

CHARITABLE ORGANIZATION FUNDRAISING REGISTRATION ANNUAL REVIEW

INSTRUCTIONS: Please review the following information and provide any needed updates so that the firm can prepare renewal registration materials as accurately as possible. Please print this form, complete by hand, and return a copy of the completed form to the firm.

Tesseract Inc.

FEIN: 80-0378174

1629 K Street, NW, # 300, Washington, DC 20006

Mailing: 310 W. 20th Street, Suite 300, Kansas City, MO 64108

Phone: 202-446-0489

Fax:

Website: N/A

I reviewed the contact information provided above and confirm that the information is current and accurate. ☐

Please provide needed any revisions to the contact information provided above.

DOCUMENTATION TO BE ATTACHED

- 1) If any changes have been made to the Articles of Incorporation/organization or the by-laws, please provide a copy of the updated document.
- 2) Copy of the IRS Tax Determination Letter, if a new letter has been issued in the past 12 months.
- 3) Copies of all active fundraising agreements.

Important Notes:

- During the year, at any time, if you sign a fundraising, fundraising counsel or commercial co-venture agreement, please provide this Firm with a copy of the contract and a list of all states where solicitation will take place under each contract. Fundraising agreements must be filed with the respective states.
- If you enter into any agreement with a regulatory agency at any time during the year, please notify us immediately as this may have to be reported to the states.

Please review the above and attached materials for completeness and accuracy.

Chapters

- If the organization has chapters, branches or affiliates in the states of Colorado, Florida, Kansas, Massachusetts, Michigan, Minnesota, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Utah, and Virginia please provide an updated list of chapters, branches or affiliates in each state which includes the address, telephone number, and contact person for each such organization if there are any known changes from the prior year. ☒ N/A

STATE SPECIFIC INFORMATION

Please provide information for the fiscal year ending: **12/31/2021**

Electronic filing signatories for Mississippi, New Mexico, New York, and Tennessee.

- Signers
The individuals listed below will serve as the organization's signatories in Mississippi, New York, and Tennessee. The State statutes require that this email address to be the individual signer's email address and not the email address of an assistant or proxy.

President (or Authorized Officer): Erica Payne

Email address: epayne@patrioticmillionaires.org

CFO/Treasurer: Morris Pearl

Email address: mpearl@patrioticmillionaires.org

California and New York

- If the organization received government grants, please attach a detailed list including the grant name, granting agency and the total dollar amount of the grant for the most recently completed fiscal year. ☒ N/A

Kansas, Massachusetts, Mississippi, and New Jersey

- Attach the name, title, Salary, Benefits, other compensation, and hours worked for the five highest paid employees of the organization for the most recently completed fiscal year if this information is not listed in the IRS 990.

California

- Did the organization conduct raffles in California?
Yes ☐ No ☒ If yes, please attach details of each raffle.

- Does the organization have a car donation program managed by a paid fundraiser or another vendor?
Yes ☐ No ☒ If yes, please attach an explanation.
- Does the organization participate in any lobbying activities?
Yes ☐ No ☒ If yes, please attach an explanation

Minnesota

- Total contributions received from Minnesota residents \$
- Attach the name, title, compensation, and other compensation of any employees of the organization OR related organizations that exceeded \$100,000 for the most recently completed fiscal year if this information is not listed in the IRS 990.

Mississippi

- Please provide below the name, title, and alternative mailing addresses for two officers or board members. This information will only be provided to the state of Mississippi.

- Name:
- Alternate address:
- Name:
- Alternate address:

New York

- Provide either
 - a) Total New York State contributions received:
OR
 - b) a *redacted* Schedule B from the IRS 990 which includes the amount of each donation and the state where the donor is located

North Dakota

- Total compensation (salaries, fees, bonuses, fringe benefits, severance payments, and deferred compensation) paid to all employees by the organization and all affiliates if the organization does not file IRS 990.
- Total revenue raised in North Dakota: \$
- Total disbursed or dedicated within North Dakota: \$
 - Is this a reasonable estimate only? Yes ☐ No ☒

- Detail of total amounts disbursed or dedicated within North Dakota Itemized by each major purpose: **N/A**

- Funds or properties transferred out of state (This figure is total ND revenue minus total expended in ND): \$ **0**

○ Is this a reasonable estimate only. Yes ☐ No ☒

- Explanation as to recipient and purpose of funds or properties transferred out of state: **N/A**

Ohio

- Total Contributions received from Ohio ONLY: \$ **0**
- Total Distributions to Ohio residents: \$ **0**
- The total number of Board Meetings in the past fiscal year: **4**
- Attach the names, total annual compensation with benefits, and average hours per week of all officers, directors, trustees, and executive personnel for the most recently completed fiscal year if this information is not listed in the IRS 990.

