VI).

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. 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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Nan	ne of organization			E	mployer identification number
		ERSAL HIP HOP MUSE			46-5278190
Pa	art I-A Complete if th	e organization is exempt un	der section 501(c	or is a section 52 or	7 organization.
2	Political campaign activity ex	organization's direct and indirect polit penditures ampaign activities			
Pa	art I-B Complete if th	e organization is exempt un	der section 501(c)(3).	
1	Enter the amount of any exci	se tax incurred by the organization ur	nder section 4955		
2	Enter the amount of any exci	se tax incurred by organization mana	gers under section 495	5	\$
3	If the organization incurred a	section 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				Yes
	o If "Yes," describe in Part IV.				0.17.170
		e organization is exempt un	•	•	. , , ,
		pended by the filing organization for s			. \$
2	J	organization's funds contributed to o	•		•
•		ditures. Add lines 1 and 2. Enter here			. \$
3	·			•	\$
4		Form 1120-POL for this year?			
	Enter the names, addresses a made payments. For each or contributions received that w	and employer identification number (I ganization listed, enter the amount pa ere promptly and directly delivered to AC). If additional space is needed, pro	EIN) of all section 527 p aid from the filing organ o a separate political or	olitical organizations to v iization's funds. Also ent ganization, such as a se	which the filing organization er the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the org			mpt under section		ed Form 5768 (e	election under
section 501(h)).						
	Ū		•	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and shar B Check if the filing organiza		, ,	expenditures). nd "limited control" pr	ovisions annly		
Limit	ts on Lobby	ing Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public	opinion	(grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add li	nes 1a and	1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ente		nt from th	e following table in bo	th columns.		
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable an			
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,000			00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5			00 plus 10% of the exp			
Over \$1,500,000 but not over \$17, Over \$17,000,000	000,000	\$1,000	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	,000.			
g Grassroots nontaxable amount (en	ter 25% of I	ine 1f)				
h Subtract line 1g from line 1a. If zero						
i Subtract line 1f from line 1c. If zero	•					
j If there is an amount other than ze	ro on either			· ·		•
reporting section 4911 tax for this	year?					Yes No
			eraging Period Under			
(Some organizations th			501(h) election do not ate instructions for l	•	of the five columns	below.
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)19	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(6	a)	(b)
of the lobbying activity.	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		Х	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х	
c Media advertisements?		Х	
d Mailings to members, legislators, or the public?		Х	
e Publications, or published or broadcast statements?		Х	
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?			60,100
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i Other activities?		Х	
j Total. Add lines 1c through 1i			60,100
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c)	(5), or se	ection
501(c)(6).			
			Yes No
4 More substantially all (000/ or mars) dues resided and details by according		1	
1 Were substantially all (90% or more) dues received nondeductible by members?			
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from 	the prior yea	2 r? 3	ection
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	the prior yea	2 r? 3 (5), or se	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere 	the prior yea tion 501(c) d "No" OF	2 r? 3 (5), or se R (b) Part	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	the prior yea tion 501(c) d "No" OF	2 r? 3 (5), or se R (b) Part	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members 	the prior yea tion 501(c) d "No" OF	2 r? 3 (5), or se R (b) Part	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) 	the prior yea tion 501(c) d "No" OF	2 3 (5), or se R (b) Part	
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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

UNIVERSAL HIP HOP MUSEUM

Employer identification number 46-5278190

Pai	t I Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		rised funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati	-	, ,
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation	or a certified flistofic structure
2	Complete lines 2a through 2d if the organization held a quality	find consonyation contribution in the form	m of a consequation easement on the last
2	day of the tax year.	ned conservation contribution in the for	Held at the End of the Tax Year
_			
a	Total propage restricted by appearation assembly		
b			
C	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	ne organization during the tax
	year	annought to to a short	
4	Number of states where property subject to conservation ea	· · · · · · · · · · · · · · · · · · ·	-
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	inservation easements during the year
-	Accorded to the second to the	dia a section and a section as a section as	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv	vation easements during the year
•			70 (I- \/ 4\ / ID\ / 3\
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the foots	note to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections o	f Art Historical Treasures or	Other Similar Assets
I al	Complete if the organization answered "Yes" on Form		Other Ollillar Assets.
	If the organization elected, as permitted under FASB ASC 95		t and halance sheet works
ıa	• •	•	
	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	c exhibition, education, or research in ful	rtherance of public service,
	provide the following amounts relating to these items:		Φ.
	(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		sial gain, provide
	the following amounts required to be reported under FASB A	_	_
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

232051 09-01-22

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

593,115.

