	e Pu	IDIIC VISU	ual Render	ObjectI	d: 202343079	349300034 - S	ubmission	: 2023-11	-03	T	N: 82-238451	12
	n	חר	R	eturn of	Organizat	ion Exemp	t From	Income	Tax	(OMB No. 1545-004)47
Form	93	J U			-	-					2022	
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Interna Servic			alendar vear.	or tax year	beginning 01-01	L-2022 , and end	ding 12-31-	2022				
		applicable:	C Name of orga	anization			anig 12 01		D Employe	er identif	ication number	
		s change	CURIOUS CO	MMUNICATIONS	SINC				82-2384	1512		
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O Ini		eturn Irn/terminated	Doing Dusine.	33 43								
_		ed return			ox if mail is not delive	ered to street address	s) Room/suite		E Telephon	e number		
О Ар	plicat	ion pending	307 CANAL S	TREET APT 4N					(917) 7	14-7571		
			City or town, NEW YORK, N		ce, country, and ZIP c	or foreign postal code						
									G Gross re		15,460	
			F Name and LAURA FLAN		rincipal officer:			H(a) Is this		urn for		
			307 CANAL S NEW YORK, I					suboro H(b) Are al	dinates? I subordinat	es	UYes 🗹 No)
T Tax	-exe	mpt status:				\cap		includ	ed?		□ Yes □No	С
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K Form	n of o	rappization	Comparatio	n 🗌 Truct	Association 🗌 O	than	L	. Year of forma	tion: 2018	M State	of legal domicile: NY	Y
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Pa	art I	Sum	mary									
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e						S COMMUN. PROVIDES EDUCATIONAL SERVICES TO THE GENERAL PUBLIC WITH RESPECT TO CURRENT EVE C INVOLVEMENT AND CITIZEN INITIATIVES IN THE DEMOCRATIC PROCESS.						
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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

anv	knowledge.	

<u>any</u>	nowieage.					
					2023-10-20	
Sign	Si	gnature of officer			Date	
Here	. k					
	L-4	URA FLANDERS DIRECTOR pe or print name and title				
	, <i>'</i>	Print/Type preparer's name	Preparer's signature	Date		PTIN
.		Find type preparer's name	Freparer s signature	2023-11-03	Check 🗹 if	P00146408
Paic		Firm's name Firm's name	ANTS		self-employed Firm's EIN > 1	1 2240020
	barer		ANTS			1-3240020
Use	Only	Firm's address > 42 HIGH STREET			Phone no. (631) 223-3747
		HUNTINGTON, NY	11742			
		How Hing row, W	11/43			
		cuss this return with the preparer s	1 1			. 🗹 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see the	separate instructions.	Cat. I	No. 11282Y	Form 990 (2021)
			Page 2			
Form	990 (2021)				Page 2
Par	t III St	atement of Program Servic	e Accomplishments			
	Ch	eck if Schedule O contains a respo	nse or note to any line in this Par	rt III		🗆
1	Briefly des	scribe the organization's mission:				
CURIC	OUS COMM	UNICATIONS PROVIDES EDUCATION	ONAL SERVICES TO THE GENERAL	L PUBLIC WITH RESP	ECT TO CURRE	NT EVENTS, AND THE ROLE
OF CI	VIC INVOL	VEMENT AND CITIZEN INITIATIVE	S IN THE DEMOCRATIC PROCESS	. THE GROUP ACHIE	ES THIS MISS	ION BY PRODUCING REGULAR
PROG	RAMS IN M	IULTIMEDIA INCLUDING PUBLIC T	ELEVISION BROADCAST THAT HIG	GHLIGHT CIVIC ENGA	AGEMENT	
2		ganization undertake any significa	nt program services during the ye	ear which were not lis	sted on	
	•	Form 990 or 990-EZ?				🗆 Yes 🛛 No
	If "Yes," d	escribe these new services on Sch	edule O.			
3	Did the or	ganization cease conducting, or m	ake significant changes in how it	conducts, any progra	m	
	services?					. 🗌 Yes 🔽 No
	If "Yes," d	escribe these changes on Schedul	e O.			
4	Describe t	he organization's program service	accomplishments for each of its t	three largest program	n services, as r	neasured by expenses.
		01(c)(3) and 501(c)(4) organizatio		ount of grants and all	ocations to oth	ers, the total expenses,
	and reven	ue, if any, for each program servio	e reported.			
4a	(Code:) (Expenses \$	624,057 including grants of	\$) (Revenue \$)
τu	•	VIZATION MISSION IS ACCOMPLISHED			, ,	,
	PUBLIC TEL	EVISION AND ALSO AVAILABLE VIA ON	LINE STREAMING. WE ALSO PRODUCE			
	EVENTS FO	R OTHER NON-PROFIT ORGANIZATIONS				
4b	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of	\$) (Revenue \$)

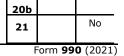
. .

