| efile | e Pu | ıblic Visı | ual Render | ObjectIo | d: 202203199 |)349319845 - Si | ubmissio | n: 2022-1 | 1-15 | T | IN: 82-2384512 |
|--------------------------------|--------|------------------------|---|--------------------|---------------------------------|--|------------|--------------------|-----------------------------|------------------|-----------------------|
| | 0 | חו | R | eturn of | Organizat | tion Exempt | t From | Incom | e Tax | (| OMB No. 1545-0047 |
| Form | 3: | <i>9</i> 0 | | | • | - | | | | | 2021 |
| | | | | | | of the Internal Rev numbers on this for | | | | tions) | |
| | | | | | | of for instructions | | | | | Open to Public |
| Depar Treasu | | t of the | - | GO LO <u>WWW.</u> | <u>irs.gov/Form9</u> | or instructions | and the I | atest morn | nation. | | Inspection |
| Interna Servic | | | alendar vear | or tay year | beginning 01-0 | 1-2021 , and end | ling 12-31 | -2021 | | | |
| | | applicable: | C Name of orga | | beginning 01-0 | 1-2021 , and end | ing 12-51 | -2021 | D Employ | er identif | ication number |
| | | change | CURIOUS CON | MUNICATIONS | INC | | | | 82-238 | | |
| | | hange | Deine husing | | | | | | - 02-230 | 4312 | |
| O Ini | | eturn rn/terminated | Doing busines | 5 d5 | | | | | | | |
| _ | | ed return | Number and s | street (or P.O. bo | ox if mail is not deliv | vered to street address |) Room/sui | e | E Telephon | ie number | |
| О Ар | plicat | ion pending | 307 CANAL ST | TREET APT 4N | | | , | | (917) 7 | 14-7571 | |
| — | | | | | e, country, and ZIP | or foreign postal code | | | - | | |
| | | | NEW YORK, N | | | | | | G Gross re | ceipts \$ 7 | 30,357 |
| | | | F Name and LAURA FLAN | | rincipal officer: | | | H(a) Is th | is a group re | turn for | |
| | | | 307 CANAL S | TREET | | | | | rdinates? all subordinat | | 🗌 Yes 🗹 No |
| 7 Tax | | mpt status: | NEW YORK, N | | | | _ | H(b) Alea inclu | ded? | les | 🗆 Yes 🔲 No |
| | | • | 5 01(c)(3) | |) ◀ (insert no.) | ☐ 4947(a)(1) or | 527 | | o," attach a l | | |
| JW | ebsi | te: 🕨 LAU | RAFLANDERS. | ORG | | | | H(C) Grou | p exemption | number | • |
| | | | | | | | | L Year of form | ation: 2018 | M State | of legal domicile: NY |
| K Forr | n of c | organization: | Corporation | n 🗆 Trust 🗆 | Association | Other 🕨 | | | 2010 | | or legal dominine. It |
| Pa | art I | Sum | mary | | | | | | | | |
| | 1 | Briefly des | cribe the orga | nization's miss | sion or most sign | ificant activities: | | | | | |
| e | | | COMMUN. PROVIDES EDUCATIONAL SERVICES TO THE GENERAL PUBLIC WITH RESPECT TO CURRENT EVE NOVELEMENT AND CITIZEN INITIATIVES IN THE DEMOCRATIC PROCESS. | | | | | | NI EVEN | IS, AND THE ROLE | |
| ano | | | | | | | | | | | |
| Ë | | | | | | | | | | | |
| Activities & Governance | 2 | Check thi | s box 🕨 🗌 | | | | | | | | _ |
| 3 | 3 | Number o | of voting memb | pers of the gov | verning body (Pa | rt VI, line 1a) 🔒 . | | | | 3 | 6 |
| es | 4 | Number o | of independent | voting memb | ers of the govern | ning body (Part VI, li | ne 1b) . | | • | 4 | 0 |
| Ê. | 5 | | | | - | 2021 (Part V, line 2 | 2a) | | • | 5 | 7 |
| Acti | 6 | | | | if necessary) . | | • • | | • | 6 | |
| - | | | | | | n (C), line 12 . | | | • | 7a | 0 |
| | b | Net unrel | ated business | taxable incom | e from Form 990 | -T, Part I, line 11 | | | | 7b | |
| | _ | | | | | | | Pr | ior Year | | Current Year |
| en en | | | | | ne 1h) | | • | | 680,3 | | 721,997 |
| Revenue | 9 | - | | | | | | | 61, | | 1,750 |
| Rei | | | · · | , | | nd 7d) | • | | | 357 | 141 |
| | | | | | lines 5, 6d, 8c, 9 | | ine 12) | | 17,0 759,4 | | 6,469 730,357 |
| | | | | - | | rt VIII, column (A), li | , | | 135, | 105 | |
| | | | | | | lines 1–3) | | | | | 0 |
| | | | | | | IINE 4) IX, column (A), line | | | 438, | 304 | 452,971 |
| Sec | | | • | | | 2 11e) | | | 430, | | 452,971 |
| Exp enses | | | - | | n (D), line 25) > 55, | - | • | | | | 0 |
| EX | | | 5 1 | , | | .1f-24e) | <u> </u> | | 283,2 | 296 | 415,495 |
| | | | | | | column (A), line 25) | | | 721,0 | | 868,466 |
| | | | | • | • | · · · · · · | | | 37, | | -138,109 |
| es | | | | | | | - | Beginning | of Current Y | | End of Year |
| Net Assets or Fund Balances | | | | | | | | | | | |
| Bal | 20 | Total asse | ets (Part X, line | e16) | | | • | | 156, | 301 | 103,597 |
| et / | | | | - | | | · · | | | 509 | 90,009 |
| ZĽ | 22 | | | | line 21 from line | 20 | • | | 150, | 792 | 13,588 |
| De | rt II | Cian | ature Block | | | | | | | | |

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

| SON | / 1. | 'n | 0 | | 0 | | | 0 |
|-----|------|-------------|---|-------|---|---|----|---|
| any | / r | \ 11 | U | V V I | C | u | ч. | c |

