

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

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. Taxpayer identification number (TIN) print CURIODYSSEY 94-1262434 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1651 COYOTE POINT DRIVE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SAN MATEO, CA 94401 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ARAGON BURLINGHAM • The books are in the care of  $\blacktriangleright$  1651 COYOTE POINT DRIVE - SAN MATEO, CA 94401 Telephone No. ► 650-342-7755 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  $\blacktriangleright$  . If it is for part of the group, check this box  $\blacktriangleright$  and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until AUGUST 15, 2024 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning OCT 1, 2022 , and ending SEP 30, 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2022 calendar year, or tax year beginning $OCT~1~,~2022$ and endi	ling S	EP 30, 20	23	
В	Check if applicable	C Name of organization		D Employer ide	ntific	cation number
	Addres	CURIODYSSEY				
	Name change Initial			94-126 E Telephone nui		
L	return	Number and street (or P.O. box if mail is not delivered to street address)				
	return/	1651 COYOTE POINT DRIVE		650-34	⊿-	
	terminated		-	G Gross receipts \$		8,949,546.
F	return Applic tion			H(a) Is this a grou	-	
	tion pendin	SAME AS C ABOVE		for subordina <b>H(b)</b> Are all subordina		
$\overline{}$	Tayaya	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527			list. See instructions
	Websit			H(c) Group exem		
						1 State of legal domicile: CA
	art I	Summary	<b>=</b> 10a1 0	n tormation, — = =	~   10	· Otato of logal dofficito, 0==
_	1	Briefly describe the organization's mission or most significant activities: INSPIRE	E LO	VE FOR SC	IEN	ICE AND
Governance		CURIOSITY ABOUT THE WORLD TO CREATE A BRIGH				
rna	2	Check this box if the organization discontinued its operations or disposed of	of more t	than 25% of its ne	t ass	ets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	17
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	17
es se	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5	76
ξ	6	Total number of volunteers (estimate if necessary)			6	222
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		7b	0.
				Prior Year		Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		5,422,92		4,140,304.
	9	Program service revenue (Part VIII, line 2g)		1,362,81 648,41		1,341,763.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		313,29		284,335.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,747,45		5,909,724.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,50		15,000.
		Benefits paid to or for members (Part IX, column (A), lines 1-3)			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,900,92		3,681,582.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
pen	b	Total fundraising expenses (Part IX, column (D), line 25) 895, 376.				• •
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_	2,055,95	8.	2,962,546.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,963,38		6,659,128.
	19	Revenue less expenses. Subtract line 18 from line 12		2,784,06	9.	-749,404.
JO S	G			jinning of Current Y		End of Year
sets	20	Total assets (Part X, line 16)		16,536,80		16,321,781.
Net Assets or	21	Total liabilities (Part X, line 26)		762,22	4.	1,207,328.
	22	Net assets or fund balances. Subtract line 21 from line 20		15,774,58	1.	15,114,453.
	art II	Signature Block				
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules and			of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer r	nas any knowledge.		
C:~	_	Signature of officer		I Date		
Sig He		ARAGON BURLINGHAM, EXECUTIVE DIRECTOR		2410		
He	E	Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate Chec	k [	PTIN
Pai	d	LESLIE VAN LESLIE VAN	0:	3/23/24 if self-	ے emplove	P01294411
	parer	Firm's name MOSS ADAMS LLP		Firm's EIN		1-0189318
	Only	Firm's address 101 SECOND STREET SUITE 900				
		SAN FRANCISCO, CA 94105		Phone no.	41	5-956-1500
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions				X Yes No

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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?	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?	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.  (Code:) (Expenses \$1, 248, 287 • _ including grants of \$15, 000 • _) (Revenue \$30, 170 • _)	
4a	(Code:) (Expenses \$1, 248, 287. including grants of \$15,000. ) (Revenue \$30,170. WILDLIFE HABITATS:	<u>•</u> )
	WILDDIFE HABITAIS:	—
	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 \$1, 363, 940including grants of \$) (Revenue \$642, 251 .	
710	EXHIBITS/PUBLIC PROGRAMS:	
		_
	IN SEPTEMBER 2022 THE NEW BAY GALLERY AND LABS MODULAR UNITS WERE	_
	PLACED ON THE BUILDING'S FOUNDATION, LAUNCHING THE FINAL PHASE OF	_
	PREPARATION FOR THE ANTICIPATED OPENING IN SPRING 2023. THE EXHIBITS	_
	TEAM FOCUSED ON COMPLETING THE INTERNAL DESIGN-TO-BUILD OF MORE THAN A	
	DOZEN PHENOMENON-BASED EXPERIENCES TO OCCUPY THE NEW "VIEWPOINT"	_
	EXHIBITION IN THE NEW BAY GALLERY. WINTER STORMS POSTPONED THE	_
	SCHEDULED OPENING OF THE BUILDING TO JUNE 2023. THE BAY GALLERY	_
	INCREASED ACCESS BY TO HANDS-ON EXPERIENTIAL LEARNING FOR CURIODYSSEY'S	
	VISITORS IN ADDING 25% MORE EXHIBITS TO THE MUSEUM.	
4c	(Code:) (Expenses \$1,019,501. including grants of \$) (Revenue \$)	<u>•</u> )
	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. THIS YEAR, WE	
	REMOVED ALL FEES AND EXPANDED THE NUMBER OF QUALIFYING PROGRAMS FOR	
	FAMILIES WHO PARTICIPATE IN THE INCREASINGLY POPULAR MUSEUMS FOR ALL	
	INITIATIVE. 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 \$ 1,208,580 · including grants of \$ ) (Revenue \$ 66,977 · )	
4e	Total program service expenses 4,840,308.	
	Form <b>990</b> (20	J22)