Oregon

- Total Revenue from Oregon ONLY: \$ **10000**

Utah

- Total Contributions received from Utah donors ONLY: \$ **7500**

Virginia

- Name and title of individuals or group who approve the organization's budget
The organization's Board of Directors will approve the budget.
- A short statement detailing how contributions collected in the CURRENT year will be used if different than what was provided in the IRS 990.
For general support of the organization's purpose.

Washington

- Provide a list of the three (3) employees receiving greatest compensation in the current fiscal year.
 - 1 Erica Payne
 - 2 Jodie Rubenstein
 - 3 Chloe Shanklin

- Please provide the first name, last name, and title of the individual who prepared the organization's audited financial statement.
Renzi, Bernardi Suarez & Co., PA

West Virginia

- Total Contributions received from West Virginia donors ONLY: \$**4000**
- Total Spent on Programs in West Virginia ONLY: \$ **0**

List of CURRENT Officers and Board Members

Chuck Collins, Director

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

Patricia Martone, Director

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

Erica Payne, President

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

Morris Pearl, Chair

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

Stephen Prince, Director

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

Chloe Shanklin, CFO, Treasurer, Political Director

1629 K Street, NW, # 300, Washington, DC 20006, 202-446-0489

1) I have reviewed the information on this page Yes ☒ No ☐

2) I have made all necessary changes above Yes ☐

OR

I hereby confirm the information printed above is accurate and requires no changes Yes ☒

List of Fundraising Agreement both current and those active during the previous fiscal year

List any applicable contracts for all states here:

1) I have reviewed the information on this page Yes ☒ No ☐

2) I have made all necessary changes above Yes ☐

OR

I hereby confirm the information printed above is accurate and requires no changes Yes ☒

Statement of Charitable Purpose and Program Service Accomplishment

Tesseract, Inc. is a non-profit corporation dedicated to foster and promote knowledge, public advocacy concerning social and political issues.

1) I have reviewed the information on this page Yes ☒ No ☐

2) I have made all necessary changes above Yes ☐

OR

I hereby confirm the information printed above is accurate and requires no changes Yes ☐

List of Accountants

Dembo Jones, P.C.

6010 Executive Blvd., Suite 900
Rockville, MD 20852

Authorized to Sign Checks

Erica Payne, President
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

List of Banks

Amalgamated Bank
1825 K Street, NW
Washington, DC 20006
Bank Telephone Number: 202-293-9800

Bank of America
1801 K Street, NW
Washington, DC 20006
Bank Telephone Number: 202-624-5110

Responsible for Custody of Financial Records

Erica Payne, President
1629 K Street, NW, # 300
Washington DC 20006

1) I have reviewed the information on this page Yes ☒ No ☐

2) I have made all necessary changes above Yes ☐

OR

I hereby confirm the information printed above is accurate and requires no changes Yes ☒

Responsible for Fundraising

Erica Payne, President
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

Responsible for Custody of Funds

Erica Payne, President
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

Responsible for Distribution of Funds

Erica Payne, President
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

Morris Pearl, Chair & Treasurer
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

DeVeria Flowers, Director of Finance & Operations
1629 K Street, NW, # 300
Washington DC 20006
202-446-0489

1) I have reviewed the information on this page Yes ☒ No ☐

2) I have made all necessary changes above Yes ☐

OR

I hereby confirm the information printed above is accurate and requires no changes Yes ☒

**SIGNATURE AUTHORIZATION FOR
FUNDRAISING REGISTRATION FILINGS**

I, Erica Payne, an authorized officer of Tesseract Inc., do hereby grant and provide this power of attorney to Copilevitz, Lam & Raney, PC ("the Firm"), a third party paid registration preparer, specifically authorizing the Firm to prepare online fundraising registration filings based on the information provided by us to the Firm. After Tesseract Inc. has reviewed the contents for accuracy, verified and approved same in writing, the Firm shall sign my name and/or as third-party preparer, state depending, the online fundraising registration filings and pay any requisite filing fees.

I understand that in many instances online registration filings contain an attestation clause confirming the truth and accuracy of the information and that Tesseract Inc. is solely responsible for reviewing the contents of all paper and online registrations prepared by Copilevitz, Lam & Raney, PC, for accuracy and that Copilevitz, Lam & Raney, PC cannot attest to the veracity of the information provided by us to the Firm. I understand that Copilevitz, Lam & Raney, PC is a paid registration preparer and not a paid tax preparer nor accountants nor auditors.

Based on the foregoing, I hereby authorize Copilevitz, Lam & Raney, PC to prepare and sign the online fundraising registration filings subsequent to review and approval of the contents of each filing in writing. This power of attorney and authorization shall continue until terminated in writing by Erica Payne.

Signature of Authorized Officer

Dated: _____

Print Name and Title

The person signing this authorization and power of attorney, _____, appeared before me, a notary public, and acknowledged this power of attorney as a voluntary act and deed.

Signature of Notary

Dated: _____

My Commission Expires: