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		applicable:	C Name of orga		beginning 01-0	1-2021 , and end	ing 12-51	-2021	D Employ	er identif	ication number
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—					e, country, and ZIP	or foreign postal code			-		
			NEW YORK, N						G Gross re	ceipts \$ 7	30,357
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			307 CANAL S	TREET					rdinates? all subordinat		🗌 Yes 🗹 No
7 Tax		mpt status:	NEW YORK, N				_	H(b) Alea inclu	ded?	les	🗆 Yes 🔲 No
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								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	
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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
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	_							Pr	ior Year		Current Year
en en					ne 1h)		•		680,3		721,997
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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

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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
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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			_
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the prior Form 990 or 990-EZ?	PROGR	AMS IN M	ULTIMEDIA INCLUDING PUBLIC TE	ELEVISION BROADCAST THAT HIG	GHLIGHT CIVIC ENG	AGEMENT	
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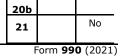
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	(Expenses \$	including grants of \$) (Revenue \$)		
4e	Total program service expenses	747,644				
				F	orm 99	0 (2021)
		Dage 2				
		Page 3				
Form	990 (2021)					Page 3
Par	Checklist of Required Sch	edules				
					Yes	No
1		501(c)(3) or 4947(a)(1) (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
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D 11.	res	to iine ∠ua,	aid the organization	attach a copy of its	audited financiai	statements to this return?
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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



Page 4

	990 (2021)			Page 4
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

10

0

1c

D	5	0		5
г	а	ч	e.	5

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)

Page 6 -

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

Form 990 (2021)

Page 7

Form 990 (2021)

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

Page 7 -

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
							Form 990 (2021)

— Page 8 –

Form 990 (2021)

Page 8

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
										······································
										······································
										· · · · · ·
								<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 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			^	
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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		
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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
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(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
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				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

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 Software Version:
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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			• •	. ► >		

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		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
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(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

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	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
		1							
		1							

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

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Schedule O (Form 990) 2021

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