593,115.

e Other

593,115.

c Leasehold improvementsd Equipment

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

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes"		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(5)		
(0)		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets.	an Faura 2000 Port IV line	11d Coo Form 000 Part V line 15
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book valu
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al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b) Book valu
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al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	(b) Book valu

Schedule D (Form 990) 2022

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements	1	630,835.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	630,835.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	630,835.
<u> </u>	w VII Decembilistics of Expanses new Audited Financial Ctate	manufa With Care	mana man Datuum	

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,598,410.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,598,410.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,598,410.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE MUSEUM MAINTAINS A COLLECTION OF ART, ARTIFACTS, CLOTHING, DOCUMENTS, PHOTOGRAPHY, AND OTHER ITEMS RELATING TO THE HISTORY OF HIP HOP MUSIC AND CULTURE. A PORTION OF THE COLLECTIONS AND ARCHIVES ARE ARE ON VIEW AT THE MUSEUM'S TEMPORARY GALLERY, AND THE COLLECTIONS ARE ACCESSIBLE FOR RESEARCH BY SCHOLARS AND THE GENERAL PUBLIC. THE MUSEUM'S COLLECTIONS ARE MAINTAINED UNDER CURATORIAL CARE AND ARE HELD FOR RESEARCH, EDUCATION, AND PUBLIC EXHIBITION, NOT FOR FINANCIAL GAIN. IS IS THE MUSEUM'S POLICY THAT ANY PROCEEDS FROM THE SALES OF COLLECTION ITEMS BE USED FOR ACQUISITIONS FOR THE COLLECTIONS. THE MUSEUM EXCLUDES THE CARRYING VALUE OF COLLECTIONS FROM ITS STATEMENT OF FINANCIAL POSITION. ACQUISITIONS FOR THE COLLECTIONS

ARE REFLECTED AS DECREASES IN THE MUSEUM'S NET ASSETS WITHOUT DONOR

Part XIII Supplemental Information (continued)
RESTRICTIONS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. CONTRIBUTED
COLLECTION ITEMS ARE NOT REFLECTED IN THE MUSEUM'S FINANCIAL STATEMENTS.
PART III, LINE 4:
THE MUSEUM'S COLLECTIONS AND ARCHIVES CONSIST OF OVER 30,000 ITEMS WHICH
SERVE TO PROVIDE CONTEXT FOR THE HISTORY OF LOCAL AND GLOBAL HIP HOP
MUSIC, AND TO INSPIRE, EMPOWER, AND PROMOTE UNDERSTANDING AS STATED
DIRECTLY IN THE MUSEUM'S MISSION STATEMENT.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public**

Inspection

Name of the organization UNIVERS	AL HIP HOP MUSEUM					Employer idea 46-5278	ntification number 190
Part I Fundraising Activities required to complete this par	Complete if the organization answer	ered "Y	'es" oı	n Form 990, Part IV,	line 17	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitates and solicitates are solicitated as a solicitate and solicitates are solicitated as a so	tion of tion of fundra I (includer profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees,	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
OSZYN & COMPANY, LLC - 215	PROFESSIONAL FUNDRAISING	Yes	No				
PARK AVENUE SOUTH, 11TH	SERVICES		Х	0.		33,750.	-33,750.
FUND RAISERS SPORTS - 615 E.	DONOR ENGAGEMENT PROGRAMS						
3RD ST., BOISE, ID 83714	INVOLVING SALE OF		Х	0.		9,900.	-9,900.
- Total						43,650.	-43,650.
3 List all states in which the organization or licensing.				s or has been notified	d it is	exempt from re	egistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 UNIVERSAL HIP HOP MUSEUM 46-5278190 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____

Schedule G (Form 990) 2022

b If "Yes," explain:

232082 10-27-22

Schedule G (Form 990) 2022	UNIVERSAL HIP HOP MUSEUM	46-5278190 Page 3
11 Does the organization conduct	gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, b	eneficiary or trustee of a trust, or a member of a partnership or other	entity formed
	g?	Yes No
13 Indicate the percentage of gan		ر ا ما
	f the person who prepares the organization's gaming/special events b	
	and person time properties and organization organization of	
Name		
Address		
15a Does the organization have a c	contract with a third party from whom the organization receives gamin	g revenue? Yes No
b If "Yes," enter the amount of g	aming revenue received by the organization \$	and the amount
of gaming revenue retained by	the third party \$	
c If "Yes," enter name and addre	ess of the third party:	
Name		
Name		
Address		
16 Gaming manager information:		
Nama		
Name		
Gaming manager compensatio	on \$	
Description of services provide	ıd	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
- · · · · · · · · · · · · · · · · · · ·	der state law to make charitable distributions from the gaming procee	
	? ns required under state law to be distributed to other exempt organization.	
organization's own exempt act	•	
	ormation. Provide the explanations required by Part I, line 2b, colu	
15b, 15c, 16, and 17b,	as applicable. Also provide any additional information. See instruction	าร.
SCHEDIILE G PART I	, LINE 2B, LIST OF TEN HIGHEST PAI	D FUNDRATSERS:
Beneboll o, Imit I	, line 20, list of the middle in	5 I ONDIVILIBRIES.
(T) 2020 OF TURBER	TOTAL WOODING A COMPANY TIE	
(I) NAME OF FUNDRA	AISER: KOSZYN & COMPANY, LLC	
(I) ADDRESS OF FUN	IDRAISER:	
(- ,		
215 PARK AVENUE SC	OUTH, 11TH FLOOR, NEW YORK, NY 100	03
(I) NAME OF FUNDRA	AISER: FUND RAISERS SPORTS	
. , :		
	IDRAISER: 615 E. 43RD ST., BOISE, I	
(II) ACTIVITY: DON	OR ENGAGEMENT PROGRAMS INVOLVING S	
232083 10-27-22		Schedule G (Form 990) 2022