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# Form 990 (2022) 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	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
_	Schedule D, Part III	8		
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		X
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	X	
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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	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		X
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	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<sub>v</sub>
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<del>                                     </del>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X

232003 12-13-22

Form **990** (2022)

Form	990 (2022) CURIODYSSEY 94	-1262434	Р	age '
Pai	rt 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 curr			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	0.41		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	9		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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		X
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 employe			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% con	I		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	I		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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit	у		
	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	l l		Х
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

	Office in Schedule O contains a response of note to any line in this rait v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	33			
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 re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	

Form **990** (2022) 232004 12-13-22

				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 76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for F	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			,,,
	•		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
		and the state of	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				x
	to file Form 8282?	l I	7c		_
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	٠,		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		25
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/ 11		
Ŭ		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the appropriate constitution and a constant by distribution when a setting 40000		9a		
b	Did the annual in a second state and a distribution to a decrease decrease distribution and a second state of the second state		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	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			37
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				<sub>~</sub>
	excess parachute payment(s) during the year?		15		X
10	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
17	If "Yes," complete Form 4720, Schedule O.  Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any se	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n res, complete runn ouds.				

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	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 oth	er			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		I			
	persons other than the governing body?	•		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?	-	*	8a	Х	
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 read		·····			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code )				
	(This decision b requests information about policies not required by the internal re	venue coue.,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		ſ	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		I			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		[	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?		Г	13	Х	
14	Did the organization have a written document retention and destruction policy?		Г	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
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 arrangen	nent with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'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 CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (sect	ion 501(c)(3)s	only) a	availat	ole
	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 Schedule	O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial	
	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 record	ds			
	ARAGON BURLINGHAM - 650-342-7755					
	1651 COYOTE POINT DRIVE, SAN MATEO, CA 94401					

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

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A)  Name and title	(B) Average hours per week	(do box	not c	Pos heck	c) ition more rson is		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ARAGON BURINGHAM	40.00	_		,,				000 101	0	10 250
EXECUTIVE DIRECTOR	40.00	<u> </u>		Х				203,191.	0.	10,350.
(2) MAUREEN GARRETT	40.00	1				7		166 700	0	2 616
CHIEF DEVELOPMENT OFFICER	40.00	<u> </u>				X		166,790.	0.	3,646.
(3) JESSA BARZELAY -CHIEF PROGRAMS OFFICER AND DIRECTOR OF EDUCATION	40.00					x		132,156.	0.	2,192.
(4) CLAUDIA FINCH-MORALES	40.00							,	-	, -
DIRECTOR OF WILDLIFE						X		107,022.	0.	7,162.
(5) ERIC MASCHWITZ	40.00									
DIRECTOR OF EXHIBITS						Х		102,991.	0.	7,162.
(6) LAUREL MIRANDA	10.00									
CHAIR		Х		Х				0.	0.	0.
(7) AMAR MEHTA	10.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) ANDREA IRVIN	10.00									
SECRETARY		Х		Х				0.	0.	0.
(9) BRUCE WRIGHT	10.00	1								
TREASURER		Х		Х				0.	0.	0.
(10) ANU DATTA	5.00	ļ								
NOMINATING CHAIR		Х						0.	0.	0.
(11) ANNE CAMPBELL	5.00	ļ								_
DIRECTOR		Х						0.	0.	0.
(12) CHRISTINA DIERCKS	5.00	ļ							•	•
DIRECTOR	F 00	Х						0.	0.	0.
(13) LINDA FITZPATRICK	5.00	٠,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(14) JIM HEKKERS DIRECTOR	5.00	х						0.	0.	0
(15) DANIELLE KLING	5.00	Α						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(16) ALLISON KEENAN	5.00							0.	0.	<u>_                               </u>
DIRECTOR	7.00	x						0.	0.	0.
(17) MARIA TERESA LOPEZ	5.00	<u> </u>							•	
DIRECTOR	3.00	х						0.	0.	0.
232007 12-13-22	1								3.0	Form <b>990</b> (2022)