• --

	(Expenses \$	including grants of \$) (Revenue \$)		
4e	Total program service expenses 🕨	624,057				
				F	orm 99	0 (2021)
		Page 3				
Form	990 (2021)					Page 3
Par	t IV Checklist of Required Sche	edules				
					Yes	No
1		601(c)(3) or 4947(a)(1) (other th	nan a private foundation)? <i>If "Yes," complete</i>	1	Yes	
2	Is the organization required to complete	Schedule B, Schedule of Contrib	utors? See instructions.	2		No
3	Did the organization engage in direct or for public office? If "Yes," complete Sche		ies on behalf of or in opposition to candidates	3		No
4	Section 501(c)(3) organizations. Dic election in effect during the tax year? If	the organization engage in lobb "Yes," complete Schedule C, Par	ying activities, or have a section 501(h)	4		No
5	Is the organization a section 501(c)(4), assessments, or similar amounts as defi			5		No
6	to provide advice on the distribution or i		ds or accounts for which donors have the right nds 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 collections complete Schedule D, Part III	of works of art, historical treasu	res, or other similar assets? <i>If "Yes,"</i>	8		No
9		de credit counseling, debt manag	todial account liability; serve as a custodian gement, credit repair, or debt negotiation	9		No
10	Did the organization, directly or through permanent endowments, or quasi endow		ts in temporarily restricted endowments, Iule D, Part V	10		No
11	If the organization's answer to any of th or X, as applicable.	e following questions is "Yes," the	en complete Schedule D, Parts VI, VII, VIII, IX,			
а	Did the organization report an amount for <i>Schedule D,</i> Part VI.	or land, buildings, and equipment		11a	Yes	
b	Did the organization report an amount for assets reported in Part X, line 16? If "Ye		n Part X, line 12 that is 5% or more of its total	11b		No
	total assets reported in Part X, line 16?	f "Yes," complete Schedule D, Pa		11c		No
	in Part X, line 16? If "Yes," complete Sch	edule D, Part IX 🥵 🔒 .	hat is 5% or more of its total assets reported	11d	Yes	
е	Did the organization report an amount for	or other liabilities in Part X, line 2	5? If "Yes," complete Schedule D, Part X	11e		No
f			ne tax year include a footnote that addresses 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	5 ,	ependent audited financial state	ments for the tax year? If "Yes," complete	12a		No
b	Was the organization included in consoli	lated, independent audited finan		12a 12b		No
13	Is the organization a school described in	, 1	5 , ,	13		No
14a	Did the organization maintain an office,	employees, or agents outside of	the United States?	13 14a		No
	Did the organization have aggregate rev	enues or expenses of more than				
	at \$100,000 or more? If "Yes," complete			14b		No
15	foreign organization? If "Yes," complete	Schedule F, Parts II and IV		15		No
16	or for foreign individuals? If "Yes," comp	lete Schedule F, Parts III and IV		16		No
17	column (A), lines 6 and 11e? If "Yes," co	mplete Schedule G, Part I. See in		17		No
18	lines 1c and 8a? If "Yes," complete Sche	dule G, Part II		18		No
19	complete Schedule G, Part III			19		No
20a	Did the organization operate one or mor			20a		No
L.,	TE IIVaall ta lina 20a did tha avaaniaatian		Country of the set of	. 1		

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?

No

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0

1c

P	a	n	ρ	5
	u	Э	0	<u> </u>

1a

1b

Form	990 (2021)			Page 5
Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
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	Yes	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a		No
b	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)? If "Yes," enter the name of the foreign country:	4a		No
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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?	50 50		
	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			
е	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			

	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.
~~	Chate the many address and talendary markers of the many sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-

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		one b	ox, ι n of	t ch unle fice	ss per r and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and related organizations	
	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)		
(1) LAURA FLANDERS DIRECTOR	40.00	x		x	x		x	95,088	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	than c is b	ne b	ox, ι In of	unles ficer	and a	on	2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(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		MISC/1099-NEC)	organization and related organizations
			•			•			·	
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)				:		* *		95,088		

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

line 1a? If "Yes," complete Schedule J for such individual		- · ·		3 Yes
For any individual listed on line 1a, is the sum of reportable	compensation and othe	r compensation fro	m the	J 163
organization and related organizations greater than \$150,0 <i>individual</i>				4 Yes
Did any person listed on line 1a receive or accrue compensions services rendered to the organization? If "Yes," complete Sciences and the organization of the services rendered to the services rendered to the organization of the services rendered to the services rendered to the organization of the services rendered to the services rend				5 No
Section B. Independent Contractors				
Complete this table for your five highest compensated inde from the organization. Report compensation for the calenda				pensation
(A)	ar year chang with or wi		(B)	(C)
Name and business address		Des	scription of services	Compensation
Total number of independent contractors (including but not lin	mited to those listed abo	ve) who received n	nore than \$100,000	of
compensation from the organization	filted to those listed abo			
				Form 990 (202)
	Page 9			
rm 990 (2021)				-
Part VIII Statement of Revenue				Page
Check if Schedule O contains a response or note to	any line in this Part VIII			🗆
	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
	lotal revenue	exempt function	business	excluded from tax under section
		revenue	revenue	512 - 514
generated campaigns 1a				
mbership dues 1b				
ndraising events 1c				
derated campaigns 1a imbership dues 1b imbership dues 1c imbership dues 1c imbership dues 1c imbership dues 1d imbership dues 1d imbership dues 1d imbership dues 1e				
lated organizations 1d				
b vernment grants (contributions) 1e				
All other contributions, gifts, grants, and similar amounts not included above 1f				
629,040				
Noncash contributions included in lines 1a - 1f:\$ 1a				
ines 1a - 1r:\$ 1g				
и — — — — — — — — — — — — — — — — — — —	,040		1	
Business Co	de 2,368			
2a PROGRAM SERVICE FEES	2,000			
, SPECIAL PROJECTS	75,000			
	950			_
WRITING	930			
2				
			I	
as ا				
ega • Se				
f All other program service revenue.	1.210			
f All other program service revenue.	3,318			

							1	
4	Income from investr	ment	of tax-exempt bor	d proceeds				
5	Royalties			>				
]	[(i) Real	(ii) Personal				
		ا			1			
	a Gross rents	6a						
b	Less: rental expenses	6b						
c	Rental income or (loss)	6c						
	d Net rental income	or (l	oss)	• • •	1			
]		(i) Securities	(ii) Other				
7	a Gross amount from sales of assets other than inventory	7a						
b	Less: cost or other basis and sales expenses	7b						
	Gain or (loss)	7c						
C	d Net gain or (loss)				4	1		
Dither Revenue	 Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expense Roross income from g See Part IV, line 19 Less: direct expense Net income or (loss DaGross sales of inver returns and alloward Less: cost of goods Net income or (loss 	i on lir ses وamin ses s) fro ses s) fro ntory nces s sold	of 8a 8b om fundraising ever ng activities. 9a 9b om gaming activities <i>10a</i> 10b	s				
_	Miscellaneo	us Re	evenue	Business Code				
1	1a _{ADS}				2,973			
	b MEDIA SERVICES				736			
	c							
	d All other revenue							
	e Total. Add lines 11	la-11	1d		1			<u> </u>
.	2 Tatal name				3,709			
1	2 Total revenue. Se	e ins	structions	· · · •	715,460			