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization UNIVERSAL	HIP HOP	MUSEUM					Employer identification number $46-527819$				
Part I General Information on Grants a	nd Assistance										
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or assis	stance?						X Yes				
2 Describe in Part IV the organization's pro	ocedures for moni	itoring the use of gran	t funds in the Unite	d States.							
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Par	t IV, line 21, for any				
recipient that received more than s	\$5,000. Part II car	n be duplicated if addi	tional space is nee	ded.	(6) NA - Ho - ol - f	•	1				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations											

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
Part IV Supplemental Information. Provide the information req	uired in Dert Llin	o Or Dort III. ookumr	(h); and any other of	dditional information					
PART I, LINE 2:	uired in Part I, iin	e 2, Part III, Columi	r (b), and any other ac	uditional information.					
UHHM MONITORS THE USE OF GRANT FUN	יחפ יישארווע	TH WRITTEN	J OR VERBAL	REPORTS					
RECEIVED FROM GRANTEES.	1111100	OII WILLIE	V OR VERDER	NEI ONI D					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Part I

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

OMB No. 1545-0047

2022

Open To Public Inspection

Nama	of the	organization
manne	or me	organization

UNIVERSAL HIP HOP MUSEUM

Employer identification number 46-5278190

	Complete if the c	organizatio	n ansv	vered "Yes" on F	Form 9	990, Pa	art IV,	line 25a or 25b	o, or	Form 990-EZ, P	art V,	ine 40)b.					
1			(b) F	Relationship between disqualified			nship between disqualified			(d) Corre			cted?					
(a) Nan	ne of disqualified p	erson	person and organization				(c) Description of transaction			(c) Description of transaction					Ye	-	No	
												+						
														1	-			
														+	_			
														+	_			
												-	_					
													_	_				
2 Enter t	the amount of tax is	ncurred by	the o	rganization man	agers	or disc	qualifie	ified persons during the year under										
sectio	n 4958							\$										
3 Enter t	the amount of tax,	if any, on I	ine 2, a	above, reimburs	ed by	the or	ganiza	ization										
Part II	Loans to and	l/or Fror	n Int	erested Pers	sons													
	Complete if the c	rganizatio	n ansv	vered "Yes" on I	Form 9	990-EZ	. Part	V. line 38a or I	Forn	n 990. Part IV. lin	e 26:	or if th	e orga	nizatio	on			
	reported an amo	-					,	.,		,,	,							
(a)) Name of	(b) Relatio		(c) Purpose				e) Original	(f	Balance due	(g)	In	(h) App	oroved	(i) W	ritten		
	ested person	with organ		of loan	fron	n the zation?		cipal amount	'') Dalarice due	defa		by boa	Approved (i) y board or agreement		ment?		
	·					_					V	NIa						
					То	From					Yes	No	Yes	No	Yes	No		
																+		
													+ + -					
Total								\$	<u> </u>									
Part III	Grants or As			afiting Inter														
Fait III				_														
	Complete if the c		n ansv	vered "Yes" on I	orm s	990, Pa												
(a) Na	ame of interested p	person	(b) Relationship			(c) Amount of	1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				Purp		·			
				interested pers				ce		ć	assista	ınce						
				the organiza	ation i													
				•														
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												\dashv						
			+									+						