232007 12-13-22 Form **990** (2022)

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Part VII   Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	anc	Hiç	ghes	t C	ompensated Employee	es (continued)	
(A) Name and title	(B) Average hours per week (list any	box	not cl , unles cer an	Pos heck i ss per	more son is	than o	an	( <b>D</b> )  Reportable  compensation  from  the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(18) CRAIG MICHAELS	5.00									
DIRECTOR		Х						0.	0.	0.
(19) ASHISH MOTIVALA DIRECTOR	5.00	х						0.	0.	0.
(20) DAVID PAULING	5.00									
DIRECTOR		Х						0.	0.	0.
(21) PABLO QUINTANILLA	5.00	l								
DIRECTOR	<del> </del>	Х						0.	0.	0.
(22) SHERRY WANG	5.00	ļ								
DIRECTOR	F 00	Х						0.	0.	0.
(23) KELLY MARKSON DIRECTOR (THRU 7/23)	5.00	х						0.	0.	0.
1b Subtotal								712,150.	0.	30,512.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								712,150.	0.	30,512.
2 Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	5
,										Yes No
3 Did the organization list any former officer	, director, trust	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on	

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IGNITION, INC., 268 BUSH STREET SUITE 4323, SAN FRANCISCO, CA 94104	IT CONSULTING	105,232.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	

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\$100,000 of compensation from the organization

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Form 990 (2022) CURIODYSSEY
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	a Federated campaigns <b>1a</b>					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	439,382.				
S S		c Fundraising events 1c	403,961.				
fts,		d Related organizations 1d	100,501.				
ية إق			375,000.				
ons,		Government grants (contributions)  1e	373,000.				
utio er (	1	f All other contributions, gifts, grants, and	2 021 061				
ĕŧ		similar amounts not included above 1f	2,921,961.				
ont		g Noncash contributions included in lines 1a-1f	6,155.	4 140 204			
O g		h Total. Add lines 1a-1f	B 0. 4.	4,140,304.			
		MISTER ADVISATIONS	Business Code	600 514	COO 514		
<u>c</u> e	_	MUSEUM ADMISSIONS	611710	680,714.	680,714.		
erv	١	b PROGRAM FEES	611710	661,049.	661,049.		
ı S.	(	<u> </u>					
ran 3ev	(	d					
Program Service Revenue	•	e					
Ē	1	f All other program service revenue					
		g Total. Add lines 2a-2f		1,341,763.			
	3	Investment income (including dividends, interes	est, and				
		other similar amounts)		152,555.			152,555.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 124,927.					
		b Less: rental expenses 6b 0.					
		c Rental income or (loss) 6c 124,927.					
		d Net rental income or (loss)		124,927.			124,927.
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 2,933,563.					
		b Less: cost or other basis					
ē		and sales expenses <b>7b</b> 2,942,796.					
enr	,	c Gain or (loss) 7c -9,233.					
Je v		d Net gain or (loss)	•	-9,233.			-9,233.
her Revenue		a Gross income from fundraising events (not					·
g		including \$ 403,961. of					
		contributions reported on line 1c). See					
		Part IV, line 18	20,249.				
		b Less: direct expenses					
		c Net income or (loss) from fundraising events	, ,	2,261.			2,261.
		a Gross income from gaming activities. See		, -			,
		Part IV, line 19					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	'				
	10	a Gross sales of inventory, less returns	158,613.				
		and allowances 10a					
		b Less: cost of goods sold 101	79,038.	70 575	70 575		
$\overline{}$		c Net income or (loss) from sales of inventory	Business Code	79,575.	79,575.		
က္ခ		a MISCELLANEOUS REVENUE	561000	77 570			77 570
eo Te	11 6		201000	77,572.			77,572.
Miscellaneous Revenue	ı	b					
sce Be	•	C					
Ξ̈́	(	d All other revenue		77 - 77			
		e Total. Add lines 11a-11d		77,572.	1 404 333		240,000
	12	Total revenue. See instructions		5,909,724.	1,421,338.	0.	348,082.

232009 12-13-22

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# Form 990 (2022) CURIODYSSEY Part IX Statement of Functional Expenses