Form 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 organizati	ons must complete co	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗸
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	s and other assistance to domestic organizations and stic governments. See Part IV, line 21	0			
	s and other assistance to domestic individuals. See /, line 22	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	95,088	71,316	14,263	9,509
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	329,290	279,633	9,931	39,726
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
	Payroll taxes	45,677	35,136	6,149	4,392
	Fees for services (non-employees):				
a	Management	0			
	Legal	0			
	Accounting	29,384	3,820	21,156	4,408
	Lobbying	0		· · ·	· · ·
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	142,102	142,102		
12	Advertising and promotion	0			
13	Office expenses	20,191	12,922	5,855	1,413
14	Information technology	0			
	Royalties	0			
	Occupancy	22,209	16,657	5,552	
	Travel	8,361	8,361		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
	Interest	0			
21	Payments to affiliates	0			
	Depreciation, depletion, and amortization	3,064	1,532	1,532	
	Insurance	9,468	4,734	4,734	
	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 BANK AND CC FEES	2,181		2,181	
		46,309	46,309		
	b PRODUCTION/ SYNDICATION FEES	40,509	40,309		
	c EQUIPMENT RENTALS	1,535	1,535		
	d				
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	754,859	624,057	71,353	59,448
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	81,843	1	40,555

j		-					<u>+</u>
	2	Savings and temporary cash investments .				2	
	3	Pledges and grants receivable, net	• •			3	
	4	Accounts receivable, net	•			4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	contributor, or 35%		5		
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	fied pe	rsons (as defined under		6	
	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges				9	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,529		-	
	b	Less: accumulated depreciation	10b	16,867 10	726	10c	7,662
	11	Investments—publicly traded securities		6	876	11	2,703
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		152	15	3,357	
	16	Total assets. Add lines 1 through 15 (must equ	ual line	2 33)	597	16	54,277
	17	Accounts payable and accrued expenses			294	17	9,208
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
\$	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	or 35% controlled entity		22		
-0-	23	Secured mortgages and notes payable to unrela	tod thi	rd parties		22	
	23 24	Unsecured notes and loans payable to unrelated			_	23	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24	ayables	·	715	25	
		Complete Part X of Schedule D					0.000
10	26	Total liabilities. Add lines 17 through 25 .	•	90	009	26	9,208
lances	27	Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck h	ere ▶		27	
B	28	Net assets with donor restrictions				28	
Fund		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	check here 🕨 🗹 and			
or	29	Capital stock or trust principal, or current funds		🕴	Í	29	İ
	30	Paid-in or capital surplus, or land, building or eq	uipme	nt fund		30	
Assets	31	Retained earnings, endowment, accumulated ind	come,	or other funds 13	588	31	45,069
	32	Total net assets or fund balances			588	32	45,069
Net	33	Total liabilities and net assets/fund balances .			597	33	54,277
					I		Earm 000 (2021)

Page 12 ------

Form	990 (2021)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		🛛
1	Total revenue (must equal Part VIII, column (A), line 12)	1	715,460
2	Total expenses (must equal Part IX, column (A), line 25)	2	754,859
3	Revenue less expenses. Subtract line 2 from line 1	3	-39,399
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) $\ .$	4	13,588
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	

8	Prior period adjustments	8			70,880
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10		10			45,069
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 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
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 or 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 l 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 Sched	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 Sir Audit Act and OMB Circular A-133?	ngle	3a		No

		No
Form	990	(2021)

Additional Data

Return to Form

Зb

Software ID: 22015461 Software Version: 22.0.1.0

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990, Special Condition Description:

