

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

MATTHEWS & CO, LLP

Certified Public Accountants

270 Madison Avenue, 16th Floor
New York, New York 10016
Telephone (212) 293-5100
Fax (212) 293-5560

June 29, 2009

The Eyebeam Atelier
540 West 21st Street
New York, NY 10011

Dear Sir:

Enclosed are the original and one copy of the 2004 Exempt Organization returns, as follows...

2004 FORM 990

2004 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Matthews & CO., LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2005

Prepared for	The Eyebeam Atelier 540 West 21st Street New York, NY 10011
Prepared by	Matthews & CO., LLP 270 Madison Avenue 16th Floor New York, NY 10016
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE EYEBEAM ATELIER	D Employer identification number 13-3952075
<input type="checkbox"/> Address change		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number 212-937-6580
<input type="checkbox"/> Name change		540 WEST 21ST STREET	
<input type="checkbox"/> Initial return		City or town, state or country, and ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
<input type="checkbox"/> Final return		NEW YORK, NY 10011	
<input type="checkbox"/> Amended return		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
<input type="checkbox"/> Application pending		Hand I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ M Check <input type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	

G Website: ▶ **N/A**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,211,586.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	2,372,723.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	14,400.		
	d	Total (add lines 1a through 1c) (cash \$ 681,669. noncash \$ 1,705,454.)	1d	2,387,123.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	19,516.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	131.		
	5	Dividends and interest from securities	5	1,231.		
	6 a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7				
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	1,720,669.	8a	
		Less: cost or other basis and sales expenses	(B) Other	1,699,973.	8b	
		Gain or (loss) (attach schedule)		20,696.	8c	
		Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	20,696.	
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
		a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
		b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
Revenue	10 a	Gross sales of inventory, less returns and allowances	10a			
		Less: cost of goods sold	10b			
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	82,916.			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,511,613.			
Expenses	13	Program services (from line 44, column (B))	13	1,623,308.		
	14	Management and general (from line 44, column (C))	14	764,901.		
	15	Fundraising (from line 44, column (D))	15	297,677.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	2,685,886.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-174,273.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	572,237.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-21.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	397,943.		

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 194,361.	94,361.	70,000.	30,000.
26 Other salaries and wages	26 669,369.	353,518.	219,524.	96,327.
27 Pension plan contributions	27			
28 Other employee benefits	28 73,562.	39,313.	18,822.	15,427.
29 Payroll taxes	29 73,384.	36,952.	30,405.	6,027.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 81,506.		81,506.	
33 Supplies	33			
34 Telephone	34 13,100.	7,860.	3,930.	1,310.
35 Postage and shipping	35			
36 Occupancy	36 86,569.	38,955.	43,286.	4,328.
37 Equipment rental and maintenance	37 108,572.	99,492.	7,394.	1,686.
38 Printing and publications	38 21,513.	11,029.	3,431.	7,053.
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 408,781.	245,268.	122,635.	40,878.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 955,169.	696,560.	163,968.	94,641.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 2,685,886.	1,623,308.	764,901.	297,677.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?

PROVIDE A SUPPORT STRUCTURE FOR EDUCATION IN THE DIGITAL ARTS

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 4	(Grants and allocations \$ _____)	238,593.
b CURATORIAL DIVISION - ORGANIZES EXHIBITIONS AND OTHER PRESENTATIONS OF ART AND TECHNOLOGY PROJECTS; AND FORMS PARTNERSHIPS WITH OTHER MUSEUMS AND ART ORGANIZATIONS.	(Grants and allocations \$ _____)	548,409.
c MOVING IMAGE DIVISION - PROVIDES ANIMATING, COMPOSITING, RENDERING, SPECIAL EFFECTS, AND EDITING CAPABILITIES TO ARTISTS WORKING IN THE DIGITAL MOVING IMAGE ARTS.	(Grants and allocations \$ _____)	566,639.
d RESEARCH AND DEVELOPMENT DIVISION - EXPLORES NEW TECHNOLOGIES AND PUSHING ITS LIMITS AND DEVELOPE TOOLS THAT CAN BE UTILIZED BY CREATIVE TYPES BOTH WITHIN THE ORGANIZATION AND GENERAL PUBLIC.	(Grants and allocations \$ _____)	269,667.
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		1,623,308.