7b, 8	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	e or note to any line in t	his Part IX	<del></del>	X
7b, 8	ot include amounts reported on lines 6b,	(A)			
	b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,000.	15,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
	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	436,892.	33,840.	78,960.	324,092
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,691,132.	2,529,300.	161,832.	
	Pension plan accruals and contributions (include		-		
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	323,341.	221,093.	88,133.	14,115
	Payroll taxes	230,217.	191,717.	8,826.	14,115. 29,674.
	Fees for services (nonemployees):	,	- ,	-,	
	Management				
	Legal	8,511.		8,511.	
	Accounting	48,550.		48,550.	
		20,000		20,0001	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	954,601.	618,680.	229,243.	106,678 106
12	Advertising and promotion	35,267.	35,161.		106
13	Office expenses	147,272.	126,413.	12,754.	8,105
	Information technology	21,451.	4,128.	17,323.	
	Royalties				
	Occupancy	19,621.	19,621.		
	Travel	13,087.	9,540.	3,250.	297
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	7,284.	5,294.	1,990.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	608,638.	595,051.	13,587.	
	Insurance	142,278.	-	142,278.	
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 O.)				
	CAPITAL CAMPAIGN	353,721.			353,721
b	REPAIRS & MAINTENANCE	201,742.	189,446.	7,583.	4,713
С	MERCHANT FEES	84,217.	35,891.	40,734.	7,592
d	ANIMAL EXPENSES	76,586.	76,516.	70.	
е	All other expenses	239,720.	133,617.	59,820.	46,283
25	Total functional expenses. Add lines 1 through 24e	6,659,128.	4,840,308.	923,444.	895,376
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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CURIODYSSEY

# Form 990 (2022) Part X | Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,700.	1	1,724		
	2				6,418,508.	2	4,147,360
	3	Pledges and grants receivable, net			1,795,896.	3	524,864
	4	Accounts receivable, net			27,336.	4	148,089
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substanti	ial c	ontributor, or 35%			
		controlled entity or family member of any of these pe	ersc	ons		5	
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in s	sect	tion 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			50,270.	8	50,044
₹	9				77,234.	9	36,137
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D10	0a	17,635,414.			
	b	Less: accumulated depreciation 10	0b	7,029,549.	7,413,104.		10,605,865
-	11	Investments - publicly traded securities			752,757.	11	807,698
-	12	Investments - other securities. See Part IV, line 11				12	
-	13	Investments - program-related. See Part IV, line 11				13	
-	14	Intangible assets				14	
-	15	Other assets. See Part IV, line 11			46 506 005	15	46 004 504
_   -	16	Total assets. Add lines 1 through 15 (must equal lin			16,536,805.	16	16,321,781
	17	Accounts payable and accrued expenses			756,701.	17	1,184,940
	18	Grants payable			F F02	18	00 200
	19	Deferred revenue			5,523.	19	22,388
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete Part		•••••		21	
se 2	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substanti					
ja		controlled entity or family member of any of these po				22	
_   4	23	Secured mortgages and notes payable to unrelated		г		23	
	24 	Unsecured notes and loans payable to unrelated thi	-			24	
2	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-	•			۰.	
,	06	of Schedule D			762,224.	25 26	1,207,328
+	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check I			702,224.	26	1,207,320
ဖွ		and complete lines 27, 28, 32, and 33.	i iei e	, <u>, , , , , , , , , , , , , , , , , , </u>			
ğ   ,	27	Net assets without donor restrictions			10,364,935.	27	13,321,165
ala ,	21 28	Net assets with donor restrictions			5,409,646.	28	1,793,288
[ [	20	Organizations that do not follow FASB ASC 958,			3,403,040.	20	1,755,200
ᇤ		and complete lines 29 through 33.	CHE	CK Here			
<u>-</u> ا	29	Capital stock or trust principal, or current funds				29	
ets	29 30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	30 31	Retained earnings, endowment, accumulated incom				31	
ا ب	32	Total net assets or fund balances			15,774,581.	32	15,114,453
_	33	Total liabilities and net assets/fund balances			16,536,805.	33	16,321,781
	<del></del>	Total habilities and het assets/fullu balances			20,000,000	JJ	Form <b>990</b> (202

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CURIODYSSEY

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,65		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,77		
5	Net unrealized gains (losses) on investments	5	8	9,2	76.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,11	4,4	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	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	audit,			
	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 Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forn	ո <b>990</b>	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization CURIODYSSEY 94-1262434

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
The	organ	nization is not a private found	ation because it is: (f	For lines 1 through 12. c	heck only	one box.)		
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	H	A school described in <b>sect</b>				11 17 0(15)(	יאריאיזי	
	H			•		/L\/d\/A\/:	::\	
3	H	A hospital or a cooperative						
4		A medical research organiz	ation operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)(III). Enter	the nospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	inction with a land-grant	college
		or university or a non-land-g				-	-	-
		university:	y g · - · g. · -			···-,	,	
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membership fees an	d gross receipts from
		activities related to its exen						
		income and unrelated busin		•				•
				(less section of reax) inc	iii busiiles	sses acqui	red by the organization a	aiter durie 30, 1973.
44		See section 509(a)(2). (Col		valv to toot for public on	fatu Caa	aaatian E(	20(=)(4)	
11	Н	An organization organized a						
12		An organization organized a	•	•	-		•	
		more publicly supported or	-					Sneck the box on
		lines 12a through 12d that					, ,	
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	ctors or trustees of the su	upporting
	_	organization. <b>You must o</b>	complete Part IV, Se	ections A and B.				
b	)		anization supervised	or controlled in connect	tion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	: [	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.	
c	ı 🗀	Type III non-functionally	, integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attenti	veness
		requirement (see instructi	ions). You must con	nplete Part IV. Sections	A and D.	and Part	<b>V</b> .	
e	, [	Check this box if the orga	•	= '				
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Ente	er the number of supported of	• •	nan, musgratsa sappera				
		vide the following information		d organization(s)				
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
	-1							<del> </del>