| Sign here Z22 85.11 Date Pright Propaties of other Type or print mean and Other Type or print mean and Other Type or print mean and Other Propaties USB ONLY Type and type of the type of type of the type of type of the type of typ | any kn | owledge. | | | | | |
|--|---------|--------------|---------------------------------------|-------------------------------------|------------------------|-----------------|---------------------------|
| Sign Here Date Alura LANDES DIRECTOR Market and the property of print name and the Preparer Preparer's alignature Date: PTI Date: PTI Date: <td< th=""><th></th><th></th><th></th><th></th><th></th><th>2022-05-11</th><th></th></td<> | | | | | | 2022-05-11 | |
| Here Using FLANDEDS DIRECTOR Paid Pripe preparer Print/Type preparer's name Preparer's algoature Paid Prim's name Print/Type preparer's name Preparer's algoature Print S (Info: Statement of Program Service AccountTAINS Prim's (Inf): Statement of Program Service AccountSine to the separate instructions. Cat. No. 11282Y Form 990 (2021) Paid Page 2 Form 990 (2021) Page 2 Point III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Check If Schedule O contains a response or note to any line in this Part III Current Verbert And Orthors Provides on Schedule O. Page 2 Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Current Verbert And Orthors Provides on Schedule O. Brefer describe the organization smission: Current Prevents, And Direck Orthors Reculates Contains a response or note to any line in this Part III Current Verbert And Controls Provides and Schedule O. Did the organization cesses on Schedule O. Page 2 Did the organization cesses on Schedule O. Did the organization cesse on Schedule O. Page 1 No Prestore Norther Not C | Cian | Sig | gnature of officer | | | | |
| Prior or promotione and the Paid Proof or promotione and the Proof or provide provide and the property of the property of the promotion and the property of the promotion and the property of the provide and the property of the property of the provide and the property of the provide and the property of the property of the provide and the property of the property of the provide and the property of the proof the property of the property of the proof t | - | | | | | | |
| Paid Proparer 2022-11-15 Firm's name MEEONE ACCOUNTANTS Firm's endpoint Firm's address + 21 HIGH STREET Firm's endpoint Firm's endpoint Firm's address + 21 HIGH STREET Firm's endpoint Was No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021) Page 2 Page 2 Form 990 (2021) Page 2 Form 990 (2021) Page 2 Page 2 Partill Statement of Program Service Accomplishments Check II Schedule O contains a response or note to any line in this Part III Check II Schedule O contains a response or note to any line in this Part III Check II Schedule O contains a response or note to any line in this Part III Check II Schedule O contains a response or note to any line in this Part III Check III Schedule O contains a response or note to any line in this Part III Check III Schedule O contains a response or note to any line in this Part III Check III Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization indertake any significant program services of uring the year which were not listed on the prior form 900 or 990-E22 Check III Schedule O. 2 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(C(3) and 501 cease are required to report the amo | | | | | | | |
| Paid Immunol settemptydi | | ' | Print/Type preparer's name | Preparer's signature | Date | | PTIN |
| Propager Primts name Multiple Street Primts address Primts bit 1:3240000 Immts address Primts address Primts in 22:33747 May the IRS discuss this return with the prepares shown above? (see instructions) Cat. No. 11282Y Porm 990 (2021) Page 2 Page 2 Form 990 (2021) Page 2 Print III Statement of Program Service Accomplishments Cat. No. 11282Y Porm 990 (2021) Page 1 Statement of Program Service Accomplishments Cat. No. 11282Y Porm 990 (2021) Port III Statement of Program Service Accomplishments Cat. No. 11282Y Porm 990 (2021) Check II Schedule to contains a repose or note to any line in this Part III Cat. No. 11282Y Porm 990 (2021) Part III Statement of Program Service Accomplishments Cat. No. 11282Y Porm 990 (2021) Cat. No. 11282Y Porm 990 (2021) Page 2 Porm 990 (2021) Part III Statement of Program Service Accomplishments Cat. No. 11282Y Porm 990 (2021) 1 Briefly describe these new services on Schedule Accemption BrokobcAcs That Hidputcherl Civic EvacateMent Port Page 2 2 Did the organization undertake any significant program services during the year which were no | Paid | | | | 2022-11-15 | | P00146408 |
| Automatical of a structure in a structure in a structure in the struct | | arer | Firm's name Firm's name | ANTS | | | 1-3240020 |
| HUNTINGTON, NY 11743 May the IRS discuss this return with the preparer shown above? (see instructions) Image: Colspan="2">Image: Colspan="2" Form 990 (2021) Page: 2 Form 990 (Colspan="2">Point: Image: Colspan="2">Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" Image: Colspan= | Use | Only | Firm's address > 42 HIGH STREET | | | Phone no. (63) | 1) 223-3747 |
| May the IRS discuss this return with the preparer shown above? (see instructions) Cat. No. 11282Y No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021) Page 2 Page 2 Form 990 (2021) Page 2 Part III Statement of Program Service Accomplishments | | | HUNTINGTON, NY | 11743 | | | |
| For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021) Page 2 | Mariath | | i i i i i i i i i i i i i i i i i i i | | | | |
| Page 2 Part III Statement of Program Service Accomplishments Check if Schedule Q contains a response or note to any line in this Part III . | | | · · · | 1 1 | | | |
| Form 990 (2021) Page 2 Part III Statement of Program Service Accomplishments | TOFFa | | Reduction Act Notice, see the | | Cat. I | NO. 11282Y | Form 990 (2021) |
| Form 990 (2021) Page 2 Part III Statement of Program Service Accomplishments | | | | Page 2 | | | |
| Part III Statement of Program Service Accomplishments Check if Schedule Q contains a response or note to any line in this Part III | | | | | | | |
| Check if Schedule O contains a response or note to any line in this Part III | Form 9 | | | | | | Page 2 |
| 1 Briefly describe the organization's mission: CURIOUS COMMUNICATIONS PROVDES EDUCATIONAL SERVICES TO THE GENERAL PUBLIC WITH RESPECT TO CURRENT EVENTS, AND THE ROLE 0 CIVIC INVOLVEMENT AND CITIZE INITIATIVES IN THE DEMOCRATIC PROCESS. THE GROUP ACHIEVES THIS MISSION BY PRODUCING REGULAR PROGRAMS IN MULTIMEDIA INCLUDING PUBLIC TELEVISION BROADCAST THAT HIGHLIGHT CIVIC ENGAGEMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 | Part | III Sta | atement of Program Service | e Accomplishments | | | _ |
| CURIOUS COMMUNICATIONS PROVIDES EDUCATIONAL SERVICES TO THE GENERAL PUBLIC WITH RESPECT TO CURRENT EVENTS, AND THE ROLE OF CIVIC INVOLVEMENT AND CITIZEN INITIATIVES IN THE DEMOCRATIC PROCESS. THE GROUP ACHIEVES THIS MISSION BY PRODUCING REGULAR PROGRAMS IN MULTIMEDIA INCLUDING PUBLIC TELEVISION BROADCAST THAT HIGHLIGHT CIVIC ENGAGEMENT 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? | | | | nse or note to any line in this Par | tIII | | 🛛 |
| OF CIVIC INVOLVENENT AND CITIZEN INITIATIVES IN THE DEMOCRATIC PROCESS. THE GROUP ACHIEVES THIS MISSION BY PRODUCING REGULAR PROGRAMS IN MULTIMEDIA INCLUDING PUBLIC TELEVISION BROADCAST THAT HIGHLIGHT CIVIC ENGAGEMENT 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 No If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) Implicit TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. <td>-</td> <td>,</td> <td>5</td> <td></td> <td></td> <td></td> <td></td> | - | , | 5 | | | | |
| 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7 | | | | | | | |
| the prior Form 990 or 990-EZ? | PROGR | AMS IN M | ULTIMEDIA INCLUDING PUBLIC TE | ELEVISION BROADCAST THAT HIG | GHLIGHT CIVIC ENG | AGEMENT | |
| the prior Form 990 or 990-EZ? | | | | | | | |
| the prior Form 990 or 990-EZ? | | Did the or | appization undertake any cignifica | at program convices during the ve | or which wore not li | stad on | |
| 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? | | | | | | | |
| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | • | | | | | |
| If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | conducts, any progra | m | |
| 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 5 | services? | | | | | . 🗌 Yes 🖉 No |
| Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 1 | If "Yes," de | escribe these changes on Schedule | e O. | | | |
| and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | |
| 4a (Code:) (Expenses \$ 747,644 including grants of \$) (Revenue \$ 82,465) THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | ount of grants and all | ocations to oth | ners, the total expenses, |
| THE ORGANIZATION MISSION IS ACCOMPLISHED VIA THE PRODUCTION, 50 WEEKS PER YEAR, OF A CURRENT EVENTS NEWSWORTHY BROADCAST AIRED ON PUBLIC TELEVISION AND ALSO AVAILABLE VIA ONLINE STREAMING. WE ALSO PRODUCE WEEKLY PODCASTS, AND CONDUCT OCCASIONAL MEDIA TRAINING EVENTS FOR OTHER NON-PROFIT ORGANIZATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | | | | | | | |
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| 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 1 | PUBLIC TEL | EVISION AND ALSO AVAILABLE VIA ONI | INE STREAMING. WE ALSO PRODUCE | | | |
| | - | EVENTS FOR | R OTHER NON-PROFIT ORGANIZATIONS | • | | | |
| | 4b / | (Cada) |) (Expanses t | including grants of | <i>*</i> |) (Devenue ¢ | |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | 40 | (Coue: |) (Expenses \$ | including grants of | Þ |) (Revenue \$ |) |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | - | | | | | | |
| 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) | - | | | | | | |
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| | 4c | (Code: |) (Expenses \$ | including grants of | \$ |) (Revenue \$ |) |
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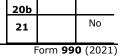
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| | (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | |
|------|--|---|--|-----|---------------|-----------------|
| 4e | Total program service expenses | 747,644 | | | | |
| | | | | F | orm 99 | 0 (2021) |
| | | Dage 2 | | | | |
| | | Page 3 | | | | |
| Form | 990 (2021) | | | | | Page 3 |
| Par | Checklist of Required Sch | edules | | | | |
| | | | | | Yes | No |
| 1 | | 501(c)(3) or 4947(a)(1) (other that | n a private foundation)? <i>If "Yes," complete</i> | 1 | Yes | |
| 2 | Is the organization required to complete | | | 2 | | No |
| 3 | Did the organization engage in direct or for public office? If "Yes," complete Sche | | s on behalf of or in opposition to candidates | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did election in effect during the tax year? If | | | 4 | | No |
| 5 | Is the organization a section 501(c)(4), assessments, or similar amounts as defi | 501(c)(5), or 501(c)(6) organization ned in Rev. Proc. 98-19? <i>If "Yes," o</i> | on that receives membership dues, complete Schedule C, Part III | 5 | | No |
| 6 | to provide advice on the distribution or i | | s or accounts for which donors have the right ds or accounts? <i>If "Yes," complete</i> | 6 | | No |
| 7 | Did the organization receive or hold a co the environment, historic land areas, or | | | 7 | | No |
| 8 | Did the organization maintain collection complete Schedule D, Part III | | | 8 | | No |
| 9 | Did the organization report an amount i for amounts not listed in Part X; or prov services? <i>If "Yes," complete Schedule L</i> | ide credit counseling, debt manage | | 9 | | No |
| 10 | Did the organization, directly or through permanent endowments, or quasi endow | | | 10 | | No |
| 11 | If the organization's answer to any of th or X, as applicable. | e following questions is "Yes," then | complete Schedule D, Parts VI, VII, VIII, IX, | | | |
| а | Did the organization report an amount f <i>Schedule D,</i> Part VI. 19 | or land, buildings, and equipment i | | 11a | Yes | |
| | assets reported in Part X, line 16? If "Ye | s," complete Schedule D, Part VII | | 11b | | No |
| | total assets reported in Part X, line 16? | If "Yes," complete Schedule D, Pan | | 11c | | No |
| | in Part X, line 16? If "Yes," complete Sch | nedule D, Part IX | | 11d | | No |
| e | Did the organization report an amount f | or other liabilities in Part X, line 25 | ? If "Yes," complete Schedule D, Part X 🧐 | 11e | Yes | |
| f | | | e tax year include a footnote that addresses 0)? If "Yes," complete Schedule D, Part X | | | Nie |
| 12a | | | ents for the tax year? If "Yes," complete | 11f | | No |
| | Schedule D, Parts XI and XII | | | 12a | | No |
| b | Was the organization included in consoli If "Yes," and if the organization answere | | al statements for the tax year? g Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in | section 170(b)(1)(A)(ii)? If "Yes," | complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, | employees, or agents outside of th | e United States? | 14a | | No |
| b | Did the organization have aggregate rev business, investment, and program serv at \$100,000 or more? <i>If "Yes," complete</i> | ice activities outside the United Sta | ates, or aggregate foreign investments valued | 14b | | No |
| 15 | Did the organization report on Part IX, c foreign organization? If "Yes," complete | olumn (A), line 3, more than \$5,00 Schedule F, Parts II and IV | 0 of grants or other assistance to or for any | 15 | | No |
| 16 | | olumn (A), line 3, more than \$5,00 | 0 of aggregate grants or other assistance to | 16 | | No |
| 17 | Did the organization report a total of mo column (A), lines 6 and 11e? If "Yes," of | | rofessional fundraising services on Part IX, tructions. | 17 | | No |
| 18 | lines 1c and 8a? If "Yes," complete Sche | dule G, Part II | | 18 | | No |
| 19 | complete Schedule G, Part III | | | 19 | | No |
| 20a | Did the organization operate one or mor | . , , | | 20a | | No |
| L. | TE INVALI LA LINA DOAL d'IN LAS ANALASIAN | attack a convert fits available of first and | int at the second set of the second sec | | | |

| D 11. | res | to iine ∠ua, | aid the organization | attach a copy of its | audited financiai | statements to this return? |
|-------|-----|--------------|----------------------|----------------------|-------------------|----------------------------|
|-------|-----|--------------|----------------------|----------------------|-------------------|----------------------------|