Part IV Balance Sheets

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	264,256.	85,366.
	46 Savings and temporary cash investments	67,381.	511.
	47 a Accounts receivable	3,271.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities STMT 5 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	175,191.	9,273.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	2,176,565.		
b Less: accumulated depreciation STMT 6	1,223,585.		
58 Other assets (describe SEE STATEMENT 7)	154,253.	122,547.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,297,658.	1,173,948.	
Liabilities	60 Accounts payable and accrued expenses	175,421.	226,005.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe SEE STATEMENT 8)	550,000.	550,000.
66 Total liabilities (add lines 60 through 65)	725,421.	776,005.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	572,237.	397,943.
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	572,237.	397,943.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,297,658.	1,173,948.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
a Total revenue, gains, and other support per audited financial statements	a 2,511,592.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ -21.	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b -21.
c Line a minus line b	c 2,511,613.
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	d 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 2,511,613.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	a 2,685,886.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 2,685,886.
d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): \$	
Add amounts on lines (1) and (2)	d 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 2,685,886.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 10		194,361.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 11 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 171,920.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 13		
91	The books are in care of THE EYEBEAM ATELIER Telephone no. 212-937-6580		
	Located at 540 WEST 21ST STREET, NEW YORK, NY ZIP + 4 10011		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a EDUCATION PROGRAMS					19,516.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	131.	
96 Dividends and interest from securities			14	1,231.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	20,696.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a RENTAL INCOME			16	82,916.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		104,974.	19,516.
105 Total (add line 104, columns (B), (D), and (E))					124,490.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93-A	EDUCATION DIVISION - CREATES PROJECTS THAT EMPHASIZE THE COLLABORATION BETWEEN ART AND TECHNOLOGY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: _____ Date: _____ Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: **MATTHEWS & CO., LLP** Date: _____ Check if self-employed: Preparer's SSN or PTIN: **105-52-3197**

Firm's name (or yours if self-employed), address, and ZIP + 4: **270 MADISON AVENUE 16TH FLOOR NEW YORK, NY 10016** EIN: **13-3489260** Phone no.: **212-293-5100**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2004

Name of the organization THE EYEBEAM ATELIER	Employer identification number 13 3952075
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>MELANIE CREAN</u> 81 WASHINGTON STREET, APT 2C, BROOKLYN, NY 11201	DIRECTOR 40	89,100.		
<u>JONAH PERETTI</u> 301 ELIZABETH STREET, APT #5K, NEW YORK, NY 10012	DIRECTOR 40	71,246.		
<u>JESSE BEDNARZ</u> 331 GRAND STREET, APT #1, NEW YORK, NY 10002	SYS ADMIN 40	70,861.		
<u>KENYATTA CHEESE</u> 223 WASHINGTON AVENUE, BROOKLYN, NY 11205	SYS ADMIN 40	67,400.		
<u>ELIZABETH SLAGUS</u> 252 EAST 33RD STREET, APT 3R, NEW YORK, NY 10016	ED DIRECTOR 40	62,400.		
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>MICHAEL SAARF</u> 156 FANKLIN STREET, APT 2F, BROOKLYN, NY 11222	EXHIBITION DESIGN & INSTALLATION	59,326.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,343,603.	2,464,694.	1,770,364.	1,670,285.	7,248,946.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	11,573.	18,550.	25,979.	12,635.	68,737.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	55,565.	276,356.	289,227.	154,166.	775,314.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,410,741.	2,759,600.	2,085,570.	1,837,086.	8,092,997.
24 Line 23 minus line 17	1,399,168.	2,741,050.	2,059,591.	1,824,451.	8,024,260.
25 Enter 1% of line 23	14,107.	27,596.	20,856.	18,371.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 160,485.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 5,166,140.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 8,024,260.
d Add: Amounts from column (e) for lines: 18 <u>775,314.</u> 19 _____ 22 _____ 26b <u>5,166,140.</u>					26d 5,941,454.
e Public support (line 26c minus line 26d total)					26e 2,082,806.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 25.9564%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. All 'No' boxes are checked (X).

N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. The table is currently empty.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No [X]

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. The table is currently empty.

