

			** PUBLIC DISCLOSURE COPY **		OMB No. 1545-0047					
Forr	" g	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex		0004					
			Do not enter social security numbers on this form as it may		Open to Public					
Interr	nal Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lates		Inspection					
<u>A</u> F	or th	e 2021 calend	ar year, or tax year beginning $OCT \ 1$, 2021 and ending	<u>SEP 30, 2022</u>						
	Check if pplicat	C Name of	organization	D Employer identifica	ition number					
	Address CURIODYSSEY									
	Nam chan	ge Doing bi	usiness as	94-126243	4					
	Final Final	Number	and street (or P.0. box if mail is not delivered to street address) Room/sui COYOTE POINT DRIVE	E Telephone number 650-342-7	755					
	termi	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,293,542.					
	Amer returi	nded CAN	MATEO, CA 94401	H(a) Is this a group ret						
	Appli tion	F Name a	nd address of principal officer: ARAGON BURLINGHAM	for subordinates?	Yes X No					
	pend	SAME	AS C ABOVE	H(b) Are all subordinates incl	uded? Yes No					
				If "No," attach a lis	st. See instructions					
			CURIODYSSEY.ORG	H(c) Group exemption						
	ⁱ orm c art l		X Corporation Trust Association Other ► L Yes	ar of formation: 1953 M	State of legal domicile: CA					
	1		e the organization's mission or most significant activities: INSPIRE L	OVE FOR SCIEN	CE AND					
e	l .		TY ABOUT THE WORLD TO CREATE A BRIGHTER							
Governance	2	-	x Figure 1 if the organization discontinued its operations or disposed of mo		ts					
veri	3				17					
ĝ		3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4								
کە م	5			<u>17</u> 65						
Activities &	6		of individuals employed in calendar year 2021 (Part V, line 2a)		272					
cti∕			d business revenue from Part VIII, column (C), line 12		0.					
Ā			business taxable income from Form 990-T, Part I, line 11		0.					
				Prior Year	Current Year					
¢)	8	Contributions	and grants (Part VIII, line 1h)	4,104,641.	5,422,929.					
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	1,036,898.	1,362,813.					
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	42,559.	648,415.					
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	195,694.	313,294.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,379,792.	7,747,451.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	6,500.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.					
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	2,578,586.	2,900,924.					
sue	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b		ng expenses (Part IX, column (D), line 25) 812,581.	1 004 011						
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,094,811.	2,055,958.					
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>3,673,397.</u> 1,706,395.	4,963,382. 2,784,069.					
	19	Revenue less	expenses. Subtract line 18 from line 12							
Net Assets or - und Balances	200	Total coasts /		Beginning of Current Year 14,661,519.	<u>End of Year</u> 16,536,805.					
Asse	20	Total assets (F		506,025.	762,224.					
Vet ∕ Ind	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20	14,155,494.	15,774,581.					
	art II									
			declare that I have examined this return, including accompanying schedules and state	ments, and to the best of my k	nowledge and helief it is					
			Declaration of preparer (other than officer) is based on all information of which prepar		nomougo una bonoi, it is					
	,									

Sign		Signature of officer		Date						
Here	ARAGON BURLINGHAM, EXECUTIVE DIRECTOR									
		Type or print name and title								
	Prir	it/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	\mathbf{LE}_{i}	SLIE VAN	LESLIE VAN	08/03/23 self-employed P01294411						
Preparer	Firn	n's name MOSS ADAMS LLP		Firm's EIN ▶ 91-0189318						
Use Only	Firn	n's address 🕨 101 SECOND STRE	ET SUITE 900							
		SAN FRANCISCO,	CA 94105	Phone no. 415 - 956 - 1500						
May the II	RS d	iscuss this return with the preparer shown a	above? See instructions	X Yes 🗌 No						
				- 000 (as a						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