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



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|-----|--|-----|-----|----------|
| Pa | t IV Checklist of Required Schedules (continued) | | X | |
| 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 | Yes | No No |
| 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 Schedule J | 23 | Yes | |
| 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 Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . $\ .$ | 24b | | |
| с | 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 | | |
| 25a | 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 | | No |
| 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 | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L. Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 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 | | No |
| 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 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 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 | | No |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | \cup |

Yes No

- 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .
- ${\bf b}~$ Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable ~ .
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Yes

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1a

1b

| Form | 990 (2021) | | Page 5 |
|------|--|-----|---------------|
| Pa | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | No |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | No |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country: | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$. | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| 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 organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \ldots . | 9b | |
| 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 | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in | | l l |

| | which the organization is licensed to issue qualified health plans | | |
|-----|--|-----|-----------------------|
| с | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | 15 | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O. | 16 | No |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069. | 17 | |
| | | F | orm 990 (2021) |

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| Form | 990 (2021) | | | Page 6 |
|------|--|--------|-----|---------------|
| Par | VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | • | | |
| Se | ction 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 6 | | | |
| | 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 in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 0 | | | |
| 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 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$. | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? $\$. | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | No |
| 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 | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | | No |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | No |
| 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? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 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 | | No |
| 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 | | No |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | No |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | No |
| b | Other officers or key employees of the organization | 15b | | No |
| | 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 | No |
|-----|--|-----|----|
| 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 | |

Section 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 Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |
|----|--|
| 19 | Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. |
| 20 | Charles the many address, and telephone number of the neuron who measures the even instiguies healy and records. |

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►FRANK SPRING 114 WEST 29TH STREET NEW YORK, NY 10001 (212) 736-4946

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Form 990 (2021)

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

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1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or 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 nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours | Average hours per week (list any hoursPosition (do not check more than one box, unless person is both an officer and a director/trustee)Reportable compensation from the organizationReportable compensation organization | | | | | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the | | |
|--------------------------------|--|--|-----------------------|---------|--------------|---------------------------------|--|---|----------------------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099- MISC/1099- NEC) | (W-2/1099- MISC/1099- NEC) | organization and related organizations |
| (1) LAURA FLANDERS DIRECTOR | 40.00 | x | | x | x | | x | 85,000 | 0 | 0 |
| (2) KIM CONNER SECRETARY | 1.00 | x | | | | | | 0 | 0 | 0 |
| (3) GUS SPHEERIS TREASURER | 1.00 | x | | | | | | 0 | 0 | 0 |
| (4) ADRIENNE TORF DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (5) DARREL FROST DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (6) TERRY MCGOVERN DIRECTOR | 1.00 | x | | | | | | 0 | 0 | 0 |
| (7) ISAIAH POOLE | 1.00 | | | | | | | | | |

| DIRECTOR | | Х | | | 0 | 0 | 0 |
|------------------------------|------|---|--|--|---|---|-----------------|
| (8) DARA BALDWIN DIRECTOR | 1.00 | | | | 0 | 0 | 0 |
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| | | | | | | | Form 990 (2021) |

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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

| (A) Name and title | (B) Average hours per week (list any hours for related | than one box, unless person compensation compensation is both an officer and a from the from related | | | | | Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the | | |
|--|---|--|-----------------------|---------|--------------|---------------------------------|---|---|----------------|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | MISC/1099-NEC) | MISC/1099-NEC) | organization and related organizations |
| | | | | | | | | | | |
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| | | | | | | | | <u> </u> | | |
| 1b Sub-Total | | | | | | • | | <u> </u> | | |
| c Total from continuation sheets to P d Total (add lines 1b and 1c) | art VII, Section | Α. | | | | | | 85,000 | | |

Total number of individuals (including but not limited to those listed above) who received more than 100,000 of reportable compensation from the organization 2

No

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

3

| | line 1a? If "Yes," complete Schedule J for such individual | | - | | · · | 3 | Yes | |
|----------------------------|--|--|------------------------------|-----------------------|------------------------------------|-------|----------------|-----------------|
| 4 | For any individual listed on line 1a, is the sum of reportable c organization and related organizations greater than \$150,000 individual | | | | n the | | | |
| 5 | Did any person listed on line 1a receive or accrue compensati services rendered to the organization? If "Yes," complete Sche | | | on or ind | ividual for | 4 | Yes | |
| | | | | • • | | 5 | | No |
| 1 | ection B. Independent Contractors Complete this table for your five highest compensated indepe from the organization. Report compensation for the calendar | endent contractors that year ending with or w | t received r ithin the or | nore tha ganizatio | n \$100,000 of co n's tax year. | mpens | sation | |
| | (A) Name and business address | | , | | (B) cription of services | | (C Comper | |
| | | | | Desi | cription of services | | Compe | ISALIUII |
| | | | | | | | | |
| | | | | | | | | |
| | Total number of independent contractors (including but not limit | ted to those listed abo | ve) who re | ceived m | ore than \$100,00 | 00 of | | |
| | compensation from the organization 🕨 | | | | | | Form 99 | 0 (2021) |
| | | | | | | | 10111 33 | • (2021 |
| | | — Page 9 ——— | | | | | | |
| Forr | n 990 (2021) | | | | | | | Page 9 |
| | art VIII Statement of Revenue | | | | | | | ruge 2 |
| | Check if Schedule O contains a response or note to a | | | | <u></u> | | | |
| | | (A) Total revenue | (B Relate | | (C) Unrelated | | (D Rever | |
| | | | exen funct | | business revenue | ta | excluded | |
| | | | rever | | revenue | | 512 - | |
| N A | Federated campaigns 1a | | | | | | | |
| | tributions, 5 Grants, Membership dues 1b | | | | | | | |
| | Membership dues <u>1b</u> | | | | | | | |
| Sim Ar G | Har Ic | | | | | | | |
| | | | | | | | | |
| d | Related organizations 1d | | | | | | | |
| e | Government grants (contributions) 1e | | | | | | | |
| f | All other contributions, gifts, grants, and similar amounts not included 1f | | | | | | | |
| | 721,997 | | | | | | | |
| g | Noncash contributions included in lines 1a - 1f:\$ 1g | | | | | | | |
| | | | | | | | | |
| h | Total. Add lines 1a-1f | 97 | | | | | | |
| _ | Business Code | | | | | | | |
| | 2a PROGRAM SERVICE FEES | 1,750 | | | | | | |
| 1 | | | | | | | | |
| 10110 | , | | | | | | | |
| â | | | | | | | | |
| - de | | | | | | | | |
| 20 | 5 1 | | | | | | | |
| December Condes Datability | | | | | | | | |
| - Contraction | | | | | | | | |
| 9 | f All other program service revenue. | | | | | | | |
| | 9 Total. Add lines 2a–2f | 50 | | | 1 | | | |
| | 3 Investment income (including dividends, interest, and other | | | | | | | |
| | similar amounts) | 141 | | | | 1 | | |
| | | | | | | | | |

| 4 Income from investment of tax-exempt bond proceeds > 5 Royalities | | | | | | | 1 | |
|--|---------------|---|--|--|---------------|-------|---|---|
| 6a Gross rents 6a b Less: rental cepenses cepton cepton | 4 | Income from investr | nent | of tax-exempt bo | ond proceeds | • | | |
| Ga Gross rents Ga b Lass: rental expenses Gb c Rental income or (loss) (i) Securities d Net rental income or (loss) (i) Other 7a Gross memori the sease other than inventory 7a b Less: other these other than inventory 7a b Less: other these othese other thes | 5 | Royalties | | | 🕨 | • | | |
| b Less: rental c Rental income c fb d Net rental income or (loss) d Net rental income or (loss) from sales of mass and three states of masses of masse | |] | Γ | (i) Real | (ii) Personal | | | |
| b Less: rental c Rental income c fb d Net rental income or (loss) d Net rental income or (loss) from sales of mass and three states of masses of masse | | - 0 | ſſ | | | | | |
| expenses 6b c. Rental income or (loss) | | | 6a | | | _ | | |
| or (loss) 6c d Netrental income or (loss) | b | | 6b | | | | | |
| 7a Gross amount from sales of assets other assets other than inventory b Less: cost or other tais and assets other 7a 7b 7c 7b 7c 7c 7d < | с | | 6c | | | | | |
| 7a Gross amount resides one than inventory b Less: cost or outber basis and sales supersenses 7a 7a 7b 7a 7a 7a 7c 7a 7a 7a 7a Gross income from fundraising events (not including \$ See Part IV, line 18 | | d Net rental income | or (le | oss) | • | | | |
| Image: Solution of the set | | Γ | [| (i) Securities | (ii) Other | | | |
| other basis and sales expenses 79 c Gain or (loss) d Net gain or (loss) d Net gain or (loss) for including 3 off ic outributions responded on line 1c). See Part IV, line 18 See Part IV, line 18 . b Less: direct expenses c Rot income or (loss) from fundraising events b Less: direct expenses c Net income or (loss) from gaming activities. ga ga b Less: direct expenses c Net income or (loss) from gaming activities feature ga ga ga | 7 | from sales of assets other | 7a | | | | | |
| d Net gain or (loss) a Gross income from fundraising events (not including \$ contributions reported on line 1c). see Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events see Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ga ga < | b | other basis and | 7b | | | | | |
| d Net gain or (loss) a Gross income from fundraising events (not including \$ contributions reported on line 1c). see Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events see Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ga ga < | | Gain or (loss) | 70 | | | | | |
| a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | | . , | | | ► | | | |
| c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11aADS b MEDIA SERVICES/SPECIAL PROJECTS c c d All other revenue e Total. Add lines 11a-11d | Dther Revenue | (not including \$ contributions reported See Part IV, line 18 b Less: direct expens c Net income or (loss Gross income from g See Part IV, line 19 b Less: direct expens c Net income or (loss DaGross sales of invel returns and allowar | on lir ses () fro jamin ses () fro ntory | of he 1c). Ba Bb m fundraising eve g activities. 9a 9b m gaming activiti r, less 10a | | | | |
| Miscellaneous Revenue Business Code 11a _{ADS} 2,419 MEDIA SERVICES/SPECIAL PROJECTS 4,050 C 4,050 d All other revenue 6,469 | | | | | | | | |
| 11aADS 2,419 b MEDIA SERVICES/SPECIAL PROJECTS c 4,050 c 6,469 | - | | | | | | | l |
| d All other revenue . . . 6,469 | 1 | | US KE | evenue | Business Code | 2,419 | | |
| d All other revenue | | b MEDIA SERVICES/ | SPEC | TAL PROJECTS | | 4,050 | | |
| e Total. Add lines 11a-11d | | | | | | | | |
| 6,469 | | d All other revenue | • | | | | | |
| | | e Total. Add lines 11 | a-11 | Ld | > | 6,469 | | |
| | 1 | 2 Total revenue. Se | e ins | structions | 🕨 | | | |