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of organization

THE EYEBEAM ATELIER

Employer identification number

13-3952075

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization THE EYEBEAM ATELIER	Employer identification number 13-3952075
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ATLANTIC FOUNDATION 14 FAIRGROUNDS ROAD, SUITE A HAMILTON, NJ 08619	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	JOHSON ART & EDUCATION FOUNDATION 14 FAIRGROUNDS ROAD, SUITE A HAMILTON, NJ 08619	\$ 41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE JOHN S. JOHNSON III FOUNDATION PO BOX 369 HOPEWELL, NJ 08525	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	INDIA BLAKE FOUNDATION PO BOX 369 HOPEWELL, NJ 08525	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE JOHN S. JOHNSON III FOUNDATION PO BOX 369 HOPEWELL, NJ 08525	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE GREENWALL FOUNDATION 3 PARK AVENUE NEW YORK, NY 10016	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE EYEBEAM ATELIER	Employer identification number 13-3952075
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	RICHARD CHRISTOPHER STOKES 29 BIGELOW STREET, APT#3 CAMBRIDGE, MA 02139	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE DAVID S, HOWE FOUNDATION 200 E. 69TH STREET, PHG NEW YORK, NY 10021	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVENUE NW WASHINGTON DC 20506-0001	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	THE JEROME FOUNDATION 400 SIBLEY STREET, SUITE 125 SAINT PAUL, MN 55101	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	HELENA RUBINSTEIN FOUNDATION 477 MADISON AVENUE NEW YORK, NY 10022	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PUBLIC ART FOUNDATION 14 FAIRGROUNDS ROAD, SUITE A HAMILTON, NJ 08619	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE EYEBEAM ATELIER	Employer identification number 13-3952075
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	<u>ALIAS/WAVEFRONT</u> <u>NEW YORK, NY</u>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<u>SCULPTURE FOUNDATION INC</u> <u>14 FAIRGROUNDS ROAD, SUITE A</u> <u>HAMILTON, NJ 08619</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<u>RIVER BRANCH FOUNDATION</u> _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<u>SONY CORPORATION</u> _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE EYEBEAM ATELIER	Employer identification number 13-3952075
---	--

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	870 SHS JOHNSON & JOHNSON STOCKS _____ _____ _____	\$ 50,225.	09/01/04
5	23,270 SHS JOHNSON & JOHNSON STOCKS _____ _____ _____	\$ 1,468,412.	/ /05
7	222 SHS JOHNSON & JOHNSON STOCKS _____ _____ _____	\$ 14,896.	05/27/05
13	SOFTWARE LICENSES _____ _____ _____	\$ 167,980.	/ /05
16	EQUIPMENT _____ _____ _____	\$ 3,940.	/ /05
	_____ _____ _____	\$ _____	_____

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	BUILDINGS											
10	LEASEHOLD IMPROVEMENTS	12/31/00	SL	10.00	17	26,025.			26,025.	7,808.		2,603.
15	LEASEHOLD IMPROVEMENTS	06/01	SL	10.00	17	460,994.			460,994.	138,298.		46,099.
18	LEASEHOLD IMPROVEMENTS	06/02	SL	10.00	17	4,778.			4,778.	956.		478.
33	LEASEHOLD IMPROVEMENTS	07/01/04	SL	5.00	19B	683,982.			683,982.			136,796.
	* 990 PAGE 2 TOTAL BUILDINGS					1175779.		0.	1175779.	147,062.	0.	185,976.
	MACHINERY & EQUIPMENT											
1	COMPUTER		97SL	3.00	17	15,730.			15,730.	15,730.		0.
2	COMPUTER		98SL	3.00	17	20,496.			20,496.	20,496.		0.
3	EQUIPMENT		98SL	5.00	17	35,228.			35,228.	35,228.		0.
5	COMPUTER		99SL	3.00	17	21,852.			21,852.	21,852.		0.
7	EQUIPMENT		99SL	5.00	17	5,335.			5,335.	5,335.		0.
8	EQUIPMENT	06/00	SL	5.00	17	12,565.			12,565.	10,053.		2,512.
9	COMPUTER	06/00	SL	3.00	17	2,700.			2,700.	2,700.		0.
13	COMPUTER	06/01	SL	3.00	17	268,163.			268,163.	268,163.		0.
14	EQUIPMENT	06/01	SL	5.00	17	10,688.			10,688.	6,412.		2,138.
16	COMPUTER	06/02	SL	3.00	17	401,525.			401,525.	267,684.		133,841.
17	EQUIPMENT	06/02	SL	5.00	17	1,343.			1,343.	537.		269.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
22	COMPUTER	070103	SL	3.00	17	13,341.			13,341.	4,448.		4,447.
23	EQUIPMENT	070103	SL	3.00	17	25,615.			25,615.	8,538.		8,538.
24	EQUIPMENT	070103	SL	3.00	17	15,675.			15,675.	5,225.		5,225.
25	COMPUTER	070103	SL	3.00	17	29,397.			29,397.	9,799.		9,799.
26	COMPUTER	010104	SL	3.00	17	8,500.			8,500.	708.		2,833.
27	COMPUTER	010104	SL	3.00	17	3,639.			3,639.	303.		1,213.
28	COMPUTER	010104	SL	3.00	17	27,000.			27,000.	2,250.		9,000.
29	COMPUTER EQUIPMENT	070104	SL	3.00	19A	1,800.			1,800.			600.
30	COMPUTER EQUIPMENT	070104	SL	3.00	19A	5,265.			5,265.			1,755.
31	COMPUTER EQUIPMENT	070104	SL	3.00	19A	59,476.			59,476.			19,825.
32	EQUIPMENT	070104	SL	3.00	19A	15,454.			15,454.			3,091.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT					1000787.		0.	1000787.	685,461.	0.	205,086.
	MANAGEMENT AND GENERAL											
4	ORGANIZATION COSTS		97	60M	43	3,035.			3,035.	3,035.		0.
11	ORGANIZATION COSTS	123100		60M	43	2,675.			2,675.	2,675.		0.
12	ORGANIZATION COSTS	113001		60M	43	3,413.			3,413.	3,413.		0.
19	LOGO COST	01 02		84M	43	72,703.			72,703.	20,772.		10,386.
20	SOFTWARE LICENSING FEE	01 02		36M	43	30,000.			30,000.	22,667.		7,333.