	1 990 (2021) CURIODYSSEY 94-1262434 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CURIODYSSEY, A SCIENCE PLAYGROUND AND ZOO, INSPIRES A LOVE FOR SCIENCE
	AND CURIOSITY ABOUT THE WORLD TO CREATE A BRIGHTER FUTURE. WE DO THIS
	BY LETTING KIDS LOOSE TO OBSERVE WHAT IS, ASK "WHAT IF" AND LET THE
	NATURAL WORLD ANSWER THEIR QUESTIONS. WE GIVE KIDS THE REAL POWER OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses 863,956. including grants of 863,500.) (Revenue 16,719.
	WILDLIFE HABITATS:
	CURIODYSSEY HOUSES NEARLY 70 ANIMALS - FROM GOLDEN EAGLES TO RIVER
	OTTERS - GIVING CHILDREN THE OPPORTUNITY TO EXPERIENCE AND UNDERSTAND
	THE NATURAL WORLD. ALL OF OUR ANIMALS ARE NON-RELEASABLE, MEANING THEY
	HAVE BEEN INJURED OR IMPRINTED AND WOULD NOT SURVIVE IF RETURNED TO
	THEIR NATURAL HABITATS. OUR ANIMALS REINFORCE THE ORGANIZATION'S
	MISSION BY TAKING CENTER STAGE IN OUR WILDLIFE HABITATS, SCHOOL-BASED
	PROGRAMS AND PUBLIC PROGRAMS. THE ASSOCIATION OF ZOOS AND AQUARIUMS
	(AZA) ACCREDITS CURIODYSSEY. THE AZA ACCREDITS FEWER THAN 10% OF ZOOS
	AND AQUARIUMS NATIONWIDE. WE PREPARED FOR OUR 5TH 5-YEAR ACCREDITATION
	DURING THIS PERIOD.
4b	(Code:) (Expenses \$ 536,460. including grants of \$) (Revenue \$ 517,710.
10	EXHIBITS/PUBLIC PROGRAMS:
	IN OCTOBER 2021 WE CELEBRATED THE OPENING OF WHOOOSH!, A
	PHYSICS-IN-ACTION PLAYGROUND THAT UTILIZES UNIVERSAL DESIGN PRINCIPLES
	TO SERVE THE ENTIRE SAN MATEO COUNTY COMMUNITY. THE NEW PLAYGROUND WAS
	A MILESTONE MARKER IN PHASE ONE CURIODYSSEY'S CAMPUS EXPANSION,
	FOLLOWED BY THE FINAL PLANNING AND, BY YEAR-END, GROUNDBREAKING OF A
	NEW BUILDING, THE BAY GALLERY AND LABS, WITH NEW GALLERY AND
	CLASSROOMS. OUR EXHIBITS DEPARTMENT OFFERED FUN AND EDUCATIONAL
	EXPERIENCES WHILE BEGAN IDEATION, BRAINSTORMING AND PROTOTYPING ON THE
	FIRST NEW EXHIBITION CREATED IN-HOUSE IN OVER SIX YEARS TO BE INSTALLED
	IN THE NEW BAY GALLERY AND LABS BUILDING. ON- AND OFF-SITE SCHOOL
4c	(Code:) (Expenses \$ 308, 431. including grants of \$) (Revenue \$ 779, 531.
	COMMUNITY OUTREACH/GUEST SERVICES:
	WE REACHED OUT IN THE COMMUNITY WEEKLY THROUGH ONGOING EDUCATION
	PROGRAMS IN LOCAL LOW-INCOME SCHOOLS. WE OFFERED FREE ADMISSION AND
	FREE OR DISCOUNTED FIELD TRIPS TO THE UNDERSERVED. OUR MUSEUMS FOR ALL
	PROGRAM, A DISCOUNTED ADMISSIONS AND MEMBERSHIP PROGRAM FOR QUALIFYING
	FAMILIES, CONTINUES TO GROW. OUR MUSEUMS FOR ALL PROGRAM, A DISCOUNTED
	MEMBERSHIP FOR STRUGGLING FAMILIES CONTINUES TO GROW. CURIODYSSEY ALSO
	PROVIDES FREE ADMISSION FOR CASA VOLUNTEERS AND THE CHILDREN IN THEIR
	CARE. WE CONTINUE TO PROVIDE FREE ADMISSION FOR A CHILD WITH THE
	DISCOVER & GO PROGRAM THROUGH LOCAL LIBRARIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,307,932. including grants of \$) (Revenue \$ 149,078.)
4e	Total program service expenses ► 3,016,779.
	Form 990 (2021
13200	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)
	$\frac{3}{20210000000000000000000000000000000000$
50C	303 146892 818368 2021.06010 CURIODYSSEY 81836

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 Form 990 (2021)
 CURIODYSSEY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		Х
132003	12-09-21	Form	990 ((2021)

132003 12-09-21

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 Form 990 (2021)
 CURIODYSSEY

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
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		X
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	X	
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		<u> </u>
	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		
	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		<u> </u>
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		X
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? If "Yes," complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00.		v
00	"Yes," complete Schedule L, Part IV	28c 29		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "yes," complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and	- 33		- 23
		34		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		<u> </u>
	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		x
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		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		-	-	·
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
-			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
132004	¥ 12-09-21	Form	990	(2021)

5 2021.06010 CURIODYSSEY

Form	990 (2021) CURIODYSSEY 94-1262	434	P	_{age} 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
-			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 65									
h	, , , , ,									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х						
b	If "Yes," enter the name of the foreign country									
	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		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>						
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).			37						
	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		<u> </u>						
	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	7.		x						
لم	to file Form 8282?	7c								
	, , , , , , , , , , , , , , , , , , , ,	7e		х						
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g								
-	If the organization received a contribution of quantee intellectual property, did the organization life of our observation of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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?	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	4								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	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.	10								
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>								
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans									
~	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b								
15 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		х						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
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?	17								
	If "Yes," complete Form 6069.									
132005	12-09-21 6	Form	990	(2021)						

14150803 146892 818368

2021.06010 CURIODYSSEY

Form	990 (2021) CURIODYSSEY		94	-1262	434	Р	age 6					
	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below,	and for a	"No" r	espon	ise					
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.											
	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion 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		17								
	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 on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17											
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?											
3												
	of officers, directors, trustees, or key employees to a management company or other person?				3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?			5		X					
6	Did the organization have members or stockholders?				6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or									
	more members of the governing body?				7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockholo	ders, or									
	persons other than the governing body?				7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-									
а	The governing body?				8a	<u>X</u>						
b	Each committee with authority to act on behalf of the governing body?				8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac											
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue (Code.)									
					- 10	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?				10a							
a	If "Yes," did the organization have written policies and procedures governing the activities of such cha				104							
11-			filing the		10b 11a	Х						
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.											
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>				12a 12b	X X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$				120	- 23						
C		,			12c	Х						
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?				14	x						
15	Did the process for determining compensation of the following persons include a review and approval											
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by ma	opondone									
а	The organization's CEO, Executive Director, or top management official				15a	х						
	Other officers or key employees of the organization				15b	Х						
~	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 arrangem	ient wit	ha									
	taxable entity during the year?				16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation'	S									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	T (section	501(c)(3)s	only)	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.											
	X Own website Another's website X Upon request Other (explain	on Sch	nedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of	interest p	olicy, and	financ	ial						
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records	▶								
	ARAGON BURLINGHAM - 650-342-7755											
	1651 COYOTE POINT DRIVE, SAN MATEO, CA 94401					000						
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Form 990 (2021)	CURIODYSSEY	94-1262434	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employees, and Independent Contractors											
Check	k if Schedule O contains a response or note to any line in this Part VII										
Section A. Offic	cers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees									
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, and 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.