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3317150.	2911321.	4104641.	5422929.	4138100.	19894141.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	207,206.	207,206.	207,206.			621,618.
4	Total. Add lines 1 through 3	3524356.	3118527.	4311847.	5422929.	4138100.	20515759.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1713502.
6	Public support. Subtract line 5 from line 4.						18802257.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	3524356.	3118527.	4311847.	5422929.	4138100.	20515759.
	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	334,535.	173,287.	111,807.	264.044.	277,482.	1161155.
9	Net income from unrelated business					,,	
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)				21,651.	77,572.	99,223.
11	<b>Total support.</b> Add lines 7 through 10						21776137.
	Gross receipts from related activities,	etc. (see instruction	ns)				,297,929.
	First 5 years. If the Form 990 is for the			ourth, or fifth tax v	ear as a section 5		, - ,
	organization, check this box and <b>stor</b>	· ·		•			
Sed	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	86.34 %
	Public support percentage from 2021					15	87.97 %
	33 1/3% support test - 2022. If the o					ore, check this box	
	stop here. The organization qualifies						7.7
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c				
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te		•	•			
b	10% -facts-and-circumstances test	•			•		
	more, and if the organization meets the						
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		-	•			s
	<u> </u>		•	. ,			(Form 990) 2022

## 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) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	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						
11	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	( //		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18   3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation</b> If the organization						

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
_		
2		
0-		
3a		
3b		
0.0		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
_		
7		
8		
- 0		
9a		
9b		
9с		
10a		
401		
10b		

Pa	TIV Supporting Organizations (continued)			
		$\rightarrow$	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?	1a		
	,	1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>		1c		
Sec	tion B. Type I Supporting Organizations	<del></del>	1	
			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? If "No," describe in <b>Part VI</b> 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			
_	supported englineations and multiported to each period adming the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in Supporting Organizations	$\overline{}$	V	
4	Ways a majority of the expeniention's divectors by twistops during the toy year also a majority of the divectors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u>.                                      </u>		
	and 217 in Type in Cupper in g Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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			
		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			
	, ,	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			
		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	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 instruc	ctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	Ba		
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 placed by the organization in this regard.	3b		

Part '	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	ying trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations may		•	
Section	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
<b>2</b> R	lecoveries of prior-year distributions	2		
3 0	Other gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	Depreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	nstructions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
e D	Discount claimed for blockage or other factors			
	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	subtract line 2 from line 1d.	3		
<b>4</b> C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
8 M	finimum Asset Amount (add line 7 to line 6)	8		
Section	n C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	inter 0.85 of line 1.	2		
3 M	finimum asset amount for prior year (from Section B, line 8, column A)	3		
	inter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	JI IZOZIJI Page /
	on D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses	1	
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	T pai posso or supported	2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
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 (describe in Part VI). 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	3
9	Distributable amount for 2022 from Section C, line 6		g	)
10	Line 8 amount divided by line 9 amount		10	)
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3_	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
c	From 2019			
<u>d</u>	From 2020			
<u>e</u>	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
<u>+</u>	Carryover from 2017 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7:			
_	*			
	Applied to underdistributions of prior years  Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
3	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### 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

2022

Name of the organization **Employer identification number** 94-1262434 CURIODYSSEY Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 \$ 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

94-1262434

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization

Employer identification number

# CURIODYSSEY

94-1262434

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
$-\Big $			
I53 11-15-		*	Schedule B (Form 990) (20

Page **4** 

Name of organization **Employer identification number** CURIODYSSEY 94-1262434 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift 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 gift 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 gift 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 gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2022)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

CURIODYSSEY

**Employer identification number** 94-1262434

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
_	Total growth and and of const	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		and below as also also solve
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