Special Condition Description

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Constraints and the must be accessed in the section of the latest information. Open to Public Management Constraints and the latest information.			Con		rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) mpt charitab) organization or le trust.		OMB No. 1545-0047	
ame of the organization (Boos Consult/Constructions inc.) Employer identification number (32-2384512) Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. [32-2384512] Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. [32-3384512] Part I Reason for Public Charity Status (All organization for the described in section 170(b)(1)(A)(1). [33-4] A school described in section organization of particle described in section 170(b)(1)(A)(1). [4] A medical nesserch organization operated in conjunction with a hospital described in section 170(b)(1)(A)((1)). [4] [4] [4] A medical nesserch organization operated in conjunction with a sopital described in section 170(b)(1)(A)((1)). [4] <td< th=""><th>Freas</th><th>ury</th><th></th><th>•</th><th>Go to <u>www.irs</u></th><th></th><th></th><th></th><th>ormation.</th><th></th></td<>	Freas	ury		•	Go to <u>www.irs</u>				ormation.	
NEULIS CONVENTIONS INC Part I Reason for Public Charty Status (All organizations must complete this part). See instructions. e organization is not a private fundation because it is: (For lines 1 through 12, check one box.) A church, convention of churches, or association of churches, described in section 170(b)(1)(A)(II). A church, convention of churches, or association of churches, described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(VII). A medical research organization period for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(VI). A norganization than commally receives a substantial graft of its support from a governmental unit described in section 170(b)(1)(A)(VI). A norganization than commally receives a substantial graft of its support from a governmental unit described in section 170(b)(1)(A)(VI). A norganization than commally receives a substantial graft of its support from contributions, membership (sup e university) or a nonequilate research organization described in 320(b)(1)(A)(VI). A norganization organized and operated substavies to test for public safety. See section 590(a)(3). A norganization organized and operated substavies of the support from contributions, membership (sup, sup example and support of organization), supervised, or control with its supported organization of an a convention supported organization of a supervise of order on the functions of, or carry out the purposes of one or more public y support of organization supervised or controlled by its supported organization, Support of organization supervised or controlled by its supported organization (S) (S) contents and S) (S) (S) centerity				tion					Employer identifi	
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	3		A hospital of	or a cooperat	ive hospital ser	vice organization descr	ibed in sectio	n 170(b)(1)(A)(iii).	
□ 170(b)(1)(A)(W). (Complete Part II.) □ A degraination that normally reactives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(W). (Complete Part II.) □ A community trust described in section 170(b)(1)(A)(W). (Complete Part II.) • A community trust described in section 170(b)(1)(A)(W). (Complete Part II.) ■ An agricultural research organization described in 170(b)(1)(A)(W). (Complete Part II.) • An agricultural research organization described in 170(b)(1)(A)(W). • Complete Part II.) ■ An organization agricultural research organization described in 170(b)(1)(A)(W). • Complete Part II.) • An organization agricultural research organization research anglority of the directors or trunset lines (Sec 12), Virganization (Sec 12), Virganization	4				anization operat	ed in conjunction with	a hospital deso	cribed in section 1	L70(b)(1)(A)(iii). E	Enter the hospital's
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An agricultural research organization described in 170(b)(1)(A)(k) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: An agricultural research organization that normally receives: (1) more than 33/x% of its support from grass investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Cleak the box on lines 12a through 12d that describes the type of supporting organization or			section 17	'0(b)(1)(A)	(vi). (Complete	Part II.)		-	nit or from the gener	al public described in
or An organization that normally receives: (1) more than 33:0% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33:0% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after Junt 30, 1975. See section 509(a)(2). (Complete Part III.) 1 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describes the type of supporting organization af complete lines 12, 127, and 129. 2 An organization organization operated, supervised, or controlled by its supported organizations (50)(a)(2). See section 509(a)(3). Check the box on lines 12a throughly appoint or supparization and complete lines 12a, 127, and 129. 2 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s), typically by giving the supported organization(s), typically by giving the supported organization (s). You must complete Part IV, Sections A and B. 5 Type II. A supporting organization organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C. 6 Type II. A supporting organization organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and D. 7 Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s).									with a land supply as	
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c Intergramma transmission organization and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12, 12, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), bypically by giving the support or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization sequered supporting organization. f If no functionally integrated a supported organization. grapization of the following information by and part of the organization. If the organization supervised organization operated in connection with its supported organization(s) that is not functionally integrated. A support of organization operated support of organization. f	10		from activit	ties related to income and	o its exempt fur unrelated busin	ctions—subject to cert ess taxable income (le	ain exceptions	, and (2) no more	than 33 1/3% of its s	upport from gross
more publicly supported organizations described in section 509(a) (1) or section 509(a) (2). See section 509(a) (3). Check the box a mise 12a through 12d that describes the type of supporting organization complete lines 12a, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization received a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and E. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization. d Type III non-functionally integrated A supporting organization. Part IV. e Check this box if the organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructionally integrated supported organization. (v) Amount of monetary support (see instructions). f Provide the following information about the supported organization(s). (v) Amount of organization (iii) Type of organization (see instructions)) (v) Amount of monetary support (see instructions) (v) Amount of moreary support (see instruc	11		An organiza	ation organiz	ed and operated	d exclusively to test for	public safety.	See section 509	(a)(4).	
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or must complete Part IV, Sections A and C. c Type II. A supporting organization operated. A supporting organization operated in connection with and functionally integrated. A supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A, D, and E. d Type III. non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A, and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated supported organization. f. Enter the number of supported organizations.	12		more public	cly supported	l organizations (described in section 5	09(a)(1) or s	ection 509(a)(2)). See section 509(
management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A, D, and E. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization perated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated supporting organization. f Enter the number of supported organizations	а		Type I. A so organizatio	supporting or n(s) the pow	ganization oper er to regularly a	ated, supervised, or co appoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	
supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated supporting organization. Fenter the number of supported organizations	b		manageme	nt of the sup	porting organiz	ation vested in the san				
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type II (iii) Type of organization (described on lines 1-10 above (see instructions)) 1 - 10 above (see instructions)) in your governing document? (see instructions) Vers organization Cat. No. 11285F Schedule A (Form 990) 2022 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. Section A. Public Support Ges on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.	с									ated with, its
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated supporting organization. f Enter the number of supported organizations (i) g Provide the following information about the supported organization (described on lines) (iv) Is the organization is vorganization is vorganization is vorganization. (v) Amount of other support (i) Name of supported (ii) EIN (iii) Type of organization (described on lines) (v) Amount of other support (see instructions)) (i) Name of supported (iii) EIN (iii) Type of organization (described on lines) (v) Amount of other support (see instructions)) (i) Name of supported (iii) EIN (iii) Type of organization (described on lines) (v) Amount of other support (see instructions)) (i) Name of supported (iii) EIN (iii) EIN (vi) Amount of other support (see instructions)) Yes No No (vi) Amount of other support (see instructions)) (vi) Amount of other support (see instructions)) organization (vi) Amount (see instructions)) Yes No No otal	d		Type III n functionally	on-function	nally integrate The organizatio	d. A supporting organi n generally must satisf	zation operate	d in connection wit	th its supported orga	nization(s) that is not juirement (see
f Enter the number of supported organizations 9 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iii) Type of (described on lines 1 - 10 above (see instructions)) (v) Amount of (see instructions) Yes No organization (v) Amount of (see instructions) Yes No otal Cat. No. 11285F Or Paperwork Reduction Act Notice, see the Instructions for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2 Page 2	е		Check this	box if the org	ganization recei	ved a written determin	ation from the		pe I, Type II, Type II	I functionally
9 Provide the following information about the supported organization(s). (ii) Name of supported organization (iii) EIN (iii) Type of organization in your governing document? (v) Amount of monetary support (see instructions) (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of in your governing document? (v) Amount of other support (see instructions) 1 - 10 above (see instructions)) 1 - 10 above (see instructions)) Yes No (v) Amount of other support (see instructions) otal 1 - 10 above (see instructions for Cat. No. 11285F Schedule A (Form 990) 2022 Page 2 Chedule A (Form 990) 2022 Page 2 Page 2 Page 2 Page 111 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	f	Enter			,					
organization organization in your governing document? monetary support (see instructions) other support (see instructions) 1-10 above (see instructions)) 1 in your governing document? monetary support (see instructions) other support (see instructions) Yes No Yes No instructions) instructions) otal Image: Struct on the support of the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Support Support of the support of	g									
otal Image 2 otal Image 2 chedule A (Form 990) 2022 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support		(i) №			(ii) EIN	organization (described on lines 1- 10 above (see			monetary support	other support (see
Cat. No. 11285F Schedule A (Form 990) 2022 Page 2 Page 2 Chedule A (Form 990) 2022 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Section A. Public Support							Yes	No		
Cat. No. 11285F Schedule A (Form 990) 2022 Page 2 Page 2 Chedule A (Form 990) 2022 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Section A. Public Support										
Page 2 Page 2 Page 1 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	Гota	1				<u> </u>				
Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support				tion Act No	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support						Pag	1e 2 —			
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support						— Fay	j~			
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support	Sche	dule A								Page 2
Section A. Public Support	Pa	rt II	(Comple	ete only if y	ou checked th	ne box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qu	
	Se	ction								
						I	Γ		I	