| Form 990 (| n 990 (2021) Page 10 | | | | | | | | | |
|---|---|-------------------------|---|---|--------------------------------|--|--|--|--|--|
| Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | | |
| | Check if Schedule O contains a response or note to a | ny line in this Part IX | | | 🗹 | | | | | |
| | clude amounts reported on lines 6b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| | and other assistance to domestic organizations and stic governments. See Part IV, line 21 | 0 | | | | | | | | |
| | and other assistance to domestic individuals. See | 0 | | | | | | | | |

| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 0 | | | |
|----|--|---------|---------|--------|--------|
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 85,000 | 63,750 | 12,750 | 8,500 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 327,891 | 278,673 | 9,850 | 39,368 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 40,080 | 30,468 | 5,767 | 3,845 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 17,100 | 2,223 | 12,312 | 2,565 |
| d | Lobbying | 0 | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 0 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 228,903 | 228,903 | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 18,364 | 11,753 | 5,326 | 1,285 |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 24,703 | 18,527 | 6,176 | |
| | Travel | 9,862 | 9,862 | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 4,291 | 2,145 | 2,146 | |
| 23 | Insurance | 9,241 | 4,621 | 4,620 | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a ADP EXPENSES | 3,753 | | 3,753 | |
| | b BANK AND CC FEES | 2,559 | | 2,559 | |
| | c PRODUCTION/ SYNDICATION FEES | 92,554 | 92,554 | | |
| | d EQUIPMENT RENTALS | 4,165 | 4,165 | | |
| | e All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 868,466 | 747,644 | 65,259 | 55,563 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720). | | | | |

| | Page 11 | | | |
|----------|---|---------------------------------|--|---------------------------|
| Form 990 | (2021) | | | Page 11 |
| Part X | Balance Sheet | | | |
| | Check if Schedule O contains a response or note to any line in this Part IX . | | | 🗆 |
| | | (A) Beginning of year | | (B) End of year |

| | 1 | Cash-non-interest-bearing | 127,869 | 1 | 81,843 |
|-------------------------|--------|---|---------|-----|------------------|
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 6 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 5 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ssets | 8 | Inventories for sale or use | | 8 | |
| SS | 9 | Prepaid expenses and deferred charges | | 9 | |
| A | _ | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 24,529 | | | |
| | ь | Less: accumulated depreciation 13,803 | 15,017 | 10c | 10,726 |
| | 11 | Investments—publicly traded securities . | 9,197 | 11 | 6,876 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 4,218 | 15 | 4,152 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 156,301 | 16 | 103,597 |
| | 17 | Accounts payable and accrued expenses | 5,509 | 17 | 9,294 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | | 25 | 80,715 |
| | 26 | Total liabilities. Add lines 17 through 25 | 5,509 | 26 | 90,009 |
| alances | 27 | Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions | | 27 | |
| ä | 28 | Net assets with donor restrictions | | 28 | |
| Net Assets or Fund Bala | 29 | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds | | 29 | |
| ste | 30 | Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| SSE | 31 | Retained earnings, endowment, accumulated income, or other funds | 150,792 | 31 | 13,588 |
| t A | 32 | Total net assets or fund balances | 150,792 | 32 | 13,588 |
| Ne | 33 | Total liabilities and net assets/fund balances | 156,301 | 33 | 103,597 |
| - | | | | | Farma 000 (2021) |

_____ Page 12 _____

| Part XI | Reconcilliation of Net Assets | | |
|---------|---|----------|----------|
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | 🗆 |
| 1 Total | revenue (must equal Part VIII, column (A), line 12) | 1 | 730,357 |
| 2 Total | expenses (must equal Part IX, column (A), line 25) | 2 | 868,466 |
| 3 Reve | nue less expenses. Subtract line 2 from line 1 | 3 | -138,109 |
| 4 Net a | assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 150,792 |
| 5 Net u | unrealized gains (losses) on investments | 5 | |
| 6 Dona | ated services and use of facilities | 6 | |

| 7 | Investment expenses | 7 | | | |
|----|--|--------|----|---------------|-----------------|
| 8 | Prior period adjustments | 8 | | | 905 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | | 13,588 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Cash Conternation | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: | on a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: | basis, | | | |
| | □ 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 audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O |). | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133? | ngle | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | red | Зb | | No |
| | | | F | orm 99 | 0 (2021) |

Additional Data

Return to Form

 Software ID:
 21013554

 Software Version:
 21.0.5.0

Form 990, Special Condition Description:

Special Condition Description

| CIII | erul | olic Visual | Kender | Objectid: 4 | 20220319934931 | 9845 - Subr | nission: 2022- | 11-15 | TIN: 82-2384512 | | |
|--------|---|--|---------------------------------|---|---|--|--|---|---|--|--|
| (Foi | HED m 99 | | Con | | rganization is a sect 4947(a)(1) nonexe | atus and Public Support section 501(c)(3) organization or a section nexempt charitable trust. | | | | | |
| Treas | ury | nue Service | • | Attach to Form 990 or Form 990-EZ. Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. | | | | | Open to Public | | |
| | | ne organiza | tion | | | | | Employer identifi | Inspection cation number | | |
| CURIC | OUS COI | MMUNICATION | S INC | | | | | 82-2384512 | | | |
| Ра | rt I | Reason | for Public | Charity Stat | us (All organization | s must comp | lete this part.) S | | | | |
| he o | organiz | ation is not a | a private foui | ndation because | e it is: (For lines 1 thro | ugh 12, check | only one box.) | | | | |
| 1 | | A church, c | onvention of | churches, or as | sociation of churches | described in se | ection 170(b)(1) | (A)(i). | | | |
| 2 | | A school de | escribed in se | ection 170(b)(| 1)(A)(ii). (Attach Sch | edule E (Form | 990).) | | | | |
| 3 | | | | | | | | | | | |
| 4 | 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: | | | | | | | | | | |
| 5 | | 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). | | | | | | | | | |
| 6 7 | | | | | - | | | | al public described in | | |
| | | section 17 | '0(b)(1)(A) | (vi). (Complete | - | | 2 | find of from the gener | al public described in | | |
| 8 | | | | | n 170(b)(1)(A)(vi). | | | | | | |
| 9 | | An agriculti non-land gi | ural research rant college c | organization de of agriculture. S | escribed in 170(b)(1) ee instructions. Enter | (A)(ix) operation (A)(ix) operation (A) (ix) operat | ted in conjunction , and state of the c | with a land-grant col college or university: | lege or university or a | | |
| 10 | Image: A start of the start of | from activit | ies related to income and | o its exempt fun unrelated busin | (1) more than 331/3% actions—subject to cert ess taxable income (le omplete Part III.) | ain exceptions | s, and (2) no more | than 33 1/3% of its s | upport from gross | | |
| 11 | | • | | • • • • • | exclusively to test for | · public safety. | See section 509 | (a)(4). | | | |
| 12 | | more public | cly supported | l organizations o | d exclusively for the be described in section 5 s the type of supportin | 09(a)(1) or s | ection 509(a)(2) |). See section 509(| | | |
| а | | Type I. A so organizatio | supporting or n(s) the pow | ganization oper | ated, supervised, or co appoint or elect a majo | ontrolled by its | supported organiz | zation(s), typically by | | | |
| b | | Type II. A manageme | supporting on the sup | organization sup | ervised or controlled in ation vested in the sam | | | | | | |
| с | | | | | supporting organization ions). You must com | | | | ated with, its | | |
| d | | Type III n functionally | on-function integrated. | ally integrate The organizatio | d. A supporting organi n generally must satisf | zation operate y a distribution | d in connection with n requirement and | th its supported orga | nization(s) that is not juirement (see | | |
| е | | Check this | box if the org | anization receiv | rt IV, Sections A and ved a written determin | ation from the | | pe I, Type II, Type II | I functionally | | |
| f | Entor | | ,, | | integrated supporting | - | | | | | |
| g. | | | | | | | | · · · · · · · · - <u>–</u> | | | |
| | | lame of supp organization | orted | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the o | rganization listed rning document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | Yes | No | | | | |
| | | | | | | | | | | | |
| Гota | | | | | | | | | | | |
| or I | Paperv | vork Reduc or 990-EZ. | tion Act No | tice, see the Iı | nstructions for | Cat. No. 112 | 85F | Schedule | A (Form 990) 2021 | | |
| | | | | | Pag | je 2 | | | | | |
| | | (Earra 000) | 2021 | | | | | | - | | |
| | nt II | (Form 990) | | e for Organia | ations Described | in Sections | 170(6)(1)(4) | (iv) and 170(b)(| Page 2 | | |
| гd | | (Comple | ete only if y | ou checked th | ne box on line 5, 7, ify under the tests l | or 8 of Part I | or if the organi | zation failed to qu | | | |
| | | A. Public | | | | - / | | · | | | |
| Cale | ndar | vear | | I | I | I | I | I | I | | |