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Schedule L (Form 990) 2022

	d "Yes" on Form 990, Part IV, line 28a, 2		(1) 5	o of (e) Sharing of							
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	zation's nues?						
KYLERR BUCANO	FAMILY MEMBER OF DA	38 460.	COMPENSATIO	Yes	No X						
KILEKK BOCANO	FAMILI MEMBER OF DA	30,400.	COMPENSATIO		Δ.						
Part V Supplemental Information.											
	onses to questions on Schedule L (see	instructions).									
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:								
(A) NAME OF PERSON: KYLERI	R BUCANO										
(B) RELATIONSHIP BETWEEN		D ORGANIZAT	TON.								
			1014.								
FAMILY MEMBER OF DANIEL BU	JCANO, EXECUTIVE DIR	ECTOR									
(D) DESCRIPTION OF TRANSAC	CTION: COMPENSATION	FOR SERVICE	S PERFORMED								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Open to Public Inspection

Employer identification number

		UNIVERSAL	HIP HOP	MUSEUM			46-5278	190	
Pai	rt I Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determin cash contribution ar	_	:s
1	Art - Work	s of art							
2	Art - Histo	rical treasures							
3	Art - Fract	ional interests							
4	Books and	d publications							
5	Clothing a	nd household goods							
6	Cars and	other vehicles							
7	Boats and	l planes							
8		al property							
9	Securities	- Publicly traded							
10	Securities	- Closely held stock							
11	Securities trust intere	- Partnership, LLC, or ests							
12	Securities	- Miscellaneous							
13	Qualified o	conservation contribution - ructures							
14		conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		e - Other							
18		es							
19		ntory							
20		I medical supplies							
21									
22		artifacts		606		N/A			
23		specimens							
24		ical artifacts							
 25	Other	(,						
26	Other	(
27	Other	('						
28	Other	(·						
29		f Forms 8283 received by the or	ganization durin	g the tax vear for o	contributions	1			
		the organization completed Form						Yes	No
30a	During the	year, did the organization receiv	ve by contribution	on any property re	norted in Part I lines 1 throu	ah 28 ths	at it	103	110
oou	_	for at least 3 years from the date	•			-			
		urposes for the entire holding pe					30a		Х
h		escribe the arrangement in Part					304		
31		escribe the arrangement in Part organization have a gift acceptar		equires the review	of any nonstandard contribu	ıtions?	31	Х	
		organization hire or use third par					31		-
	contribution	ons?		-	process, or sell noncasti		32a		Х
b		escribe in Part II.							
33	If the orga	nization didn't report an amount	in column (c) fo	or a type of propert	ry for which column (a) is che	ecked,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 33:
THE MUSEUM'S COLLECTION IS HELD FOR PUBLIC EXHIBITION, EDUCATION, AND
IN FURTHERANCE OF PUBLIC SERVICE. THEREFORE, AS PERMITTED UNDER
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF
AMERICA, THE MUSEUM DOES NOT REPORT IN ITS STATEMENT OF FINANCIAL
POSITION OR STATEMENT OF ACTIVITIES WORKS OF ART, HISTORICAL TREASURES,
OR OTHER SIMILAR ASSETS, INLCUDING HISTORICAL ARTIFACTS REPORTED IN
SCHEDULE M, PART I.

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 Form 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNIVERSAL HIP HOP MUSEUM

Employer identification number 46-5278190

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIP HOP MUSIC AND CULTURE TO INSPIRE, EMPOWER, AND PROMOTE UNDERSTANDING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PRESENT, AND FUTURE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE MUSEUM'S 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER, WITH THE RESULTS OF THAT REVIEW REPORTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, TRUSTEES OR KEY EMPLOYEES ARE REQUIRED TO DISCLOSE TO THE BOARD OR A COMMITTEE OF THE BOARD THE EXISTENCE OF ANY FINANCIAL INTERESTS WHICH MAY GIVE RISE TO A CONFLICT OF INTEREST. IN ADDITION, EACH TRUSTEE MUST SUBMIT PRIOR TO ELECTION AND ANNUALLY THEREAFTER A SIGNED WRITTEN STATEMENT IDENTIFYING (1) ANY ENTITY OF WHICH THE TRUSTEE IS AN OFFICER, DIRECTOR, MEMBER, OWNER OR EMPLOYEE AND WITH WHICH THE MUSEUM HAS A RELATIONSHIP, AND (2) ANY TRANSACTION IN WHICH THE MUSEUM IS A PARTICIPANT AND IN WHICH THE TRUSTEE MIGHT HAVE A CONFLICT OF INTEREST.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE OFFICER, DIRECTOR OR KEY EMPLOYEE WITH A POTENTIAL CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT A MEETING OF THE BOARD OR A COMMITTEE OF THE BOARD, BUT AFTER SUCH PRESENTATION THE OFFICER, DIRECTOR OR KEY EMPLOYEE MUST

LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

UNIVERSAL HIP HOP MUSEUM 46-5278190 TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. THE REMAINING MEMEBERS OF THE BOARD OR A COMMITTEE OF THE BOARD WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE MUSEUM'S BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: AVAILABE UPON REQUEST.