1a Beginning of year balance 758, 265. 972, 739. 876, 211. 876, 211. 876, 2 b Contributions 82, 2528187, 288. 96, 528.  d Grants or scholarships 96, 528.  e Other expenditures for facilities and programs 26, 923. 27, 186.  f Administrative expenses 813,870. 758, 265. 972, 739. 876, 211. 876, 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 96 b Permanent endowment 100 96 c Term endowment 100 96 c Term endowment 100 96 c Term endowment 100 96 d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations   Sa(ii)   Sa(iii)   Sa(ii)   Sa(iii)   Sa(iii)   Sa(iii)   Sa(iii)   Sa(iii)   Sa(	ection terms (check all that apply):    Preservation for future generations   Preservation for future generation   Preservation for future generation for future	Par	t III Organizations Maintaining C	ollections of Art	, Histori	cal Tre	asures, o	r Othe	r Si	milar	Asset	s (contin	ued)	J
a Public exhibition d Loan or exchange program b Ghoter Chrowide a description of thurse generations Chrowide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  Portivode a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection?  Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is it the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is eligible to explain the arrangement in Part XIII and complete the following table:	Public exhibition   d   Loan or exchange program     Preservation for future generations     Preservation for future for generations     Preservation for future for generation     Preservation for future for generation for generation     Preservation for future for generation for generation     Preservation for future for generation generation for	3	Using the organization's acquisition, accession	on, and other records	s, check an	y of the f	ollowing that	make s	ignifi	cant u	ise of its			
b Scholarly research e Other Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as pant of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.  1 Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP, line 21.  1 Is the organization and part, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP, line 21.  2 Biginning balance  3 Beginning balance  4 Beginning balance  5 Distributions during the year  6 Distributions during the year  7 Ending balance  8 Distributions during the year  9 Distributions during the year  1 Ending balance  1 Distributions during the year  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  1 Yes  1 Part V Endowment Funds. Complete if the organization has been provided on Part XIII  1 Distributions  1 Distributions  2 Distributions  2 Distributions  3 Distributions  3 Distributions  4 Distributions  5 Distributions  5 Distributions  6 Distributions  6 Distributions  7 Distributions  7 Distributions  8 Distributions  9 Distributions  1 Distributions  2 Distributions  1 Distributions  2 Distributions  1 Distributions  2 Distributions  2 Distributions  3 Distributions  4 Distributions  5 Distributions  6 Distributions  6 Distributions  7	Scholarly research Preservation for future generations wide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. ing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets solicit or raise funds rather than to be maintained as part of the organization soliciton?  Scrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part X?  The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part X?  The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part X?  The organization and agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part X?  The organization and part XIII.  The intributions during the year  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 10, line		collection items (check all that apply):											
c	Preservation for future generations wide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. In give year, did the organization solicit or receive donations of art, historical treasures, or other similar assets e sold to raise funds rather than to be maintained as part of the organization's collection?  **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  **Be organization an agent, trustee, custodian or other intermediary for contributions or other assets not included from 990, Part X, line 21.  **Be organization and gent, trustee, custodian or other intermediary for contributions or other assets not included from 990, Part X, line 21.  **The organization and gent, trustee, custodian or other intermediary for contributions or other assets not included from 990, Part X, line 21.  **The organization included an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Pes** and the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  **Endowment Funds.** Complete if the organization inswerted "Yes" on Form 990, Part X, line 10.  **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part X, line 10.  **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part X, line 10.  **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part X, line 10.  **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part X, line 10.  **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part X, line 10.  **Endowment tearnings, gains, and losses in the state of the part of th	а	Public exhibition d Loan or exchange program											
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  10	wide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  mg the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets e solito traise funds rather than to be maintained as part of the organization's collection?  Escriva and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part XIII ne 21.  The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part XIII and complete the following table:  See, "explain the arrangement in Part XIII and complete the following table:  In the organization and the year full in the organization and the part XIII and complete the following table:  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, Part X, line 21, for escrive or custodial account liability?  In the organization include an amount on Form 990, P	b	Scholarly research e Other											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization scollection?  Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  Is If Yes, "explain the arrangement in Part XIII and complete the following table:    Amount	Ing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets  sold to raise funds rather than to be maintained as part of the organization is collection?    Seson and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or resported an amount on Form 990, Part X, line 21.	С	Preservation for future generations											
To be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves	e sold to raise funds rather than to be maintained as part of the organization's collection?	4	<b>-</b>											
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  d Id  d Additions during the year  f Ending balance  Part V Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  D If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year  (b) Prior year  (c) Tow years back  (d) Three years back  (e) Four years (b) Prior year  (f) Tow years back  (d) Three years back  (e) Four years  (f) Tow years back  (e) Four years  1a Beginning of year balance  758, 265.  972, 739.  876, 211.  876,	Serorw and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. The organization an agent, trustee, custodian or other intermediary for contributions or other assets not included form 990, Part X?  Yes No "Yes," explain the arrangement in Part XIII and complete the following table:    Armount   1c	5	During the year, did the organization solicit or	r receive donations o	f art, histor	ical treas	sures, or othe	r simila	r ass	ets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  1 Ending balance  1 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  1a Beginning of year balance  1b Contributions  1c Net investment earnings, gains, and losses  d Grants or scholarships  c Other expenditures for facilities  and programs  1 Administrative expenses  g End of year balance  813,870.  758,265.  972,739.  876,211.  876,211.  876,211.  876,212.  876,223.  271,186.  1 Administrative expenses  g End of year balance  813,870.  758,265.  972,739.  876,211.  876,211.  876,211.  876,221.  876,221.  876,233.  271,186.  1 Administrative expenses  g End of year balance  813,870.  758,265.  972,739.  876,211.  876,211.  876,211.  876,212.  876,213.  876,211.  876,214.  876,215.  876,215.  876,216.  876,217.  876,217.  876,217.  876,217.  876,217.  876,218.  876,219.  876,210.  876,210.  876,211.  876,211.  876,211.  876,211.  876,211.  876,212.  876,213.  876,213.  876,214.  876,215.  876,215.  876,216.  876,216.  876,217.  876,	reported an amount on Form 990, Part X, line 21.  organization an agent, trustee, custodian or other intermediary for contributions or other assets not included from 990, Part X?  organization an agent, trustee, custodian or other intermediary for contributions or other assets not included from 990, Part X, line 21.  Indications during the year reported from 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  The organization and part X, line 21, for escrow or custodial account liability?  The organization and part X, line 21, for escrow or custodial account liability?  The line are are a count liability?  The organization and part X, line 21, for escrow or custodial account liability?  The line are are a count liability?  The line are a count l		to be sold to raise funds rather than to be ma	intained as part of th	e organiza	tion's col	lection?					Yes		No
1a   Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	re organization an agent, trustee, custodian or other intermediary for contributions or other assets not included    Yes   No	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the or	ganizatio	n answered '	'Yes" or	n For	m 990	, Part IV,	line 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year  (b) Prior year  (c) Two years back (d) Three years back (e) Four years to Contributions  c Net investment earnings, gains, and losses d Grants or scholarships  e Other expenditures for facilities and programs  2 Aging and organs  3 Aging and organs  4 Administrative expenses  g End of year balance  8 13,870. 758,265. 972,739. 876,211.	res, "explain the arrangement in Part XIII and complete the following table:    Amount		reported an amount on Form 990, Par	t X, line 21.										
b   f   f   f   f   f   f   f   f   f	Amount	1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for con	tributions	s or other ass	ets not	inclu	ded				
b   f   f   f   f   f   f   f   f   f	Amount		on Form 990, Part X?									Yes		No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year back years back (e) Four year b	inning balance littions during the year intributions during the year integralization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b												
Additions during the year   1	Itilitions during the year   Itilitions during the year   Itilitions during the year   Itilitions during the year   Itilition shaling balance   Itilition shaling sh											Amount		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Describe in Part XIII. Check here if the explanation has been provided on Part XIII.  1 Describin on Form 990, Part IV, line 10.  2 Description of property 3 Describe in Part XIII the intended uses of the organizations answered "Yes" on Form 990, Part IV, line 10.  1 Description of property 4 Describe in Part XIII the intended uses of the organization include an amount on Form 990, Part IV, line 10.  1 Description of property 4 Description of property 4 Describe in Part XIII the intended uses of the organization in Sision (Q) Part IV, line 11a. See Form 990, Part X, line 10.  1 Describe in Part XIII the intended uses of the organization is given been provided on Part XIII. In Pa	Ite	С	Beginning balance						[	1c				
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Describe in Part XIII. Check here if the explanation has been provided on Part XIII.  1 Describin on Form 990, Part IV, line 10.  2 Description of property 3 Describe in Part XIII the intended uses of the organizations answered "Yes" on Form 990, Part IV, line 10.  1 Description of property 4 Describe in Part XIII the intended uses of the organization include an amount on Form 990, Part IV, line 10.  1 Description of property 4 Description of property 4 Describe in Part XIII the intended uses of the organization in Sision (Q) Part IV, line 11a. See Form 990, Part X, line 10.  1 Describe in Part XIII the intended uses of the organization is given been provided on Part XIII. In Pa	The time organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No res, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII	d	Additions during the year							1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Prior year (c) Two years back (d) Three years back (e) Four years b	the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Notes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.    Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (d) Three years back   (e) Four years back   (f) Three years ba									1e				
B   f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	Ces,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.   Interview   Inte	f	Ending balance						[	1f				