| | r fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|-------------|---|--|---|---|--|---|-------------------------|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grant.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | |
| 3 | to or expended on its behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| 4 | the organization without charge Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 from | | | | | | |
| | line 4. | | | | | | |
| | ection B. Total Support | | | | | | |
| (0) | r fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, | | | | | | |
| Ŭ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources. | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the | | | | | | |
| 10 | business is regularly carried on Other income. Do not include gain or | | | - | | | |
| 10 | loss from the sale of capital assets | | | | | | |
| 11 | (Explain in Part VI.) Total support. Add lines 7 through | | | | | | |
| 12 | 10 Gross receipts from related activities, e | etc. (see instructio | | <u> </u> | I | 12 | |
| | First 5 years. If the Form 990 is for th | | | | | | ization, check |
| | this box and stop here | | | | | | , |
| S | ection C. Computation of Public | Support Perc | entage | | | | |
| 14 | Public support percentage for 2021 (lin Public support percentage for 2020 Sch | | | | | 14 | |
| 15 16a | 33 1/3% support test-2021. If the | | | | | 15 more, check this | xoc |
| 100 | and stop here. The organization qualif | ies as a publicly s | supported organiz | ation | | | 🕨 🗆 |
| b | 33 1/3% support test—2020. If the box and stop here. The organization | 5 | | , | | , | |
| 17a | 10%-facts-and-circumstances test and if the organization meets the "facts | -2021. If the org s-and-circumstand | ganization did not ces" test, check th | check a box on lin his box and stop h | e 13, 16a, or 16b ere. Explain in Pa | , and line 14 is 10 rt VI how the orga | % or more, inization |
| b | meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets th | t—2020. If the or | rganization did no | t check a box on li | ne 13, 16a, 16b, o | or 17a, and line 15 | 5 is 10% or |
| | meets the "facts-and-circumstances" | | | | | | ► 🗆 |
| 18 | Private foundation. If the organization | | • | | • | | |
| | instructions | | | | | Schedule A (I | 🕨 🗆 Form 990) 2021 |
| | | | | | | | |
| | | | Page 3 | | | | |
| | | | | | | | |
| Sch | edule A (Form 990) 2021 | | | | | | Page 3 |
| I | Part III Support Schedule for (Complete only if you the organization fails t | checked the bo | x on line 10 of l | Part I or if the or | ganization faile | | er Part II. If |
| | ection A. Public Support | | | | | · / | |
| | lendar year r fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | 435,775 | 680,387 | 721,997 | 1,838,159 |
| 2 | | | | | | | |
| _ | merchandise sold or services performed, or facilities furnished in | | | 83,500 | 18,241 | 82,465 | 184,206 |
| | any activity that is related to the | | | , | | , | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that | | 1 | | | | |
| | are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |

| b Amounts included on lines 2 and 3 received from other than disquiring spectra for most than disquiring spectra for the other amount on line 13 for the years. c did lines 2 and 7b. c did lines 7 and 7b. c did lines 7b. c | 5 6 7a | to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons | | | 519,275 | 698,628 | ,628 804,462 | | 2,0 | 022,365 | |
|---|--|---|--------------------|---------------------|-----------------------|---------------------|------------------|----------------|-----------|--------------|--|
| 8 Public support. (Subtract line 7c from line 6.) 2,022,06 Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (c) 2019 6 Amounts from line 6 997 356 14 899 100 Securities Loss, rents, royabies and line come line lines, lines line lines 997 356 14 899 101 Unrelated lines 101 | Ь | 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 | | | | | | | | | |
| Section B. Total Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gradient State | | Public support. (Subtract line 7c | | | | | | | 2,(|)22,365 | |
| (a) first jean beginning in) (a) 2012 (b) 2013 (c) 2013 (c | Se | | | | | | | | | | |
| 9 Amounts from line 6. 315,275 998,628 994,462 2,022,28 a Gross income from interest, dividends, payments received on securitie towns, rents, rrywlifes and securities towns, rents, rrywlifes and securities towns, rents, rrywlifes and unrelated business taxable income (ress section 511 taxs) from businesses acquired after June 30, to dark ass 10a and 10b. 397 358 141 89 1 Net income from interest, dividends, payments income tests section 511 taxs) from businesses acquired after June 30, whether or not the business is regularly varied on. 397 358 141 89 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly varied on. 397 358 804,600 2,002,007 13 Total support. (Aid lines 9, 10c, 11, First 5 years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax years as accloin 5010(c)(3) organization, clex. Image: Section 5. Computation of Public Support Percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) 15 0.9 16 Fublic support percentage form 2022 Schedule A, Part III, line 15. 18 18 18 19 Investment income percentage form 2022 Schedule A, Part III, line 13, column (f) 12 0.9 9 10 Investment income percentage form 20221 (line 10c, column (f) divided by line 13, column (f)) | | | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) | Total | | |
| a dividends, payments received on securities and income from similar sources. 397 358 141 69 securities loans, rents, royables and income from similar sources. 10 397 358 141 69 1975. c Add lines 10 and 10b. 397 358 141 69 1975. c Add lines 10a and 10b. 397 358 141 69 1975. c Add lines 10a and 10b. 397 358 141 69 1975. c Add lines 10a and 10b. 397 358 141 69 1975. c Add lines 10a and 10b. 397 358 64,603 2.008.07 1975. t First 3 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, dheck this tos and stop here. 16 69 64,400 2.008.07 19 Public support parcertage for 2021 (line 6, column (f)) 15 0 9 9 16 17 0 9 19 Public support t parcertage for 2021 (line 6, column (f) 16 17 0 9 18 10 13 10 10 10 10 10 10 10 <t< td=""><th>•</th><td></td><td></td><td></td><td>519,275</td><td>698,628</td><td>804,4</td><td>62</td><td>2,0</td><td>022,365</td></t<> | • | | | | 519,275 | 698,628 | 804,4 | 62 | 2,0 | 022,365 | |
| (ess section 511 taxes) from businesss acquired after June 30, 1975. (ess section 511 taxes) from business acquired after June 30, 1975. (ess section 511 taxes) from business acquired after June 30, busines 31, busines | | dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | 397 | 358 | 1 | 41 | | 896 | |
| 11 Net income from unrelated business activities not line 100, whether or not the business is regularly carried on. activities not included on line 100, whether or not include gain or loss from the sale of capital or loss from 2020 Schedule A, Part III, line 15. 524.481 0.698,986 804.603 2.028,07 14 First 5 years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization (1) divided by line 13, column (f)). 15 0 0.9 15 Public support percentage for 2020 Schedule A, Part III, line 15. 17 Investment income percentage for 2020 Schedule A, Part III, line 17. 12 0.9 19 33 u/3% support tests-2020. If the organization did not check the box on line 14, and line 15 is more than 33 u/3%, and line 17 is not more than 33 u/3%, support tests-2020. If the organization did not check a box on line 14, or line 19a, and line 16 is more than 33 u/3% and line 18 is not the and 3 u/3% support tests-2020. If the organization did not check a box on line 14, or line 19a, and line 16 is more than 3 u/3% and line 19 is ont more than 3 | - | (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | | | 0 | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). 4.809 4.809 4.809 13 Total support. (Add lines 9, 10c, 11, and 12.). 15 524,481 698,986 804,603 2,008,07 14 First Syears. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)). 15 0 9 16 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)). 17 0 9 18 Investment income percentage for 2021 (line 8, column (f) divided by line 13, column (f)). 17 0 9 19 33 1/9% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/9%, dheck this box and stop here. The organization qualifies as a publicly supported organization. Image: Compute Sections A. Image: Compute Sections | | Net income from unrelated business activities not included on line 10b, whether or not the business is | | | 397 | 358 | | 41 | | 896 0 | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.). 524,481 698,986 804,603 2,028,07 14 First S years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Computation of Public Support Percentage 15 Public support percentage form 2020 Schedule A, Part III, line 15. 15 0 9 16 Image: Computation of Investment Income Percentage 16 17 0 9 17 Investment income percentage for 2020 Schedule A, Part III, line 17. 18 18 18 18 Investment income percentage for 2020 Schedule A, Part III, line 15. 18 18 19 33 13/9% support tests=2020. If the organization due theck the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3% support test=2020. If the organization qualifies as a publicly supported organization. Image: Computation 17 | 12 | Other income. Do not include gain or loss from the sale of capital | | | 4,809 | | | | | 4,809 | |
| 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)). 15 0.9 16 Image: Computation of Public Support Percentage 16 16 17 Investment income percentage for 2020 Schedule A, Part III, line 17. 17 0.9 18 Investment income percentage for 2020 Schedule A, Part III, line 17. 18 18 19 10 support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 µ3%, and line 17 is not more than 33 µ3%, check this box and stop here. The organization qualifies as a publicly supported organization | 13 | Total support. (Add lines 9, 10c, | | | 524,481 | 698,986 | 804,6 | 03 | 2,0 | 028,070 | |
| Section C. Computation of Public Support Percentage 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 15 0 9 16 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 16 16 Section D. Computation of Investment Income Percentage 17 17 0 9 17 Investment income percentage for 2020 Schedule A, Part III, line 17 0 9 18 Investment income percentage for 2020 Schedule A, Part III, line 17 0 9 19 13 x19% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 x19% and line 18 is not more than 33 x19%, check this box and stop here. The organization qualifies as a publicly supported organization 16 20 Private foundation. If the organization did not check a box on line 14, or 19b, check this box and see instructions 16 21 Private foundation. If the organization gualifies as a publicly supported organization 20 22 Private foundation. If the organization gualifies as a publicly supported organization 20 22 Private foundation. If the organization gualifies as a publicly supported organization 20 23 You checked a box on line 12 of Part I. If you checked box 12c, of Part I, complete Sections A and B. If you checked box 12c, of Part I, complete Sections A and C. | 14 | | he organization's | first, second, thir | d, fourth, or fifth t | ax year as a secti | ion 501(c)(3) o | rganiza | ation, cl | neck | |
| 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)). 15 0 9 16 Vablic support percentage for 2021 (line 10, column (f) divided by line 13, column (f)). 16 28ction D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)). 17 0 9 18 Investment income percentage for 2020 Schedule A, Part III, line 17. 18 0 9 19a 33 u/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 u/3%, and line 17 is not more than 33 u/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14 or line 13e, and line 16 is more than 33 u/3%, check this box and stop here. The organization qualifies as a publicly supported organization. 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. 20 Private foundation. If the organization and 0. fly ou checked box 12a, of Part I, complete Sections A and B. If you checked box 12d, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organization describe of part I. If was the supported organization was designated. If designated by class or purpose, describe the designation have an supported organization supported organization was designated. If designated by class or purpose, | | - | | | | | | | | | |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | | | | | column (f)) . | | 15 | | | 0 % | |
| Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | | | | | | | _ | | | 0 70 | |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | Se | | | | | | | | | | |
| 19a 33 1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | 17 | | , | ., , | , , | | 17 | | | 0 % | |
| more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | | | 1 | | | |
| b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □ Schedule A (Form 990) 2021 Page 4 Schedule A (Form 990) 2021 <td box<="" checked="" colspatic="" condy="" field="" in="" part="" pow="" th="" vi=""><th>19a</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>is not</th><th></th></td> | <th>19a</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>is not</th> <th></th> | 19a | | | | | | | | is not | |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | b | 33 1/3% support tests—2020. If the | e organization did | not check a box | on line 14 or line 1 | 19a, and line 16 is | more than 33 | 1/3 % a | _ | 18 is | |
| Schedule A (Form 990) 2021 Page 4 Schedule A (Form 990) 2021 Page 4 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization have any supported organization that does not have an IRS determination of status under 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 accessible dive cols and accessible on section 509(a)(1) or (2). 3a 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 diveloping organization mediate the support test on 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the diveloping organization for the public support teston 509(a)(2)? If "Yes," describe in Part VI when and how the orga | 20 | | • | | | , ,, ,, | | | | | |
| Schedule A (Form 990) 2021 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Yes No 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2). 2 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and a 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 3a | | <u> </u> | | | , , | | | | | 2021 | |
| Schedule A (Form 990) 2021 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Yes No 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2). 2 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and a 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 3a | | | | | | | | | | | |
| Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 1 1 2 Did the organization have any supported organization described in section 509(a)(1) or (2)? 1 2 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the 3a | | | | Page 4 | | | | | | | |
| (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and D, and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes I 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. I 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | Schee | lule A (Form 990) 2021 | | | | | | | P | age 4 | |
| 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. I I I 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). I </td <th>Par</th> <td>(Complete only if you checked</td> <td>a box on line 12 d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | Par | (Complete only if you checked | a box on line 12 d | | | | | | | | |
| Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 | | 12d, of Part I, complete Section | ns A and D, and c | | | | , D, and E. II y | | | ^ | |
| 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. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the 3a | Se | ction A. All Supporting Organiz | ations | | | | | | Vac | Ne | |
| 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 | 1 | If "No," describe in Part VI how the se | upported organiza | ations are designa | | | | | Tes | | |
| 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). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the 3a | - | - | - | | | | | 1 | | | |
| 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | 2 | 509(a)(1) or (2)? If "Yes," explain in I | | | | | | 2 | | | |
| the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the | 3a | | organization des | cribed in section 5 | 501(c)(4), (5), or | (6)? If "Yes," answ | ver lines 3b and | | | | |
| 3b | Ь | | | | | | | 3b | | | |