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
21	ORGANIZATION COSTS	06	02		60M	43	500.			500.	500.		0.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL						112,326.		0.	112,326.	53,062.	0.	17,719.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT						2288892.		0.	2288892.	885,585.	0.	408,781.

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
3000 SHS - JOHNSON & JOHNSON	169,061.	166,440.	0.	2,621.
1000 SHS - JOHNSON & JOHNSON	56,573.	55,470.	0.	1,103.
3470 SHS - JOHNSON & JOHNSON	201,765.	200,323.	0.	1,442.
2500 SHS - JOHNSON & JOHNSON	148,076.	147,900.	0.	176.
870 SHS - JOHNSON & JOHNSON	53,111.	52,826.	0.	285.
3500 SHS - JOHNSON & JOHNSON	224,230.	213,500.	0.	10,730.
3300 SHS - JOHNSON & JOHNSON	213,860.	212,586.	0.	1,274.
3600 SHS - JOHNSON & JOHNSON	243,610.	240,120.	0.	3,490.
2200 SHS - JOHNSON & JOHNSON	149,989.	150,898.	0.	-909.
222 SHS - JOHNSON & JOHNSON	14,917.	14,896.	0.	21.
3700 SHS - JOHNSON & JOHNSON	245,477.	245,014.	0.	463.
TO FORM 990, PART I, LINE 8	1,720,669.	1,699,973.	0.	20,696.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **2**

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-21.
TOTAL TO FORM 990, PART I, LINE 20	-21.

FORM 990 **OTHER EXPENSES** **STATEMENT** **3**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES AND SUBSCRIPTIONS	1,935.	1,160.	581.	194.
INSURANCE	18,062.	10,396.	5,934.	1,732.
CONSULTANTS	229,826.	120,081.	65,814.	43,931.
ADVERTISING AND PROMOTION	8,954.	413.	617.	7,924.
OFFICE EXPENSES	88,917.	31,309.	52,414.	5,194.
PROGRAM SUPPLIES	13,537.	11,107.		2,430.
WEBSITE EXPENSE	8,299.			8,299.
UTILITIES	77,672.	46,604.	23,301.	7,767.
LICENSES AND PERMITS	2,213.		2,213.	
MEETING AND SEMINARS	766.	750.		16.