	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	() 0010	(1) 2010	() 0000	(1) 000 (()	
(0)	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest,						
•	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business activities, whether or not the						
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	ns)	 		12	
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	, fourth, or fifth ta	x year as a sectio		ization, check
	this box and stop here					► 🗆	
-	ection C. Computation of Public		-				
14 15	Public support percentage for 2022 (lin Public support percentage for 2020 Sch					14 15	
	33 1/3% support test—2022. If the						xoc
b	and stop here. The organization qualif 33 1/3% support test—2021. If the	ies as a publicly s organization did r	upported organiza not check a box or	ition I line 13 or 16a, a		3% or more, chec	► 🗆 < this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts	-2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" te 10%-facts-and-circumstances tes	est. The organizati t—2021. If the or	on qualifies as a p ganization did not	oublicly supported check a box on li	organization ne 13, 16a, 16b, d		► 🗆 5 is 10% or
	more, and if the organization meets th meets the "facts-and-circumstances" f		,		• •		5
18	Private foundation. If the organization						
	instructions						<u> ► 🗆</u>
						Schedule A (I	orm 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Part III Support Schedule for (Complete only if you					d to qualify und	
	the organization fails t						
	ection A. Public Support lendar year	(-) 2010	(1) 2010	(-) 2020	(4) 2021	(-) 2022	
	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	membership fees received. (Do not		435,775	680,387	721,997	629,040	2,467,199
2							
	merchandise sold or services performed, or facilities furnished in		83,500	18,241	82,465	78,318	262,524
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						

	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5		519,275	698,628	804,462	707,	358	2,7	729,723
7a	Amounts included on lines 1, 2, and								
ь	3 received from disqualified persons Amounts included on lines 2 and 3						_		
U	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
с	Add lines 7a and 7b.								
8	Public support. (Subtract line 7c							2,7	729,723
54	from line 6.) ection B. Total Support								
	endar year								
	fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6		519,275	698,628	804,462	707,	358	2,7	729,723
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and		397	358	141		104		1,000
	income from similar sources.								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								0
_	1975.		207	250	1.41		104		1 000
с 11	Add lines 10a and 10b. Net income from unrelated business		397	358	141		104		1,000
	activities not included on line 10b,								0
	whether or not the business is regularly carried on.								-
12									
	or loss from the sale of capital		4,809						4,809
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,		52.4.404						
	11, and 12.).		524,481	698,986					735,532
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) c	rganiza		_
	this box and stop here								
	ection C. Computation of Public			(f)					
15	Public support percentage for 2022 (li Public support percentage from 2021					15			0 %
16						16			
<u> </u>	ection D. Computation of Invest Investment income percentage for 20			line 13 column (f	f))	17			0 %
17	Investment income percentage from 2	-				17			0 %
	33 1/3% support tests-2022. If the					-	line 17	is not	
194	more than 33 $1/3\%$, check this box and								
b	33 1/3% support tests—2021. If the							nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization of	qualifies as a publi	icly supported org	anization	I		
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see	instructions .			
	<u> </u>		•	, ,		Schedule /	(Forn	n 990)	2022
			Page 4						
Sche	dule A (Form 990) 2022							n	age 4
	t IV Supporting Organization							r	aye 🕇
Fai	(Complete only if you checked		f Part I If you ch	ecked box 12a of	Part I complete	Sections A and	B If vo	ou chec	ked
	box 12b, of Part I, complete Se	ections A and C. If	you checked box						
	12d, of Part I, complete Sectio		omplete Part V.)						
Se	ection A. All Supporting Organiz	ations						Vee	Na
								Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s								
	describe the designation. If historic ar					,	+		
2	Did the organization have any support	-		an IDC datarmin-	tion of status und	or coction	1		
2		.eu organization tr	lat does not have						
	509(a)(1) or $(2)?$ if res, explain in	Part VI how the o		ninea that the sul	upulleu ulualiizali				
	509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	Part VI how the o		ninea that the sup	oporteu organizati	011 1145	2		
32	described in section 509(a)(1) or (2).		rganization deteri				2		
3a			rganization deteri				d		
	described in section 509(a)(1) or (2). Did the organization have a supported 3c below.	organization des	<i>rganization deterr</i> cribed in section 5	01(c)(4), (5), or ((6)? If "Yes," ansv	ver lines 3b an			
3a b	described in section 509(a)(1) or (2). Did the organization have a supported	organization deso	rganization deterr cribed in section 5 ization qualified u	01(c)(4), (5), or (nder section 501(6	(6)? <i>If "Yes," ansv</i> c)(4), (5), or (6) a	ver lines 3b an	d		
	described in section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each	organization deso	rganization deterr cribed in section 5 ization qualified u	01(c)(4), (5), or (nder section 501(6	(6)? <i>If "Yes," ansv</i> c)(4), (5), or (6) a	ver lines 3b an	d		

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

	IT "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	1			
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 supervised by or in connection with its supported organizations.	4b				
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 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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?	5b				
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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7				
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.	102				
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).	10a 10b				
	Cabadula A	/	0) 2022			

Schedule A (Form 990) 2022

Page 5

Page 5 ------

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)							
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а							
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
С	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 VI .	11c					
Se	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? If "Yes," explain in Part VI how providing such benefit			
	<i>carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>			

Section C. Type II Supporting Organizations	

Yes	No
-----	----

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of 1

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

- 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) 2022

2a

2b

3a

ray

Schedule A (Form 990) 2022

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Page **6**

Ра	rt v Type III Non-Functionally Integrated 509(a)(3) Supporting 0	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			

		Yes	No
s he			
	1		
	2		
d.	3		

Yes

No

1

Page 6

	(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-in instructions)	ntegrat	ed Type III supporting organization (see

Schedule A (Form 990) 2022

— Page 7 –

Schedule A (Form 990) 2022

Page 7

Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ontinued)				
Section D - Distributions							
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1				
2 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 organization	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	ons		6				
7 Total annual distributions. Add lines 1 through 6.			7				
8 Distributions to attentive supported organizations to wildetails in Part VI). See instructions	nich the organization is respon	sive (<i>provide</i>	8				
9 Distributable amount for 2022 from Section C, line 6			9				
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	ons (i) (ii) Excess Distributions Pre-2022						
1 Distributable amount for 2022 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required <i>explain in Part VI</i>). See instructions.							
3 Excess distributions carryover, if any, to 2022:							
a From 2017							
b From 2018							
c From 2019 							
d From 2020							
e From 2021							
f Total of lines 3a through e							
· · · · · · · · · · · · · · · · · · ·							
g Applied to underdistributions of prior years							
g Applied to underdistributions of prior yearsh Applied to 2022 distributable amount							
 h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) 							
 h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 							
 h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: 							
 h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 							

- FF		1	1
c Remainder. Subtract lines 4a and 4b from line 4.			
 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i>. See instructions. 			
6 Remaining underdistributions for 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	Page 8	Sci	nedule A (Form 990) (2022)
Schedule A (Form 990) 2022			Page 8
Part VI Supplemental Information. Provide the expla Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Pa n 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) 2022

Additional Data

 Software ID:
 22015461

 Software Version:
 22.0.1.0

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efile Public Visual Rer	nder Objectld: 202343079349300034 - Submission: 2023-11-03	TIN: 82-2384512				
Schedule B	Schedule of Contributors	OMB No. 1545-0047				
(Form 990) Department of the Treasury Internal Revenue Service	Attach to Form 990, 990-EZ, or 990-PF.					
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	1				
	\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) (2022)

Page 2

Schedule B (Form 990) (2022)

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

Schedule E	B (Form 990) (2022)		Page 3
Name of or CURIOUS C	ganization COMMUNICATIONS INC	Employer identificatio 82-2384512	n number
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

		-	
-		<u> </u>	
(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) 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) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
-		- - \$_	
			Schedule B (Form 990) (2022)
	Page 4		
	3 (Form 990) (2022)		Page 4
Name of or CURIOUS C	ganization OMMUNICATIONS INC	Employer ident	tification number
Deut		82-2384512	
Part III	Exclusively religious, charitable, etc., contributions to organizations d than \$1,000 for the year from any one contributor. Complete columns (organizations completing Part III, enter the total of exclusively religiou year. (Enter this information once. See instructions.) \$	a) through (e) and the following s, charitable, etc., contributions	line entry. For

Use duplicate copies of Part III if additional space is needed.

(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 Z) Transfer of gift Relationshi	p 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 Z) Transfer of gift Relationshi	p of transferor to transferee
(a) No from	(h) Purnose of aift		c) lise of nift	(d) Description of how dift is held

Part I	(9) 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 ZIP 4		e) Transfer of gift Relationsh	hip of transferor to transferee	
				Schedule B (Form 990) (2022)	

Additional Data

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 Software Version:
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efi	le Public Visua	l Render	ObjectId: 2023430)79349300034 - Sເ	ubmission: 2023	-11-0	3	TIN: 82-2384512
	CHEDULE D Supplemental Financial Statements				OMB No. 1545-0047			
	 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. 					2022		
Treas							on.	Open to Public Inspection
	nal Revenue Service me of the organi							ification number
	RIOUS COMMUNICATI					-	-	incation number
Da	art I Organiz	zations Mai	ntaining Donor Advi	sed Funds or Othe	r Similar Funds d	-	2384512	
Pc			anization answered "Ye				ounts.	
				(a) Donor ad	vised funds		(b) Funds a	nd other accounts
1								
2			ns to (during year)					
3	Aggregate value	•						
4		•	·					
5	organization's pr	roperty, subjec	donors and donor adviso t to the organization's ex	clusive legal control? .				Yes 🗌 No
6	charitable purpo	ses and not fo	grantees, donors, and do or the benefit of the donor	or donor advisor, or fo	r any other purpose o	be use conferr	ed only for ing impermis	sible
Pa	rt II Conser	vation Ease	ements.					U res U no
	Complet	te if the orga	nization answered "Ye	s" on Form 990, Part	: IV, line 7.			
1	Purpose(s) of co	onservation eas	sements held by the orga	nization (check all that	11 //			
	Preservation	on of land for p	oublic use (e.g., recreation	n or education)	Preservation of an	histor	ically importa	ant land area
	Protection	of natural hab	itat		Preservation of a o	certifie	d historic str	ucture
	Preservation	on of open spa	ce					
2			if the organization held a	qualified conservation of	contribution in the fo	rm of a		
_	easement on the	,				a a	Held at t	he End of the Year
a L			easements			2a 2b		
b c	-	-	nents on a certified histori			20 2c		
d		ervation easem	nents included in (c) acqu			2d		
3	Number of conse tax year 🕨	ervation easen	nents modified, transferre	ed, released, extinguish	ed, or terminated by	the or	ganization du	iring the
4	Number of state	s where prope	erty subject to conservation	on easement is located I	•			
5			written policy regarding t		-	of viola	tions.	
-	and enforcemen	t of the conse	rvation easements it hold	s?			C	Yes No
6	<u>۲</u>		5, 1	5. 5	, ,			<u> </u>
7	Amount of expenses	nses incurred	in monitoring, inspecting, 	handling of violations,	and enforcing conser	vation	easements d	luring the year
8			nent reported on line 2(d)			70(h)(4)(B)(i)	Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the organiz				
Pai	rt III Organiz	zations Mai	ntaining Collections inization answered "Ye	of Art, Historical T		er Si	milar Asse	ts.
1a	If the organizati	on elected, as	permitted under FASB AS imilar assets held for pub	SC 958, not to report in	its revenue statemer			
b	If the organizati	on elected, as res, or other s	ote to its financial statem permitted under FASB AS imilar assets held for pub these items:	SC 958, to report in its r	evenue statement ar			
(-	-	00, Part VIII, line 1				▶\$	
			Part X					
2	If the organization	on received or	held works of art, histori be reported under FASB	cal treasures, or other s	similar assets for fina			
а	-	•), Part VIII, line 1	-			. ►\$	
ь			Part X					

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

					Page 2 —						
che	dule D (Form 99	90) 2021									Page
		2	intaining Col	ections of Ar	t, Historica	l Tre	asures, o	r Othe	r Similar A	ssets (con	
				, and other reco							
2	<u> </u>	all that apply):			d	_					
a	Public ex	exhibition			u	ι	oan or exch	ange pro	ograms		
b	Scholarl	ly research			e (□ c	Other				
с											
		ation for future	-							:-	
	Provide a desc Part XIII.	cription of the of	rganization's con	ections and expla	ain now they i	urthe	r the organi	zation s	exempt purp	ose in	
				receive donatior be maintained a						🗌 Yes	🗆 No
Par		lete if the orga	dial Arrange anization answ	ments. ered "Yes" on l	Form 990, P	art I\	/, line 9, o	r report	ed an amoi	unt on Forr	n 990, Part >
a				an or other interr							
	included on Fo	orm 990, Part X	?			• •				🗌 Yes	🗆 No
_											
b		-		and complete the				1.		Amount	
c d	5 5							1c 1d			
e								1e			
f								16 1f			
	5									0	
a	-			rm 990, Part X, li							🗹 No
b				Check here if the	e explanation	has b	een provide	d in Part	XIII	. U	
Ра		wment Funds	-	ered "Yes" on	Form 990 P	art I\	/ line 10				
				(a) Current year			(c) Two y	ears back	(d) Three y	ears back (e)	Four years back
а	Beginning of ye	ar balance									
b	Contributions										
с	Net investment	earnings, gains	, and losses								
d	Grants or schola	arships	•								
	Other expenditu and programs		5								
f	Administrative e	expenses									
g	End of year bala										
		stimated percent ated or quasi-en	-	nt year end bala	nce (line 1g, o	colum	n (a)) held a	as:			
а	Permanent en										
		dowment 🕨									
a b c	Term endowm										
b	Term endowm	ient 🕨	2b, and 2c shou	d equal 100%.							
b c	Term endowm The percentag Are there endo	nent ► ges on lines 2a, i owment funds n		d equal 100%. sion of the organ	ization that a	re helo	d and admir	istered	or the		Vec No
b c	Term endowm The percentag Are there endo organization b	ent ges on lines 2a, owment funds n by:	ot in the posses	sion of the organ	ization that a	re helo	d and admir	istered 1	or the	3 a(i	Yes No
b c	Term endowm The percentag Are there endo organization b (i) Unrelated o	nent ges on lines 2a, owment funds n by: organizations	ot in the posses	sion of the organ				iistered 1	or the	3a(i) 3a(ii)
b c a	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or	ent ges on lines 2a, owment funds n oy: organizations rganizations	not in the posses	sion of the organ			· · ·	iistered 1	or the)
b c a b	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(ent ► ges on lines 2a, owment funds n by: organizations rganizations . (ii), are the rela	ted organization	sion of the organ	ed on Schedu	• • •	· · ·	iistered f	for the	3a(ii)
b c a b	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(Describe in Pa rt VI Land,	nent ► ges on lines 2a, owment funds n oy: organizations rganizations (ii), are the rela art XIII the inten , Buildings, a	ted organization nded uses of the nd Equipmer	sion of the organ s listed as requir organization's er it.	ed on Schedu Idowment fun	le R? ds.	· · · ·			3a(ii . 3b)
b c a b	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(Describe in Pa rt VI Land,	ent ► ges on lines 2a, owment funds n oy: organizations rganizations (ii), are the rela art XIII the inten , Buildings, a lete if the orga	ted organization nded uses of the nd Equipmer	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun	le R? ds. art I\		See Fo		3a(ii 3b)
b c a b	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(Describe in Pa t VI Land, Compl Description of p	nent ► ges on lines 2a, owment funds n oy: organizations rganizations (ii), are the rela art XIII the inten , Buildings, a lete if the orga property	ted organization aded uses of the anization answ (a) Cost or oth	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun Form 990, P	le R? ds. art I\		See Fo	••••••••••••••••••••••••••••••••••••••	3a(ii 3b	.0.
b c a b Par	Term endowm The percentag Are there endo organization b (i) Unrelated or If "Yes" on 3a(Describe in Pa t VI Land, Compl Description of p	ent ► ges on lines 2a, owment funds n by: organizations (ii), are the rela art XIII the inten , Buildings, a lete if the orga property	ted organization aded uses of the anization answ (a) Cost or oth	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun Form 990, P	le R? ds. art I\		See Fo	••••••••••••••••••••••••••••••••••••••	3a(ii 3b	.0.
b c a b ar	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(Describe in Pa t VI Land, Compl Description of p Land Buildings .	appent ► ges on lines 2a, , owment funds n oy: organizations (ii), are the rela art XIII the inten , Buildings, a lete if the organ property	ted organization aded uses of the anization answ (a) Cost or oth	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun Form 990, P	le R? ds. art I\		See Fo	••••••••••••••••••••••••••••••••••••••	3a(ii 3b	.0.
b c a b a a b c	Term endowm The percentag Are there endo organization b (i) Unrelated or If "Yes" on 3a(Describe in Pa rt VI Land, Compl Description of p Land Buildings .	nent ges on lines 2a, owment funds n oy: organizations rganizations (ii), are the rela art XIII the inten , Buildings, a lete if the orga property ovements	ted organization aded uses of the anization answ (a) Cost or oth	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun Form 990, P	le R? ds. art I\		See Fo	••••••••••••••••••••••••••••••••••••••	3a(ii 3b	.0.
b c 3a b t Par	Term endowm The percentag Are there endo organization b (i) Unrelated or (ii) Related or If "Yes" on 3a(Describe in Pa t VI Land, Compl Description of p Land Buildings .	ent ► ges on lines 2a, owment funds n by: organizations (ii), are the rela ort XIII the inten , Buildings, a lete if the orga property • • • • •	ted organization aded uses of the anization answ (a) Cost or oth	sion of the organ s listed as requir organization's er at. ered "Yes" on er basis (b) (ed on Schedu Idowment fun Form 990, P	le R? ds. art I\ sis (oth		See Fo	••••••••••••••••••••••••••••••••••••••	3a(ii 3b	.0.

Schedule D	Form	990) 2021
Schedule D		330	/ 2021

1.

(b) Book value

Part VII Investments - Other Securities.		line 11h Cee Fer		ant Villing 10
Complete if the organization answered "Yes" on (a) Description of security or category (including name of security)	(b) Book value		(c) Method	d of valuation: year market value
(1) Financial derivatives				
(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	Form 990 Part IV	line 11c See Fo	rm 990 P	art X line 13
(a) Description of investment		(b) Book value	(c)	Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on (a) Description	Form 990, Part IV,	line 11d. See Forn	n 990, Part	X, line 15. (b) Book value
(1)SECURITY DEPOSIT				3,357
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				3,357
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.

(a) Description of liability

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	
(9)		
(8)		
(7)		
(6)		
(5)		
(4)		
(3)		
(1) Federal income taxes		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

------ Page 4 ------

Schedule D (For	m 990) 2021
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Scheo	dule D (Form 990) 2021		Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn.	
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		
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	Retur	n.
_	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	_	
b	Prior year adjustments	_	
C	Other losses	_	
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 IX, line 25, but not on line 1:		
a	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 expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	
	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	t V, line	4; Part X, line 2; Part XI,
	Return Reference Explanation		
		Sched	lule D (Form 990) 2021

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Return to Form

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	e Public Visua			300034 - Submission: 2023		IN: 82- 2 OMB No. 1					
Schedule J Compensation Information						5047					
	(, , , , , , , , , , , , , , , , , , ,	For certain Officers, D	irectors,	Trustees, Key Employees, and H	lighest	20	2022				
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.								2022			
a	tment of the	b Go to www.irs.gov/Eo		h to Form 990. r instructions and the latest info	rmation	Open to Public					
as	iry	F Go to <u><i>www.ws.gov/rob</i></u>	101	i instructions and the latest into		Inspe					
ar	al Revenue Service ne of the organiza	ation			Employer identific	ation nur	nber				
JR	OUS COMMUNICATI	IONS INC			02 2204512						
-	rt I Ouestio	ons Regarding Compensation			82-2384512						
a	uestic	ons Regarding compensation					Yes	No			
	Check the appro 990, Part VII, Se	piate box(es) if the organization prov ection A, line 1a. Complete Part III to	ided any o provide ar	of the following to or for a person list ny relevant information regarding t	sted on Form nese items.						
	First-class	or charter travel		Housing allowance or residence f	or personal use						
	Travel for	companions		Payments for business use of per							
	Tax idemn	ification and gross-up payments		Health or social club dues or initia	ation fees						
	Discretion	ary spending account		Personal services (e.g., maid, cha	auffeur, chef)						
		kes on Line 1a are checked, did the or or provision of all of the expenses des				1b					
	Did the organiza	tion require substantiation prior to re	imbursing	or allowing expenses incurred by a	II.						
	directors, truste	es, officers, including the CEO/Execut	ive Directo	or, regarding the items checked on	Line 1a?	2					
	organization's C	if any, of the following the filing organ EO/Executive Director. Check all that a d organization to establish compensat	apply. Do r	not check any boxes for methods							
	Compensa	ation committee		Written employment contract							
		ent compensation consultant		Compensation survey or study							
		of other organizations	\Box	Approval by the board or comper	sation committee						
		did any person listed on Form 990, P	art VII, Se								
	Receive a severa	ance payment or change-of-control pa	wment? .			4a					
	Participate in, or	receive payment from, a supplement	al nonqua	lified retirement plan?		4b					
		receive payment from, an equity-base f lines 4a-c, list the persons and prov		5	art III.	4c					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	nizations	s must complete lines 5-9.							
	For persons liste	ed on Form 990, Part VII, Section A, li pontingent on the revenues of:									
	The organization	1?				5a		No			
5	-	nization?				5b		No			
		5a or 5b, describe in Part III.									
	For persons liste compensation co	ed on Form 990, Part VII, Section A, li ontingent on the net earnings of:	ne 1a, did	the organization pay or accrue any							
•	The organization	1?				6a		No			
	Any related orga If "Yes," on line	nization? . 6a or 6b, describe in Part III.				6b		No			
	For persons liste	ed on Form 990, Part VII, Section A, li escribed in lines 5 and 6? If "Yes," des	ne 1a, did scribe in Pa	the organization provide any nonfi art III .	xed	7		No			
	Were any amour	nts reported on Form 990, Part VII, pa itial contract exception described in R	aid or accu	ired pursuant to a contract that wa	s describe						
	in Part III					8		No			
		3, did the organization also follow the				9					
						-		L			

Schedule J (Form 990) 2022

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, reinstructions, on row (ii). Do not list any individuals that are not listed on For Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the set of the sum of columns (B)(B)(B) and B) and	m 99	0, Part VII.	-		-			vidual.
(A) Name and Title		(i) Base	of W-2, 1099-MISC compensation, and/or 1099-NEC (ii) (iii) Other		and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		compensation	Bonus & incentive compensation	reportable compensation	compensation			reported as deferred on prior Form 990
1LAURA FLANDERS DIRECTOR	(i)							
	(ii)							

Page **2**

	Software ID Software Version								
Additional Data								Ret	urn to Form
							5	Schedule J (F	orm 990) 2022
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Part III Supplemental Information, explanation, or of		1a 1	1h 3 4a 4h 4c '	5a 5h 6a 6h 7 a	and 8 and for Part	· II Also complete	this part for any	additional info	rmation
Schedule J (Form 990) 2022									Page 3
			P	Page 3					
							5	Schedule J (F	orm 990) 2022

efile Public	Visual Render	ObjectId: 202343079349300034 - Submission: 2023-1	1-03	TIN: 82-2384512			
SCHEDUL (Form 990) Department of the Internal Revenue S	Treasury	Ipplemental Information to Form 990 or 99 Complete to provide information for responses to specific questio 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.	ons on	OMB No. 1545-0047 2021 Open to Public Inspection			
Name of the organization CURIOUS COMMUNICATIONS INC			• •	identification number			
			82-2384512				
Return Reference		Explanation					
Form 990, Part IX, Line 11G	OUTSIDE LABOR	FEES PAID TO OUTSIDE CONTRACTORS NOT ON PAYROLL					

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Schedule O (Form 990) 2021

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