| с | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? |
|---|--|
| | TE IIVaa II ayyalain in Dawt UT what aantuala tha ayaaniatian nyt in nlaas to anayya ayyah was |

| | IT "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | | |
|-----|---|-----|--|--|--|
| 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. | 4a | | | |
| 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 | 4b | | | |
| | supervised by or in connection with its supported organizations. | | | | |
| с | 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. | 4c | | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5th and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by | | | | |
| | amendment to the organizing document). | 5a | | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | | | |
| | | 6 | | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defin section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantibutor? 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). | 8 | | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | | | |
| | | 9a | | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | | | |
| | | 9b | | | |
| с | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | | | |
| | | 10a | | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | | | |
| | | | | | |

Schedule A (Form 990) 2021

Page 5

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| - | a | ч | e. | - |

Schedule A (Form 990) 2021

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

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | | |
| | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | | | |
| | | | | |

| | Section C. Type II Supporting Organizations | | |
|---|---|-----|----|
| | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | |

| each of the organization's supported organizatio | on(s)? If "No," describe in Part VI how control or management of the |
|--|---|
| supporting organization was vested in the same | e persons that controlled or managed the supported organization(s). |

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- **3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - **a** The organization satisfied the Activities Test. Complete **line 2** below.

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

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

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

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2021

2a

2b

3a

Schedule A (Form 990) 2021

Page 6

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgani | zations | |
|----|--|-------|----------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3 | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors | | | |

Page 6

| | | Yes | No |
|---------|---|-----|----|
| s he | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | | | |
| d. | 3 | | |

Yes

No

1

| | (explain in detail in Part VI): | | |
|---|--|---------|--|
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| | Section C - Distributable Amount | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | Check here if the current year is the organization's first as a non-functionally-i instructions) | ntegrat | ed Type III supporting organization (see |

Schedule A (Form 990) 2021

------ Page 7 ---

Schedule A (Form 990) 2021

Page **7**

| Section D - Distributions | | | | Current Year |
|---|--|-------------------------------------|-----|---|
| 1 Amounts paid to supported organizations to accomplish | n exempt purposes | | 1 | |
| Amounts paid to perform activity that directly furthers excess of income from activity | 2 | | | |
| 3 Administrative expenses paid to accomplish exempt pu | rposes of supported organizati | ons | 3 | |
| 4 Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval require | ed - provide details in Part VI |) | 5 | |
| 6 Other distributions (<i>describe in Part VI</i>). See instruction | • | , | 6 | |
| | 0115 | | 7 | |
| 7 Total annual distributions. Add lines 1 through 6. | | | / | |
| 8 Distributions to attentive supported organizations to we details in Part VI). See instructions | hich the organization is respon | sive (<i>provide</i> | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributi Pre-2021 | ons | (iii) Distributable Amount for 2021 |
| 1 Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required <i>explain in Part VI</i>). See instructions. | | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | | |
| a From 2016 | | | | |
| b From 2017 | | | | |
| c From 2018 | | | | |
| d From 2019 | | | | |
| e From 2020 | | | | |
| f Total of lines 3a through e | | | | |
| g Applied to underdistributions of prior years | | | | |
| h Applied to 2021 distributable amount | | | | |
| i Carryover from 2016 not applied (see instructions) | | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| Distributions for 2021 from Costion D line 7. | | | | |
| 4 Distributions for 2021 from Section D, line 7: | | | | |
| a Applied to underdistributions of prior years | | | | |

| - FF | 1 | 1 | 1 |
|--|---|--|---|
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |
| | Page 8 | Sci | hedule A (Form 990) (2021) |
| Schedule A (Form 990) 2021 | | | Page 8 |
| Part VI Supplemental Information. Provide the ex Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Secti Section D, lines 5, 6, and 8; and Part V, Secti instructions). | a, 9b, 9c, 11a, 11b, and 11c; P tion E, lines 1c, 2a, 2b, 3a and | art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect | ; Part IV, Section C, line 1; ion B, line 1e; Part V |

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2021

Return to Form

Additional Data

 Software ID:
 21013554

 Software Version:
 21.0.5.0

| efile Public Visual Ren | der Objectld: 202203199349319845 - Submission: 2022-11-15 | TIN: 82-2384512 | | | | | |
|--|--|--------------------------------|--|--|--|--|--|
| Schedule B | Schedule of Contributors | OMB No. 1545-0047 | | | | | |
| (Form 990) Department of the Treasury Internal Revenue Service | tment of the Treasury Control Go to www.irs.gov/Form990 for the latest information. | | | | | | |
| Name of the organization CURIOUS COMMUNICATI | | Employer identification number | | | | | |
| | | 82-2384512 | | | | | |
| Organization type (che | eck one): | | | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | □ 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | ation | | | | | |
| | □ 527 political organization | | | | | | |
| Form 990-PF | \Box 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | \Box 501(c)(3) taxable private foundation | | | | | | |

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

General Rule

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

Special Rules

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

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

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

Cat. No. 30613X

Schedule B (Form 990) (2021)

Page 2

Schedule B (Form 990) (2021)

| (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution RESTRICTED | Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal space is needed. | |
|--|--------------|---|----------------------------|---|
| DESTRUCTED | Contributors | I | | (م) |
| RESTRICTED | (a) No. | (D) Name, address, and ZIP + 4 | (C) Total contributions | (a) Type of contribution |
| a | RESTRICTED | | | Person |
| (a) Name, address, and ZIP + 4 Total contributions (c) Type of contribution (b) Person Person Person (c) (c) Payroll (c) Noncash (c) (c) (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contributions (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Type of contribution (a) Name, address, and ZIP + 4 Total contributions Person (a) Name, address, and ZIP + 4 Tota | REGIMIOTED | | | Payroll |
| (a) Name, address, and ZIP + 4 Total contributions Type of contribution | | | \$ RESTRICTED | Noncash |
| No. Name, address, and ZIP + 4 Total contributions . | | ' | | (Complete Part II for noncash contributions.) |
| | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | | Person |
| (a) Name, address, and ZIP + 4 Total contributions (Complete Part II for noncash | - | | | Payroll |
| (a) Name, address, and ZIP + 4 (b) (c) Total contributions (c) (d) Type of contribution (c) (d) Payroll Payroll (Complete Part II for noncash (Complete Part | | | \$ | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution . | | | | |
| . | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | | Person |
| (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution | - | | | Payroll |
| (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Person | | | \$ | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution . | | | | |
| . | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | | Person |
| (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions (d) . | - | | | Payroll |
| (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution - - - - Person - - - - Payroll (a) No. (b) Name, address, and ZIP + 4 (a) No. (b) Name, address, and ZIP + 4 | | | \$ | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution . | | | | |
| i i Payroll i Noncash (a) (b) No. (c) (a) (c) Name, address, and ZIP + 4 Total contributions . . | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | | Person |
| (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution . Person Payroll < | - | | | Payroll |
| (a) No. (b) Name, address, and ZIP + 4 (c) Total contributions (d) Type of contribution . | | | <u> </u> | Noncash |
| - Person Payroll Payroll Noncash (Complete Part II for noncash contributions.) | | | | (Complete Part II for noncash contributions.) |
| Payroll Payroll Noncash (Complete Part II for noncash contributions.) | (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| S Noncash (Complete Part II for noncash contributions.) | | | | Person |
| (Complete Part II for noncash contributions.) | - | | | Payroll |
| contributions.) | | | \$ | Noncash |
| | | | | contributions.) |