COMPUTER SOFTWARE & MAINTENANCE	179,779.	179,420.	359.	
SECURITY	9,347.	5,608.	2,804.	935.
PRODUCTION COST	10,979.	6,578.	1,490.	2,911.
EXHIBITION EXPENSES	36,286.	31,772.	1,504.	3,010.
SPECIAL EVENTS	30,661.	23,492.	1,072.	6,097.
TRAVEL & ENTERTAINMENT	24,232.	19,054.	4,540.	638.
RESEARCH EXPENSES	489.	489.		
ARTIST FEES & FELLOWS	213,215.	208,327.	1,325.	3,563.
TOTAL TO FM 990, LN 43	955,169.	696,560.	163,968.	94,641.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

EDUCATION DIVISION - CREATES PROJECTS THAT EMPHASIZE THE COLLABORATION BETWEEN ART AND TECHNOLOGY; DESIGNS PROGRAMS THAT USE NEW MEDIA TO ENHANCE CREATIVITY AND THE LEARNING PROCESS THROUGH ARTISTIC EXPLORATION AND EXPERIMENTATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		238,593.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
JOHNSON & JOHNSON	FMV	0.			
TO FORM 990, LINE 54, COL B		0.			

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER	15,730.	15,730.	0.
COMPUTER	20,496.	20,496.	0.
EQUIPMENT	35,228.	35,228.	0.
COMPUTER	21,852.	21,852.	0.
EQUIPMENT	5,335.	5,335.	0.
EQUIPMENT	12,565.	12,565.	0.
COMPUTER	2,700.	2,700.	0.
LEASEHOLD IMPROVEMENTS	26,025.	10,411.	15,614.
COMPUTER	268,163.	268,163.	0.
EQUIPMENT	10,688.	8,550.	2,138.
LEASEHOLD IMPROVEMENTS	460,994.	184,397.	276,597.
COMPUTER	401,525.	401,525.	0.
EQUIPMENT	1,343.	806.	537.
LEASEHOLD IMPROVEMENTS	4,778.	1,434.	3,344.
COMPUTER	13,341.	8,895.	4,446.
EQUIPMENT	25,615.	17,076.	8,539.
EQUIPMENT	15,675.	10,450.	5,225.
COMPUTER	29,397.	19,598.	9,799.
COMPUTER	8,500.	3,541.	4,959.
COMPUTER	3,639.	1,516.	2,123.
COMPUTER	27,000.	11,250.	15,750.
COMPUTER EQUIPMENT	1,800.	600.	1,200.
COMPUTER EQUIPMENT	5,265.	1,755.	3,510.
COMPUTER EQUIPMENT	59,476.	19,825.	39,651.
EQUIPMENT	15,454.	3,091.	12,363.
LEASEHOLD IMPROVEMENTS	683,982.	136,796.	547,186.
TOTAL TO FORM 990, PART IV, LN 57	<u>2,176,566.</u>	<u>1,223,585.</u>	<u>952,981.</u>

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	83,868.
LOGO COSTS, NET	36,351.
SOFTWARE LICENSING FEES, NET	0.
PREPAID EXPENSES	2,328.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>122,547.</u>

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
NOTE PAYABLE - ATLANTIC FOUNDATION	550,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	550,000.

FORM 990 OTHER SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
VANGUARD FUNDS	FMV	9,273.
TO FORM 990, LINE 54, COL B		9,273.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SCOTT GRODNER 631 GRAPE PLACE HOLLYWOOD, CA 90068	DIRECTOR 1	0.	0.	0.
LOUIS R. HEWITT 14 FAIRGROUNDS ROAD, SUITE A HAMILTON, NJ 08619	DIRECTOR/TRUSTEE 5	0.	0.	0.
JOHN S. JOHNSON III 285 LAFAYETTE STREET NEW YORK, NY 10012	DIRECTOR/TRUSTEE/PRESIDENT 15	0.	0.	0.
CARRIE ROSSIP MALCOLM 181 HUDSON #7A NEW YORK, NY 10013	SECRETARY 1	0.	0.	0.
KENNETH LERER 560 BROADWAY, SUITE 308 NEW YORK, NY 10012	DIRECTOR 1	0.	0.	0.

PETER SEIDLER 35 WEST 9TH STREET NEW YORK, NY 10011	DIRECTOR 1	0.	0.	0.
J. SEWARD JOHNSON, JR KEY WEST, FL	DIRECTOR 1	0.	0.	0.
DANA PLAUTZ 714 N. FREMONT #200 PORTLAND, OR 97227	DIRECTOR 1	0.	0.	0.
MICHAEL A . BERLIN 145 E. 15TH STREET, #6A NEW YORK, NY 10003	DIRECTOR 1	0.	0.	0.
BENJAMIN WEIL 74 WASHINGTON PLACE, #2 NEW YORK, NY 10011	CURATORIAL CHAIR 40	94,361.	0.	0.
RICHARD DUPONT 150 W 72ND STREET, 5C NEW YORK, NY 10023	DIRECTOR 1	0.	0.	0.
CHRISTOPHER STOKES 29 BIGELOW STREET CAMBRIDGE, MA 02139	DIRECTOR 1	0.	0.	0.
STEVE TREMBLE 223 SIXTH AVENUE, APT #2A BROOKLYN, NY 11215	EXECUTIVE DIRECTOR 40	100,000.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>194,361.</u>	<u>0.</u>	<u>0.</u>

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 11
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE ATLANTIC FOUNDATION	X	
PUBLIC ART FOUNDATION	X	
JOHNSON ART & EDUCATION FOUNDATION	X	
SCULPTURE FOUNDATION INC	X	

Depreciation and Amortization 990
 (Including Information on Listed Property)

2004
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return THE EYEBEAM ATELIER	Business or activity to which this form relates FORM 990 PAGE 2	Identifying number 13-3952075
---	---	---

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See instructions for a higher limit for certain businesses	1	102,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	410,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2004	17	228,995.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		81,995.	3 YRS.	HY	SL	25,271.
b 5-year property		683,982.	5 YRS.	HY	SL	136,796.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life						
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	391,062.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2004 tax year:						
	:					
	:					
43 Amortization of costs that began before your 2004 tax year					43	17,719.
44 Total. Add amounts in column (f). See instructions for where to report					44	17,719.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE EYEBEAM ATELIER	Employer identification number 13-3952075
	Number, street, and room or suite no. If a P.O. box, see instructions. 540 WEST 21ST STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10011	

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **THE EYEBEAM ATELIER**
 Telephone No. **212-937-6580** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2005**.
 5 For calendar year _____, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**.
 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL INFORMATION IS NEEDED IN ORDER TO COMPLETE THE TAX RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title _____ Date _____

Notice to Applicant - To Be Completed by the IRS

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print 423832 01-10-05	Name THE EYEBEAM ATELIER
	Number and street (include suite, room, or apt. no.) or a P.O. box number MATTHEWS & CO., LLP, 270 MADISON AVE, 16TH FL
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10016

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

June 30, 2005

Prepared for	The Eyebeam Atelier 540 West 21st Street New York, NY 10011
Prepared by	Matthews & CO., LLP 270 Madison Avenue 16th Floor New York, NY 10016
Mail tax return to	New York State Department of Law Charities Bureau - Registration Section 120 Broadway New York, NY 10271
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s). Enclose a check for \$125 made payable to NYS Department of Law. Include the organization's state registration number(s) on the remittance.

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2004
This form used for Article 7-A, EPTL, and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning 07/01/2004 and ending 06/30/2005			
b. Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization THE EYEBEAM ATELIER		d. Fed. employer ID no. (EIN) 13-3952075
	Number and street (or P.O. box if mail is not delivered to street address) 540 WEST 21ST STREET	Room/suite	e. NY State registration no. 060831
	City or town, state or country and ZIP + 4 NEW YORK, NY 10011		f. Telephone number 212 937-6580 235
			g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a.	Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, Unity Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b.	EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ...	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ <u>25.</u>
b. Estates, Powers and Trusts Law filing fee	\$ <u>100.</u>
c. Total fee	\$ <u>125.</u>
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
--

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

6. ATTACHMENTS - DOCUMENT ATTACHMENT CHECK-LIST:

Check the boxes for the documents you are attaching.

FOR ALL FILERS - COPIES OF INTERNAL REVENUE SERVICE FORMS		
<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule A to IRS Form 990	<input type="checkbox"/> Schedule A to IRS Form 990-EZ	<input type="checkbox"/> Schedule B to IRS Form 990-PF
<input checked="" type="checkbox"/> Schedule B to IRS Form 990	<input type="checkbox"/> Schedule B to IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-T
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	

ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT
<u>Independent Accountant's Report</u>
<input checked="" type="checkbox"/> Audit Report (<i>total support & revenue more than \$250,000</i>)
<input type="checkbox"/> Review Report (<i>total support & revenue \$100,001 to \$250,000</i>)
<input type="checkbox"/> No Accountant's Report Required (<i>total support & revenue not more than \$100,000</i>)