Name and title Average hours per hours per below Description methods Peoptable compension from below Reportable compension from updates Estimated compension from updates (1) ARAGON BURLINGRAM 40.00 X X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(A)	(B)		(C)					(D)	(E)	(F)
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(13) JULIE LEE 5.00 X 0. 0. 0. DIRECTOR (THRU 6/22) X 0. 0. 0. 0. (14) MARIA TERESA LOPEZ 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (15) KELLY MARKSON 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) ASHISH MOTIVALA 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (17) DAVID PAULING 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.	(12) DANIELLE KLING	5.00									
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(14) MARIA TERESA LOPEZ 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (15) KELLY MARKSON 5.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (16) ASHISH MOTIVALA 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. (16) ASHISH MOTIVALA 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. UTOR X 0. 0. 0. 0.		5.00									
DIRECTOR X 0. <t< td=""><td>DIRECTOR (THRU 6/22)</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR (THRU 6/22)		Х						0.	0.	0.
(15) KELLY MARKSON 5.00 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (16) ASHISH MOTIVALA 5.00 X 0. 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. 0. (17) DAVID PAULING 5.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(14) MARIA TERESA LOPEZ	5.00									
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(16) ASHISH MOTIVALA 5.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (17) DAVID PAULING 5.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0.	(15) KELLY MARKSON	5.00									
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(17) DAVID PAULING 5.00 X 0. <td></td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>		5.00									_
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		5.00							_	_	_
	DIRECTOR		Х						0.	0.	

132007 12-09-21

Form 990 (2021) CURIODYSSEY 94-1262											34	Page 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
nours per b					son is	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	nated unt of
	(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	ƙey em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		comper from organi and re organiz	the zation elated
(18) SHERRY WANG DIRECTOR	5.00	×	-	0	X	ΕΞ	<u> </u>	0.		0.		0.
(19) JIM HEKKERS	5.00	^						0.		<u>'</u> +		0.
DIRECTOR (START 10/21)		x						0.	(0.		0.
(20) ALLISON KEENAN	5.00											
DIRECTOR (START 6/22)		х						0.	(0.		0.
(21) PABLO QUINTANILLA	5.00											
DIRECTOR		х						0.	(0.		0.
		_								+		
										\square		
1b Subtotal	I	I						167,211.	(0.	25,	032.
c Total from continuation sheets to Part V								0.		0.		0.
								167,211.		0.	25,	032.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable			1
compensation from the organization											Y	1 es No
3 Did the organization list any former officer	director, trust	ee, k	ey e	mplo	oyee	e, or	hig	hest compensated emp	loyee on			53 110
line 1a? If "Yes," complete Schedule J for s										L	3	<u> </u>
4 For any individual listed on line 1a, is the su												-
and related organizations greater than \$150	,		'							⊨	4 Σ	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>con</i>	-				-			-			5	x
Section B. Independent Contractors		- 0 10	<u>JI 50</u>		10/30	011 .				<u>·· </u>	•	1
1 Complete this table for your five highest co the organization. Report compensation for										nsatic	on from	
(A)	une calendar ye		indir					(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensa	ation
WHITING-TURNER CONTRACTIN CHABOT DRIVE STE 120, PLE			-			88		CONTRACTOR		1.	127	294.
SRGNC CRES, LLC, 520 S EI							Ť			/	/	
SUITE 200, SAN MATEO, CA 94402							_	CONTRACTOR			614,	127.
IGNITION, INC., 268 BUSH STREET STE SAN FRANISCO, CA 94104						,		CONTRACTOR			167,	739.
2 Total number of independent contractors (i	ncluding but n	ot lir	nitec	to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	•				3				_		00	0
										F	orm 99	0 (2021)

132008 12-09-21

						(A) Total revenue	(B) Related or exempt function revenue	Revenue exclu from tax une
s	1 a	Federated campaigns		1a				sections 512 -
and Other Similar Amounts		Membership dues			474,638.			
o E		Fundraising events			363,347.			
ΓA		Related organizations			<u>`</u>			
		Government grants (conti			100,000.			
2		All other contributions, gifts,						
Ine		similar amounts not included			4,484,944.			
Ċ	g	Noncash contributions included in	lines 1	a-1f 1g \$	24,703.			
an	h	Total. Add lines 1a-1f				5,422,929.		
					Business Code			
	2 a	MUSEUM ADMISSIONS			611710	692,154.	692,154.	
ð	b	PROGRAM FEES			611710	670,659.	670,659.	
nue	С							
eve	d							
Hevenue	е							
		All other program service						
		Total. Add lines 2a-2f				1,362,813.		
	3	Investment income (inclue	•			22.444		
		other similar amounts)				33,411.		33,
	4	Income from investment of		-	·			
	5	Royalties	·	(i) Real				
	•	a			(ii) Personal			
		Gross rents	6a	230,633				
		Less: rental expenses	6b 6c	230,633				
		Rental income or (loss)		230,033	·	230,633.		230,
		Net rental income or (loss Gross amount from sales of	·…)	(i) Securities	(ii) Other	230,033.		230,
	/ а	assets other than inventory	7a	2,036,142				
	h	Less: cost or other basis	10	2,000,212	·			
		and sales expenses	7b	1,421,138	.			
	с	Gain or (loss)	7c	615,004				
		Net gain or (loss)				615,004.		615,0
		Gross income from fundraisi						
		including \$	•	•				
		contributions reported on						
		Part IV, line 18			a ⁰ .			
	b	Less: direct expenses			b 39,215.			
	с	Net income or (loss) from	fundı	raising events	►	-39,215.		-39,2
	9 a	Gross income from gamir	ig act	ivities. See				
		Part IV, line 19			a			
		Less: direct expenses			b			
		Net income or (loss) from			· · · · · · · · · · · · · · · · · · ·			
	10 a	Gross sales of inventory,						
		and allowances						
		Less: cost of goods sold			b 85,738.	100 005	100.005	
+	С	Net income or (loss) from	sales	ot inventory	Business Out	100,225.	100,225.	
		MISCELLANEOUS REVEN	चा		Business Code 561000	21 <i>E</i> E1		21
ne.		HISCELLANEOUS KEVEN			201000	21,651.		21,6
Kevenue	b							
e Y	c							
		All other revenue				21,651.		
	•	Total. Add lines 11a-11d				21,001.		

CURIODYSSEY

Form 990 (2021)

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	Check if Schedule O contains a response or note to any line in this Part IX X								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	6,500.	6,500.						
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign								
	individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	192,244.	48,061.	96,122.	48,061.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	2,285,408.	1,811,403.	294,876.	179,129.				
8	Pension plan accruals and contributions (include								
	section 401(k) and 403(b) employer contributions)	000 000	1 6 2 4 2 5	45 644					
9	Other employee benefits	233,388.	163,187.	47,644.	22,557.				
10	Payroll taxes	189,884.	143,296.	29,511.	17,077.				
11	Fees for services (nonemployees):								
а	Management								
b	Legal	2,655. 41,250.		2,655. 41,250.					
	Accounting	41,230.		41,230.					
	Lobbying								
e	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	559,824.	303,562.	210,409.	45,853.				
12	Advertising and promotion	20,379.	20,379.	210,405.					
13	Office expenses	157,897.	103,047.	50,275.	4,575.				
14	Information technology	49,980.	23,418.	26,562.					
15	Royalties								
16	Occupancy	26,456.	26,456.						
17	Travel	7,787.	7,449.	245.	93.				
18	Payments of travel or entertainment expenses		-						
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	2,686.	2,034.	652.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	264,480.	65,753.	198,727.					
23	Insurance	44,846.		44,846.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)								
а	CAPITAL CAMPAIGN	479,249.			479,249.				
b	REPAIRS & MAINTENANCE	140,376.	127,799.	4,940.	7,637.				
c	ANIMAL EXPENSES	61,956.	61,956.	-	-				
d									
е	All other expenses	196,137.	102,479.	85,308.	8,350.				
25	Total functional expenses. Add lines 1 through 24e	4,963,382.	3,016,779.	1,134,022.	812,581.				
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 Figure if following SOP 98-2 (ASC 958-720)								

CURIODYSSEY Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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X

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Form 990 (2021)

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Pa		Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,717.	1	1,700.
	2	Savings and temporary cash investments			7,676,475.	2	6,418,508.
	3	Pledges and grants receivable, net			1,857,374.	3	1,795,896.
	4	Accounts receivable, net			51,714.	4	27,336.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualifie	ed per				
		under section 4958(f)(1)), and persons described i	-			6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use			49,783.	8	50,270.
As	9	Prepaid expenses and deferred charges			81,784.	9	77,234.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	13,866,073.			
	b	Less: accumulated depreciation		6,452,969.	3,979,705.	10c	7,413,104.
	11	Investments - publicly traded securities			962,967.	11	752,757.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			14,661,519.	16	16,536,805.
	17	Accounts payable and accrued expenses		421,075.	17	756,701.	
	18	Grants payable	-	18			
	19	Deferred revenue	84,950.	19	5,523.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
ú	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa					
llide		controlled entity or family member of any of these		22			
Lie	23	Secured mortgages and notes payable to unrelate		F		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines					
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			506,025.	26	762,224.
		Organizations that follow FASB ASC 958, chec			·		
es		and complete lines 27, 28, 32, and 33.		·			
anc	27				7,680,428.	27	10,364,935.
Bal	28	Net assets with donor restrictions	6,475,066.	28	5,409,646.		
lpu		Organizations that do not follow FASB ASC 95					
Εu		and complete lines 29 through 33.	,				
с С	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			14,155,494.	32	15,774,581.
Z	33				14,661,519.	33	16,536,805.
					,,,, .	55	

Form **990** (2021)

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Form 990 (2021) Part X Balance Sheet

CURIODYSSEY

Form	990 (2021) CURIODYSSEY	94-1	262434	Pag	_{ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,747 4,963					
2								
3	Revenue less expenses. Subtract line 2 from line 1	3	2,784					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,155					
5	Net unrealized gains (losses) on investments	5	-802	2,3	71.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-362	2,61	11.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	15,774	.,58	<u>31.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>						
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X 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							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	200				

Form **990** (2021)

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Department of the Treasury

(Form 990)

<u>Total</u>

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public Inspection

Interr	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection								Inspection	
Nar	ne of t	the organizati								r identification numbe
_				ODYSSEY					9	94-1262434
Pa	nrt I	Reason	for Public (Charity Status.	(All organizations must o	complete t	his part.) S	See instruction	ns.	
The	organ	ization is not a	private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1					ion of churches described		on 170(b)(1)(A)(i).		
2					(Attach Schedule E (Forn					
3		•	•		ganization described in s			•	_	
4			-	ation operated in co	onjunction with a hospital	describec	in sectio	on 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and state	-							
5					ollege or university owned	or operat	ed by a go	overnmental u	Init describ	ed in
~				Complete Part II.)			70/1-1/41/41	4.0		
6	X		-	-	mental unit described in				ho gonoral	public described in
'	21			Complete Part II.)	antial part of its support f	ioni a gove	ennnentai		ne general	public described in
8)(1)(A)(vi). (Complete Par	+ 11 \				
9	\square				d in section 170(b)(1)(A)		ed in conii	inction with a	land-grant	college
Ũ		-	-	-	culture (see instructions).		-		-	-
		university:		9				,	and demog	
10		· _	on that norma	ally receives (1) more	e than 33 1/3% of its supp	ort from c	ontributio	ns, membersł	nip fees, an	d gross receipts from
					ct to certain exceptions;					
					e (less section 511 tax) fro					
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclu	sively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized a	and operated exclu	sively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a thro	ough 12d that	describes the type	of supporting organization	n and com	plete lines	12e, 12f, and	d 12g.	
а				• •	supervised, or controlled					
			-		egularly appoint or elect a	a majority o	of the dired	ctors or truste	es of the s	upporting
				complete Part IV, S						
b					d or controlled in connec			-		-
			•		ganization vested in the s	ame perso	ons that co	ntrol or mana	ige the sup	ported
				-	, Sections A and C.	in connoc	tion with	and functions	lly into grat	ad with
c			-		ng organization operated				iny integrate	ed with,
c		_			s). You must complete I oporting organization oper				rted organi	zation(s)
C		_ ,	-		ization generally must sat				0	()
			-		mplete Part IV, Sections	-		-	anatoni	Veness
e		-			written determination fro				II. Type III	
-			•		onally integrated supporti				, . , pe	
f Enter the number of supported organizations										
ç	Prov	vide the followi	ing information	n about the support						
		(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions

٦

Schedule A (Form 990) 2021

CURIODYSSEY

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 fails to qualify under the tests listed below, please complete Part III.)

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Schedule A (Form 990) 2021	18	Private toundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 160, 17a, or 17b	o, check this box a		

Schedule A (Form 990) 2021

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Schedule A	Form 990) 202
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CURIODYSSEY

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid 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						
	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•			•	
Cale	ndar year (or fiscal year beginning in) 🕨 🗌	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20			ine 13, column (f))			%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the						ie 17 is not
	more than 33 1/3%, check this box an						►∟
b	33 1/3% support tests - 2020. If the						
00	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	n dia not check a	1 pox on line 14, 19	a, or 19b, check t	his box and see in		
13202	23 01-04-22					Schedu	ale A (Form 990) 2021

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **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.
- **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.*
- **c** 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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).*
- **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.**
- **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.**
- c 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.**
- **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.*
- **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.)

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Schedule A (Form 990) 2021

	(Form 990) 2021	
Part IV	Supporting	Organizations (continued)

1

2

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
 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 carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)

Section D. A	All Type III	Supporting	Organizations
--------------	--------------	------------	---------------

			Yes	No
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?	1		
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).	2		
3	By reason of the relationship described on 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.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method t	hat the organization used to satisf	v the Integral Part Test durin	a the year (see instructions).
•		nal line organization used to satisi	, וווכ ווווכקומו ז מונ ז ככו טעוווי	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
-----	--	---	--	--

- 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.*

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Sche	dule A (Form 990) 2021 CURIODYSSEY			94-1262434 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain il</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
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		
е	Discount claimed for blockage or other factors			
	(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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functior	ally integrate	d Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

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CURIODYSSEY

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations _{(continu}	ed)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	s	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
•					

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2021 AMOUNT: \$ 21,651.

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

9	4	-1	2	6	2	4	3	4
---	---	----	---	---	---	---	---	---

C	U	R	Ι	0	D	Y	S	S	Ε	Y	
---	---	---	---	---	---	---	---	---	---	---	--

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of or	rganization		Employer identification number
CURIO	DYSSEY		94-1262434
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
<u> 1</u>		\$800,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
2		\$506,7	43. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
3		\$300,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$150,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$148,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

Page **2**

Name of or	ganization		Employer identification number
CURIOI	DYSSEY		94-1262434
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		2	

Schedule B (Form 990) (2021)

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Schedule E	3 (Form 990) (2021)		Page 4			
Name of or	rganization		Employer identification number			
CURIO	DYSSEY		94-1262434			
Part III	Exclusively religious, charitable, etc., contrib	utions to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following line er s. charitable, etc., contributions of \$1,000 or	try. For organizations r less for the year. (Enter this info. once.) \$			
	Use duplicate copies of Part III if addition	al space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gi	[
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
		(e) Transfer of gi	ft			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		-				
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gi	ft			
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee			
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► 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. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Nam	e of the organization CURIODYSSEY			Employer identification number 94-1262434
Pa		d Funds or Other S	Similar Funds or A	
1 4	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advis	ed funds	(b) Funds and other accounts
	Total number at and of year			
1	Total number at end of year Aggregate value of contributions to (during year)			
2				
3 4	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in			de
5	are the organization information of the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
U	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			·
Pa	t II Conservation Easements. Complete if the or	ganization answered "Ye	es" on Form 990. Part IV	(line 7.
1	Purpose(s) of conservation easements held by the organizati			,
•	Preservation of land for public use (for example, recrea	· · · · ·	_	orically important land area
	Protection of natural habitat		_	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contrib	oution in the form of a cc	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired a			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it	t holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing conservation	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	nforcing conservation ea	asements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abov			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	s financial statements th	at describes the
Da	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	f Art Historical Tre	asures or Other S	Similar Assots
I a	Complete if the organization answered "Yes" on Form		asules, of other c	Similar Assets.
10	If the organization elected, as permitted under FASB ASC 95		vanue statement and hal	anaa ahaat warka
Ia	of art, historical treasures, or other similar assets held for put	, I		
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
D	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
2	If the organization received or held works of art, historical tre			
-	the following amounts required to be reported under FASB A			provido
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
				•
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 202 ⁻
	10-28-21			

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Sche	dule D (Form 990) 2021 CURIODY					94-12			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Similar	Asset	s (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check any of the f	ollowing that make	e significant u	ise of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	xempt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	art, historical treas	sures, or other simi	ilar assets	_	_		-
	to be sold to raise funds rather than to be ma					<u></u>	Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes"	on Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custodi		•			_	٦		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:				A		
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f 20	Ending balance Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •	∟	_ 165]
Par									1
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	vears	back
1a	Beginning of year balance	972,739.	876,211.	876,211		76,211.		876,	211.
b	Contributions	,		,				,	
c	Net investment earnings, gains, and losses	-187,288.	96,528.						
d	Grants or scholarships		· · ·						
	Other expenditures for facilities								
	and programs	27,186.							
f	Administrative expenses								
g	End of year balance	758,265.	972,739.	876,211	L. 8'	76,211.		876,	211.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment 100	%							
с	Term endowment .0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for	r the organiza	ition	r		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		<u>X</u>
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm	ŭ	ment funds.						
Fai	Complete if the organization answere		Part IV line 11a S	oo Form 000 Part	V line 10				
							(-1) D1	1	
	Description of property	(a) Cost or ot basis (investm	• • •) Accumulate depreciation	a	(d) Bool	< value	3
4-	Land				acpieciation				
-	Land		<u> </u>	4,251. 1	,668,70	18	6,705	5 5/	1 २
b	Buildings Leasehold improvements		0,57		,000,70	···	5,70.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>.</u>
			54	1,233.	517,05	59.	24	1,17	74.
	EquipmentOther				,267,20			3 ,38	
-	. Add lines 1a through 1e. (Column (d) must e						7,413		
		<u>quari unii 330, Fail X</u>				Schedule	-	-	
								/	

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Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	() >
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
(8) (9)			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of Complete if the organization answered "Yes" of the organization and the organization and the organization answered "Yes" of the organization and the organization and the organization and the organization answered "Yes" of the organization and the		11e or 11f. See Form 990, Part X, line 25.	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2)		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3)		▶ 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(b) Book value

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2021

X

Sche						Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	6,945,	,080.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-802,371.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	-802,	,371.
3	Subtract line 2e from line 1			3	7,747,	,451.
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		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990 Part 1 line 12)	5	7,747,	,451.		
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,325,	,993.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)		362,611.			
е	Add lines 2a through 2d			2e	362,	,611.
3	Subtract line 2e from line 1			3	4,963,	,382.
4	Amounts included on Form 990, Part IX, line 25, 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		Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	4,963,	,382.
Pa	t XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION INVESTS THE CORPUS OF ITS ENDOWMENT FUNDS, \$876,211, IN

AN AVERAGE RISK PORTFOLIO. AN ANNUAL WITHDRAWAL FROM THE EARNINGS IS MADE

TO SUPPORT ON-GOING OPERATIONS.

PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM

INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE 501(C)(3). MANAGEMENT

HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS

CONCLUDED THAT, AS OF SEPTEMBER 30, 2022, THERE ARE NO UNCERTAIN POSITIONS

TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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 Schedule D (Form 990) 2021
 CURIODYSSEY

 Part XIII
 Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
LOSS ON LEASE TERMINATION	362,611.

Schedule D (Form 990) 2021

132055 10-28-21

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SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.	Employer ide	Inspection entification number
	CURIODY	SSEY					94-1262	
	complete this part	Complete if the organization answe t.	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
 a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written c ed in Form 990, P) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

132081 10-21-21

CURIODYSSEY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 FY 22 BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
	1 Gross receipts		363,347.	,		363,347
	2 Less: Contributions		363,347.	,		363,347
	3 Gross income (line	1 minus line 2)				
	4 Cash prizes					
	5 Noncash prizes					
	6 Rent/facility costs		4,515.	,		4,515
	7 Food and beverage	s	1,229.	,		1,229
	8 Entertainment					33,471
	9 Other direct expense10 Direct expense sun			·	<u> </u>	39,215
L	•		from line 3, column (d)			-39,215
1			zation answered "Yes" on Forr			•
_	\$15,000 on Fo	m 990-EZ, line 6a.		-	1	1
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (a
+	1 Gross revenue					
000000000000000000000000000000000000000	2 Cash prizes					
	3 Noncash prizes					
	4 Rent/facility costs					
	5 Other direct expense	ses				
	6 Volunteer labor		Yes %	• Yes %	│	
			/ .		• •	
	8 Net gaming income	summary. Subtrac	t line 7 from line 1, column (d)		••••••••••••••••••••••••••••••••••••••	
		-	conducts gaming activities:			
			ning activities in each of these			Yes N
	Wore any of the organi	ration's gaming lice	nses revoked, suspended, or t	orminated during the tax	woar?	Yes
	were any or the organiz		INSESTEVUNEU, SUSDEHUEU, OF L	enninaleu uunnu lhe lax '	voal (
	If "Yes," explain:					

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	CURIODYSSEY	94-1	262434	Page 3
11	Does the organization conduct	gaming activities with nonmembers?		Yes	No
		neficiary or trustee of a trust, or a member of a partnership or other e			
		?		Yes	No
13	Indicate the percentage of gami				
				13a	%
				13b	<u> </u>
		he person who prepares the organization's gaming/special events bo		150	/0
14	Enter the hame and address of	The person who prepares the organization's gaming/special events bo	joks and records.		
	Name				
	Address 🕨				
15a	Does the organization have a co	ntract with a third party from whom the organization receives gaming	revenue?	Yes	No No
b	If "Yes " enter the amount of ga	ming revenue received by the organization 🕨 💲	and the amount		
		The third party \triangleright \$			
c	If "Yes," enter name and addres				
Ŭ	in res, entername and addres	s of the time party.			
	Nama				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided	▶			
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required und	er state law to make charitable distributions from the gaming proceed	ds to		
	retain the state gaming license?			Yes	No No
b		s required under state law to be distributed to other exempt organizat			
	organization's own exempt activ		·		
Pa		rmation. Provide the explanations required by Part I, line 2b, colur	mns (iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
		as applicable. Also provide any additional information. See instruction			
13208	33 10-21-21		Sched	ule G (Form	990) 2021

	Schedule G (Form 990)

132084 11-18-21

SC	HEDULE J	Compensation Informati	on	I	OMB No. 1	545-004	47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021		1	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.			2021		l	
Dena	Department of the Treasury Attach to Form 990.				Open to Public		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					ction	
Nam							mber
		CURIODYSSEY		94-1	L262434	4	
Ра	rt I Question	s Regarding Compensation					
	.					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a pe		990,			
		line 1a. Complete Part III to provide any relevant information regarding t					
	First-class or c	°	•				
	Travel for com		•				
		ation and gross-up payments Health or social club					
		pending account Personal services (su	ch as maid, chauffeu	r, cnet)			
D	•	on line 1a are checked, did the organization follow a written policy regard	• •		41.		
•		rovision of all of the expenses described above? If "No," complete Part			1b		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurre	•				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked o			2		
3	Indicato which if a	ny, of the following the organization used to establish the compensation	of the organization's				
5		ctor. Check all that apply. Do not check any boxes for methods used by	-				
		tion of the CEO/Executive Director, but explain in Part III.	a related organizatio				
	Compensation		contract				
	·						
	Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee						
			d of compensation of	Uninnitiee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect	t to the filing				
	organization or a related organization:						
а					4a		x
b							x
С	-						x
-	c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or acci	rue any compensatio	n			
	contingent on the r						
а	•						X
b		ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or acci	rue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		X
b		ation?					X
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any	y nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract t	hat was subject to th	е			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describ	e in Part III		8		X
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n 990)	2021

132111 11-02-21

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94-1262434

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and (D) Nontaxable benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ARAGON BURLINGHAM	(i)	167,211.	0.	0.	0.	25,032.	192,243.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Supplemental Information to Form 990 or 990-EZ



94-1262434

CURIODYSSEY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS RETURNED AS THE PANDEMIC WANED, FOCUSING ON THE "REAL, RICH,

RIGHT NOW" EXPERIENTIAL LEARNING THAT CURIODYSSEY IS RECOGNIZED FOR.

THIS YEAR WE COMPLETED THE PILOT YEAR OF THE STEMCORPS MENTOR PROGRAM, SUPPORTING 25 STUDENTS AND MENTORS IN BIWEEKLY VIRTUAL MENTOR SESSIONS. THE STEMCORPS INITIATIVE WAS CREATED TO CONNECT A CURIODYSSEY TRAINED TEAM OF EDUCATORS, MENTORS, CAREGIVERS AND COMMUNITY PARTNERS TO SUPPORT YOUTH FROM UNDERREPRESENTED COMMUNITIES AND EMPOWER THEM TO PURSUE OPPORTUNITIES TO ENGAGE IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) LEARNING.

CAMP CURIODYSSEY CONTINUES TO BE OUR FLAGSHIP PROGRAM. IT ENGAGES CAMPERS IN AN IMMERSIVE JOURNEY EXPLORING NATURAL PHENOMENA THROUGH SCIENCE AND IN THE NATURAL WORLD. THE CAMP PROGRAM FOSTERS CREATIVITY, IMAGINATION AND APPRECIATION FOR NATURE. EACH CAMP PROVIDES PERSONAL, INTERACTIVE EXPERIENCES FOR PRESCHOOL THROUGH FOURTH GRADE YOUTH. SEASONAL CAMPS RESUMED IN PERSON, INCLUDING BOTH INDOOR AND OUTDOOR ACTIVITIES, WITH COVID SAFETY PROTOCOL IN PLACE. CAMP CURIODYSSEY GREW FROM FOUR TO FIVE CAMP THEMES, EXPANDING ACCESS TO SUMMER STEAM LEARNING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

Name of the organization

CURIODYSSEY

Employer identification number 94-1262434

WE ARE CONTINUOUSLY DEVELOPING OUR WEBSITE AS A RESOURCE FOR SCIENCE

INFORMATION FOR STUDENTS, PARENTS AND TEACHERS.

MARKETING PLAYS A VITAL ROLE IN INFORMING TEACHERS, PARENTS, AND

CHILDREN ABOUT OUR EDUCATIONAL PROGRAMS AND EXHIBITS AND ENCOURAGING A SCIENTIFIC MINDSET.

CURIODYSSEY'S RENTAL SPACES PROVIDE A NATURAL SETTING FOR A VARIETY OF EVENTS, INCLUDING BIRTHDAY PARTIES, WEDDINGS, COMPANY RETREATS, AND OTHER CELEBRATIONS. FOR EVENING EVENTS, GUESTS HAVE ACCESS TO OUR BEAUTIFUL GARDENS AND OUR MAIN BUILDING, WHICH HOUSES A VARIETY OF FASCINATING INTERACTIVE EXHIBITS. WITH PRIOR ARRANGEMENT WITH OUR WILDLIFE DEPARTMENT, EVENTS MAY INCLUDE AN UP-CLOSE ENCOUNTER WITH ONE OF OUR MANY ANIMAL AMBASSADORS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SCHOOL/SERVICE VOLUNTEERS - CURIODYSSEY OFFERS AN ACTIVE SCHOOL

SERVICES PROGRAM TO BAY AREA SCHOOLS THAT INCLUDES ON-SITE AND

CLASSROOM-BASED PROGRAMS AND FIELD TRIPS. THE MUSEUM MAKES A SPECIAL

EFFORT TO ACCOMMODATE SCHOOLS AND STUDENTS WHO WOULD OTHERWISE BE

UNABLE TO ENJOY THE CURIODYSSEY PROGRAMS. VOLUNTEERS ARE AN ESSENTIAL

PART OF CURIODYSSEY AND CONTRIBUTED OVER 7,774 HOURS IN THE PERIOD

ACROSS THE ORGANIZATION - WILDLIFE, EDUCATION, OUTREACH AND

ADMINISTRATION.

GARDENS - CURIODYSSEY'S 1.3 ACRES OF GARDENS PROVIDE A BEAUTIFUL AND

EDUCATIONAL EXPERIENCE FOR VISITORS YEAR-ROUND. THE GARDENS ALSO SERVE

AS A LABORATORY FOR OUR CLASSES AND PROGRAMS TO INVESTIGATE PLANTS, 132212 11-11-21 Schedule O (Form 990) 2021 39

2021.06010 CURIODYSSEY

Name of the organization

INSECTS, AND BIRDS.

MUSEUM STORE - THE CURIODYSSEY SHOP FULFILLS ANOTHER PART OF THE ORGANIZATIONS EDUCATIONAL GOAL BY ALLOWING VISITORS AND MEMBERS TO PURCHASE BOOKS AND MERCHANDISE THAT DIRECTLY RELATE TO ITS MISSION.

CAPITAL PROGRAMS - DECEMBER 2020 SAW THE KICKOFF OF CURIODYSSEY'S FIRST CAPITAL PROJECT UNDER THE NEW MASTER PLAN. IN PARTNERSHIP WITH MAGICAL BRIDGE AND WITH THE SUPPORT OF OVER 150 DONORS, CURIODYSSEY ADDED WHOOOSH, A 4000 SQUARE FOOT, INCLUSIVE, PHYSICS-IN-ACTION PLAYGROUND, TO THE MAIN MUSEUM CAMPUS. THE PLAYGROUND IS THE FIRST OF ITS KIND TO BE BUILT IN A ZOO AND MUSEUM, WELCOMING CHILDREN OF ALL ABILITIES TO PLAY AND EXPERIMENT WITH SPECIALTY EQUIPMENT IN A COLORFUL SPACE. THE PLAYGROUND OFFICIALLY OPENED AT THE BEGINNING OF FY 2022. PLANNING FOR THE NEXT PHASE OF CAMPUS DEVELOPMENT ALSO BEGAN IN 2021 WITH THE BOARD OF DIRECTORS PURSUING OPTIONS TO BUILD THE FIRST OF EIGHT NEW BUILDINGS CONTEMPLATED UNDER THE 2020 MASTER PLAN.

EXPENSES \$ 1,307,932. INCLUDING GRANTS OF \$ 0. REVENUE \$ 149,078.

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCE COMMITTEE WILL REVIEW AND APPROVE THE FORM 990. A COPY IS THEN

DISTRIBUTED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FINANCE COMMITTEE REVIEWS EACH SIGNED CONFLICT OF INTEREST POLICY

STATEMENT YEARLY WITH REGARDS TO ANY POSSIBLE CONFLICT. COMPLIANCE IS

ACHIEVED THROUGHOUT THE YEAR.

132212 11-11-21

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FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR REVIEWS SALARY COMPENSATION SURVEYS IN BAY AREA

NON-PROFITS AND ESTABLISHES THE PAY SCALE FOR DIRECTORS. THE EXECUTIVE

COMMITTEE REVIEWS NON-PROFIT SALARY AND BENEFITS COMPARABLE IN THE BAY AREA

AND SETS THE EXECUTIVE DIRECTOR'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE ANNUAL AUDITED

FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FORM

990 IS ALSO AVAILABLE AT GUIDESTAR.ORG AND ON THE WEBSITE FOR THE

CALIFORNIA REGISTRY OF CHARITABLE TRUSTS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	9,773.
MANAGEMENT AND GENERAL EXPENSES	2,010.
FUNDRAISING EXPENSES	1,643.
TOTAL EXPENSES	13,426.

 RECRUITING SERVICES:

 PROGRAM SERVICE EXPENSES

 MANAGEMENT AND GENERAL EXPENSES

 61,816.

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 A1

282,299.

146,583.

42,699.

471,581.

Schedule O (Form 990) 2021 Name of the organization CURIODYSSEY	Page 2 Employer identification number 94-1262434
FUNDRAISING EXPENSES	1,511.
TOTAL EXPENSES	74,817.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	559,824.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON LEASE TERMINATION	-362,611.
132212 11-11-21 42	Schedule O (Form 990) 2021

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions. Tax				Taxpayer identification number (TIN)		
print	CURIODYSSEY		94-1262434				
File by the due date for filing your	by the date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instruction		oreign add	ress, see instructions.				
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For				
Form 99	00 or Form 990-EZ	01	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)	Form 4720 (other than individual)			
Form 99	00-PF	04	Form 5227			10	
Form 99	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	00-T (trust other than above)	06	Form 8870			12	
Form 99	00-T (corporation)	07					
• If the • If this box • 1 Ir th • 2 If [the tax year entered in line 1 is for less than 12 months, c	Group Exe and atta AUGU: anization's , an check rease	Imption Number (GEN), ach a list with the names and TINs of ST 15, 2023 , to file return for: ad ending SEP 30, 2022 on: Initial return	f this is fo all membe	r the whole group, ers the extension is npt organization ret	s for.	
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a					\$	0.	
	 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 					0.	
	alance due. Subtract line 3b from line 3a. Include your pa				<u> </u>		
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.	
Cautior instructi	If you are going to make an electronic funds withdrawal ions.	(direct del	bit) with this Form 8868, see Form 84		d Form 8879-TE for	payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868 (F	(ev. 1-2022)	