Schedule B (Form 990) (2021)

------ Page 3 ----

| Schedule E | B (Form 990) (2021) | | Page 3 |
|---------------------------|---|--|----------------------|
| Name of or CURIOUS C | ganization COMMUNICATIONS INC | Employer identificatio | n number |
| 00.4000 0 | | 82-2384512 | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |

| Name of or CURIOUS C Part III | Ganization COMMUNICATIONS INC Exclusively religious, charitable, etc., contributions to organizations of than \$1,000 for the year from any one contributor. Complete columns organizations completing Part III, enter the total of <i>exclusively</i> religiou | 82-2384512 described in section 501(c)(7), (8) (a) through (e) and the following | line entry. For |
|-------------------------------------|---|--|------------------------------|
| | B (Form 990) (2021) | Employer identi | Page 4 |
| | | | Schedule B (Form 990) (2021) |
| - | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (C) FMV (or estimate) (See instructions) | (d) Date received |
| Part I | Description of noncash property given | (See instructions) ´ | Date received |
| (a) No. from | (b) | \$ | (d) |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions) | (d) Date received |
| - (a) | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$_ | |
| (a) No. from Part I | (b) Description of noncash property given | (C) FMV (or estimate) (See instructions) | (d) Date received |
| - | | \$ | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------------------|--|-------------------------------------|
| | | (e) Transfer of gift | |
| F | Transferee's name, address, and | | ip of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | c) Use of gift | (d) Description of how gift is held |
| · - | Transferee's name, address, and | (e) Transfer of gift ZIP 4 Relationsh | ip of transferor to transferee |
| (a) No from | (h) Purnose of aift | (c) Use of gift | (d) Description of how aift is held |

| Part I | (b) i dipose oi giit | | (0) 000 01 gint | |
|---------------------------|---------------------------------|--------------|-----------------------------------|-------------------------------------|
| . 📃 | | | | |
| | Transferee's name, address, and | (I ZIP 4 | e) Transfer of gift Relationsh | ip of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | | (c) Use of gift | (d) Description of how gift is held |
| - = | | | | |
| | Transferee's name, address, and | | e) Transfer of gift Relationsh | ip of transferor to transferee |
| | | | | |
| | | | | Schedule B (Form 990) (2021) |

Additional Data

Return to Form

 Software ID:
 21013554

 Software Version:
 21.0.5.0

| efil | e Public Visua | l Render | ObjectId: 2022031 | 199349319845 - 9 | Submission: 2022 | -11-1 | 5 | TIN: 8 | 82-2384512 |
|---------|---|--|---|---|--|--------------------|-----------------|--------------------------|----------------|
| | SCHEDULE D Supplemental Financial Statements | | | | | OMB No | o. 1545-0047 | | |
| | (Form 990) 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. Department of the Attach to Form 990. | | | | | 2 (| 021 | | |
| Treas | ternal Revenue Service | | | | | | | | spection |
| Na | me of the organ | | | | | Emp | oloyer ident | ification | number |
| CUR | IOUS COMMUNICAT | IONS INC | | | | 82-2 | 384512 | | |
| Ра | | | ntaining Donor Advi | | | - | | | <u> </u> |
| | Comple | te if the orga | anization answered "Ye | | | | <u></u> | | |
| | Total number at | and of yoon | | (a) Donor a | dvised funds | | (b) Funds a | nd other | accounts |
| 1 2 | | | ns to (during year) | | | | | | |
| 3 | Aggregate value | | | | | | | | |
| 4 | | • | | | | | | | |
| 5 | | • | donors and donor adviso | prs in writing that the | assets held in donor ac | lvised | funds are the | <u>,</u> | |
| 6 | organization's p | roperty, subject | ct to the organization's ex grantees, donors, and do or the benefit of the donor | clusive legal control? onor advisors in writin | g that grant funds can | be use | ed only for | | Yes 🗌 No |
| | | | | | | | | | Yes 🗌 No |
| Pa | | vation Ease | | | | | | | |
| | | | nization answered "Ye | | | | | | |
| 1 | | | sements held by the orga | | , | | | | |
| | 0 | | oublic use (e.g., recreation | n or education) | Preservation of an | | | | area |
| | \frown | of natural hab | | l | Preservation of a of | certifie | d historic str | ucture | |
| _ | | on of open spa | | | | _ | | | |
| 2 | complete lines 2 easement on the | | if the organization held a ne tax year. | qualified conservation | contribution in the fo | rm of a | | | of the Year |
| а | | , | easements | | | 2a | neia at t | | |
| b | Total acreage res | stricted by con | servation easements | | | 2b | | | |
| с | Number of conse | ervation easem | nents on a certified histori | ic structure included ir | n (a) | 2c | | | |
| d | Number of conse structure listed i | | nents included in (c) acqu Register | ired after 7/25/06, an | d not on a historic | 2d | | | |
| 3 | Number of const tax year b | ervation easen | nents modified, transferre | ed, released, extinguis | hed, or terminated by | the or | ganization du | iring the | |
| 4 | Number of state | s where prope | erty subject to conservation | on easement is located | | | | | |
| 5 | | | written policy regarding the transformer of the second second second second second second second second second s the second se | | | of viola | ations, | Yes | |
| 6 | Staff and volunt | eer hours dev | oted to monitoring, inspec | cting, handling of viola | ations, and enforcing co | onserv | ation easeme | ents durin | g the year |
| 7 | Amount of expe | nses incurred | in monitoring, inspecting, | , handling of violations | , and enforcing conser | vation | easements d | luring the | e year |
| 8 | | | nent reported on line 2(d) | | | 70(h)(| 4)(B)(i) | Yes | |
| 9 | balance sheet, a | and include, if | organization reports cons applicable, the text of the for conservation easemen | e footnote to the orgar | | | | | |
| Par | | | ntaining Collections anization answered "Ye | | | er Si | milar Asse | ts. | |
| 1a b | historical treasu Part XIII, the te If the organizati | res, or other s xt of the footn on elected, as | permitted under FASB AS imilar assets held for pub ote to its financial statem permitted under FASB AS | blic exhibition, education nents that describes th SC 958, to report in its | on, or research in furth ese items. s revenue statement ar | ierance nd bala | e of public ser | rvice, pro orks of ar | vide, in t, |
| , | following amour | nts relating to | imilar assets held for pub these items: 00, Part VIII, line 1 | | | | | | |
| | | | Part X | | | | | | |
| | | | | | | | | | |
| 2 | following amour | nts required to | held works of art, histori be reported under FASB ,), Part VIII, line 1 | ASC 958 relating to th | ese items: | - | | | |
| a h | | | | | | | | | |
| b | Assets included | III FUITTI 990, I | Part X | | | • • | . ► > | | |

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

| | | Page 2 | | | | | | | |
|------|---|-------------------------------|----------|----------------|------------------|-----------|----------------|--------------|---------------------------------------|
| Sche | dule D (Form 990) 2021 | | | | | | | | Dog |
| | t III Organizations Maintaining Co | llections of Art. Histor | rical T | reasi | ires, oi | · Othe | r Similar A | ssets (co | Page ntinued) |
| 3 | Using the organization's acquisition, accessio | | | | | | | | |
| - | items (check all that apply): | d | | | | | - | | |
| а | Public exhibition | u | \Box | Loan | or excha | ange pr | ograms | | |
| b | Scholarly research | е | | Othe | r | | | | |
| с | $\overline{\Box}$ | | | | | | | | |
| 1 | Preservation for future generations Provide a description of the organization's co | lloctions and oxplain how th | ov furt | bor the | o organiz | ation's | oxompt purp | oco in | |
| • | Part XIII. | | ley fuit | | e organiz | ations | exempt purp | 050 111 | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | | | | | | | 🗌 Yes | 🗆 No |
| Pa | t IV Escrow and Custodial Arrange Complete if the organization ansuline 21. | | 0, Part | : IV, lir | ne 9, or | report | ed an amou | unt on For | rm 990, Part) |
| la | Is the organization an agent, trustee, custod | | | | | | | | |
| | included on Form 990, Part X? | | | | | | | 🗌 Yes | 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the following | a tablo | | [| | | Amount | |
| c | Beginning balance | | - | | · | 1c | , | Anount | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| а | Did the organization include an amount on Fo | orm 990, Part X, line 21, fo | r escrov | <i>w</i> or cu | stodial a | ccount | liability? | | No |
| b | If "Yes," explain the arrangement in Part XIII | | | | | | | _ | |
| | rt V Endowment Funds. | | | | provided | | | _ | |
| | Complete if the organization answ | | , | | | | • | | |
| _ | | (a) Current year (b) | Prior ye | ar | (c) Two y | ears bac | k (d) Three ye | ears back (e | Four years back a) Four years back |
| | Beginning of year balance | | | | | | | | |
| | Contributions Net investment earnings, gains, and losses | | | - | | | | | |
| | Grants or scholarships | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| | Provide the estimated percentage of the curr | ent year end balance (line | 1g, colu | umn (a |)) held a | s: | | | |
| а | Board designated or quasi-endowment | | | | | | | | |
| b | Permanent endowment | | | | | | | | |
| с | Term endowment 🕨 | | | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c shou | | | | المرامع الم | a bassa d | fan tha | | |
| а | Are there endowment funds not in the posses organization by: | ssion of the organization the | at are r | ieid an | a aamini | stered | for the | | Yes No |
| | (i) Unrelated organizations | | | | | | | 3a(| i) |
| | (ii) Related organizations | | | | | | | 3a(i | |
| b | If "Yes" on 3a(ii), are the related organization | | | | • • | • • | | . 3b | |
| | Describe in Part XIII the intended uses of the | - | funds. | | | | | | |
| a | rt VI Land, Buildings, and Equipme Complete if the organization answ | | 0. Part | · TV. lir | ne 11a. | See Fo | orm 990. Pa | art X. line | 10. |
| | Description of property (a) Cost or ot (investm | her basis (b) Cost or othe | , | | | | depreciation | 1 1 | Book value |
| а | Land | | | | | | | | |
| b | Buildings | | | | | | | 1 | |
| с | Leasehold improvements | | | | | | | 1 | |
| d | Equipment | | | | t | | | | |
| | Other | | | 24,529 | 1 | | 13,803 | | 10,72 |
| ota | I. Add lines 1a through 1e. (Column (d) must | equal Form 990, Part X, col | umn (E | 3), line | 10(c).) | | • | 1 | 10,72 |

| Schedule | D | (Form | 990) | 2021 |
|----------|---|-------|------|------|
|----------|---|-------|------|------|

(b) Book value

| Part VII Investments - Other Securities. | | line 11h Cee Few | | line 10 |
|---|-------------------|------------------|------------------|----------------------|
| Complete if the organization answered "Yes" on Fo (a) Description of security or category | (b) Book value | | (c) Method of va | aluation: |
| (including name of security) | | Cost | or end-of-year r | narket value |
| (1) Financial derivatives | | | | |
| (3) Other (A) Financial derivatives and other financial products | | | | |
| (B) Closely-held equity interests | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Fo | rm 990 Part IV | line 11c See For | m 990 Part X | line 13 |
| (a) Description of investment | ini 550, rait iv, | (b) Book value | (c) Meth | od of valuation: |
| (1) | | | | of-year market value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | Þ | | | |
| Part IX Other Assets. Complete if the organization answered 'Yes' on For | m 990, Part IV, I | ine 11d. See For | m 990, Part X, | |
| (a) Description | | | | (b) Book value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | <u></u> . | | |
| Part X Other Liabilities. | | | | |

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. 1.

(a) Description of liability

| Federal income taxes | |
|---|------------------------------|
| PPP LOANS | 80,715 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 80,715 |
| Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state | |
| | |
| organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has be | en provided in Part XIII 🛛 🗆 |

Schedule D (Form 990) 2021

| | Page 4 | | |
|--------|---|----------|---------------------------------------|
| Sche | dule D (Form 990) 2021 | | Page 4 |
| | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | eturn | 3 |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 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 | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 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.) | | |
| с | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Par | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | Retu | r n. |
| 1 | Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | 1 | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | - | · · · · · · · · · · · · · · · · · · · |
| ∠ a | Donated services and use of facilities | | |
| a b | Prior year adjustments | | |
| | Other losses 20 22 22 | | |
| c d | Other (Describe in Part XIII.) 2 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | · · · · · · · · · · · · · · · · · · · |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | 5 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | · |
| | rt XIII Supplemental Information | <u> </u> | |
| | vide 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 7. Part VI |
| | es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | v, iiile | |
| | Return Reference Explanation | | |

Schedule D (Form 990) 2021

 Software ID:
 21013554

 Software Version:
 21.0.5.0

| | e Public Visua | | | 319845 - Submission: 2022 ion Information | | TIN: 82- OMB No. | | | | |
|---|--------------------------------------|--|----------------------------|---|---------------------------|---------------------|----------------|----|--|--|
| Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | 5.15 110. | _5 15 1 | | | | | | | |
| | | ghest | 2021 | | | | | | | |
| | | Complete if the organiza | tion ansv | vered "Yes" on Form 990, Part I | V, line 23. | 20 | Z | | | |
| ► Attach to Form 990. | | | | | | Open t | Open to Public | | | |
| as | | | 100 | motivetions and the latest mo | | Insp | | | | |
| an | ne of the organiza | ation | | | Employer identifi | cation nu | mber | | | |
| JR | OUS COMMUNICAT | IONS INC | | | | | | | | |
| | rt I Ouestie | ons Regarding Compensation | | | 82-2384512 | | | | | |
| d | | ons Regarding compensation | | | | | Yes | No | | |
| | Check the appro 990, Part VII, Se | piate box(es) if the organization provi ection A, line 1a. Complete Part III to | ided any o provide ar | f the following to or for a person list by relevant information regarding th | ted on Form ese items. | | | | | |
| | | | | | | | | | | |
| | | or charter travel companions | | Housing allowance or residence fo | | | | | | |
| | | ification and gross-up payments | | Payments for business use of pers Health or social club dues or initia | | | | | | |
| | | ary spending account | | Personal services (e.g., maid, cha | | | | | | |
| | Discretion | ary spending account | 0 | reisonal services (e.g., maid, cha | uneur, chery | | | | | |
| | | kes on Line 1a are checked, did the or or provision of all of the expenses des | | | | 16 | | | | |
| | | tion require substantiation prior to rei | | | | 1b | | | | |
| | | es, officers, including the CEO/Executi | | | | 2 | | | | |
| | Indicate which, organization's C | if any, of the following the filing organ EO/Executive Director. Check all that a | ization use apply. Do r | ed to establish the compensation of not check any boxes for methods | the | | | | | |
| | used by a relate | d organization to establish compensat | ion of the | CEO/Executive Director, but explain | in Part III. | | | | | |
| | Compensa | ation committee | | Written employment contract | | | | | | |
| | Independent | ent compensation consultant | | Compensation survey or study | | | | | | |
| | Form 990 | of other organizations | | Approval by the board or compense | sation committee | | | | | |
| | During the year, related organiza | did any person listed on Form 990, Pation: | art VII, Se | ection A, line 1a, with respect to the | filing organization or | а | | | | |
| | Receive a severa | ance payment or change-of-control pa | yment? . | | | 4a | | | | |
| | Participate in, or | receive payment from, a supplement | al nonqua | lified retirement plan? | | 4b | | | | |
| | Participate in, or | receive payment from, an equity-bas | ed compe | nsation arrangement? | | 4c | | | | |
| | If "Yes" to any o | f lines 4a-c, list the persons and provi | ide the app | plicable amounts for each item in Pa | rt III. | | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) orga | nizations | must complete lines 5-9. | | | | | | |
| | For persons liste | d on Form 990, Part VII, Section A, li | | | | | | | | |
| | compensation co | ontingent on the revenues of: | | | | | | | | |
| 9 | 5 | 1? | | | | 5a | | No | | |
| • | | nization? | | | | 5b | | No | | |
| | | | | | | | | | | |
| | | d on Form 990, Part VII, Section A, lip ontingent on the net earnings of: | ne 1a, did | the organization pay or accrue any | | | | | | |
| 9 | 5 | 1? | | | | 6a | | No | | |
| | Any related orga | anization? | | | | 6b | | No | | |
| | If "Yes," on line | 6a or 6b, describe in Part III. | | | | | | | | |
| | For persons liste payments not de | ed on Form 990, Part VII, Section A, lin escribed in lines 5 and 6? If "Yes," des | ne 1a, did scribe in Pa | the organization provide any nonfix art III . | ed | 7 | | No | | |
| | Were any amou | nts reported on Form 990, Part VII, pa | aid or accu | red pursuant to a contract that was | | | | | | |
| | subject to the in | itial contract exception described in R | egulations | section 53.4958-4(a)(3)? If "Yes," | describe | | | | | |
| | in Part III | | | | | 8 | | No | | |
| | | 3, did the organization also follow the | | | | 9 | | | | |
| | | | | | | - | | 1 | | |

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (F) Compensation in column (B) reported as (A) Name and Title (C) Retirement (D) Nontaxable (E) Total of and other deferred columns (B)(i)-(D) benefits (i) Base (ii) Bonus & (iii) Other compensation reportable compensation deferred on prior Form 990 incentive compensation compensation 1 LAURA FLANDERS DIRECTOR (i) - - - - - - - -. - - - - - - - -- - - - - - - - -- - - - - - -. - - - - - - - - - -- - - -(ii) - - - -- - - -- - - -- - - - -- - - - - -- - - -

Page **2**

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| Additional Data | | | | | | | | Ret | urn to Form |
| | | | | | | | | Schedule J (F | orm 990) 2021 |
| rovide the information, explanation, or des Return Reference | scriptions required for Part I, line | s 1a, | 1D, 3, 4a, 4D, 4C, | | and 8, and for Part xplanation | t II. Also complete | this part for any | auditional info | rmation. |
| Part III Supplemental Information | | - 1- | 16 2 4- 46 4 | | | | this must fam | | |
| chedule J (Form 990) 2021 | | | | | | | | | Page 3 |
| | | | F | Page 3 | | | | | |
| | | | | | | | | Schedule J (Fe | orm 990) 2021 |
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| effie Public | 11N: 82-2384512 | | | | |
|--|-----------------|--|-----------------------------|--|--|
| SCHEDUL (Form 990) Department of the Internal Revenue S | Treasury | Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. | ions on n. | OMB No. 1545-0047 2021 Open to Public Inspection | |
| Name of the organization CURIOUS COMMUNICATIONS INC | | | Employer iden 82-2384512 | | |
| Return Reference | | Explanation | | | |
| Form 990, Part IX, Line | OUTSIDE LABO | OR FEES PAID TO OUTSIDE CONTRACTORS NOT ON PAYROLL | | | |

 11G

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

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 21013554

 Software Version:
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