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to the prior year state   (d) Three years back   (e) Four years to the prior year state   (d) Three years back   (e) Four years to the prior year state   (d) Three years back   (e) Four years to the prior year state   (d) Three years back   (e) Four years to the years back   (e) Four years to the prior year state   (e) Four years to the years back   (e) Four years to the year state   (e) Four years to the year state   (e) Four years back   (e) Four years to the year state   (e) Four years to the year state   (e) Four years back   (e) Four years to the year state   (e) Four years back   (e) Four years back   (e) Four years to the years back   (e) Four years back   (e) Four years to the years back   (e) Four years to the years back   (e) Four years to the years back   (e) Four ye	Endowment Funds   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escr	ow or cu	stodial acco	unt liabi	lity?			Yes		No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years to provide the standard of the possess back   (e) Four years to provide the standard of the provided back   (e) Four years to provided back   (e) Four years to provided back   (e) Four years to provided back   (e) Four years back   (e) Four years to provided back   (e) Four years back   (e) Four ye	(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (f) Three years back   (e) Four years back   (f) Three years   (f) Three ye													
1a Beginning of year balance 758,265. 972,739. 876,211. 876,211. 876,2 b Contributions c Net investment earnings, gains, and losses 82,528187,288. 96,528. d Grants or scholarships e Other expenditures for facilities and programs 26,923. 27,186. f Administrative expenses 813,870. 758,265. 972,739. 876,211. 876,2 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 % b Permanent endowment 100 % c Term endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation	Initing of year balance	Par	t V Endowment Funds. Complete in				rm 990, Part	IV, line						
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 26,923, 27,186,  f Administrative expenses g End of year balance 813,870, 758,265, 972,739, 876,211, 876,2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment 100 % b Permanent endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (investment) basis (other)  (c) Accumulated depreciation	tributions investment earnings, gains, and losses ints or scholarships ere expenditures for facilities programs 26,923, 27,186.  Ininistrative expenses 27,186.  Ininistrative expenses 28,13,870, 758,265, 972,739, 876,211, 876,211.  Initiative expenses 28,13,870, 758,265, 972,739, 876,211, 876,211.  Initiative expenses 28,13,870, 758,265, 972,739, 876,211, 876,211.  Initiative expenses 29,23, 27,186.  Initiative expenses 29,23,23,24,24,24,24,24,24,24,24,24,24,24,24,24,					•	` ' '		(d)			· · ·		
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d Grants or scholarships e Other expenditures for facilities and programs 26,923, 27,186.  f Administrative expenses g End of year balance 813,870, 758,265, 972,739, 876,211, 876,2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 % b Permanent endowment 100 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation	nts or scholarships er expenditures for facilities programs 26,923. 27,186.  lof year balance 813,870. 758,265. 972,739. 876,211. 876,211.  lof year balance vide the estimated percentage of the current year end balance (line 1g, column (a)) held as: and designated or quasi-endowment 100	b	Contributions											
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and programs 26,923. 27,186.  f Administrative expenses g End of year balance 813,870. 758,265. 972,739. 876,211. 876,2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 0000 % b Permanent endowment 100 % c Term endowment 0000 % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation	programs 26,923. 27,186.	d	Grants or scholarships											
g End of year balance 813,870. 758,265. 972,739. 876,211. 876,2  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment 0000 %  Permanent endowment 100 %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Description of property  (d) Book value basis (investment)	Initistrative expenses It of year balance It of yea	е	Other expenditures for facilities											
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Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment	wide the estimated percentage of the current year end balance (line 1g, column (a)) held as: ard designated or quasi-endowment	f	Administrative expenses											
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b Permanent endowment 100 %  c Term endowment	manent endowment	2	Provide the estimated percentage of the curr		(line 1g, co	olumn (a)	) held as:							
c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other depreciation  (d) Book value	mendowment	а		.0000	_%									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) The percentages on lines 2a, 2b, and 2c should equal 100%.  3a(i) Yes  3a(ii) 3a(ii) 3a(ii) 4 3a(ii) 4 4 3a(iii) 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	percentages on lines 2a, 2b, and 2c should equal 100%.  there endowment funds not in the possession of the organization that are held and administered for the anization by:  Unrelated organizations  Related organizations  Related organizations  Yes No  3a(i) X  3a(ii) X  3a(ii) X  3a(ii) X  Ax  As (iii) X  As (ii	b		%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Re	there endowment funds not in the possession of the organization that are held and administered for the anization by:  Unrelated organizations  Related organizations  (res" on line 3a(ii), are the related organizations listed as required on Schedule R?  Ocribe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  11, 963, 954. 2, 163, 030. 9, 800, 924.  sehold improvements  inprent  587, 910. 530, 119. 57, 791.	С	Term endowment	%										
organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations	Unrelated organizations  Related organizations  Yes No  3a(i) X  3a(ii) X  3b		The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.										
(i) Unrelated organizations (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value	Unrelated organizations  Related organizations  (es" on line 3a(ii), are the related organizations listed as required on Schedule R?  (cribe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  d dings  sehold improvements  injument  3a(i) X  3a(ii) X  3b  (c) Accumulated (d) Book value  11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  11a, 963, 954. 2, 163, 030. 9, 800, 924.	3a	Are there endowment funds not in the posses	ssion of the organizat	tion that ar	e held an	nd administer	ed for th	ne			_		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (d) Book value	Related organizations  /es" on line 3a(ii), are the related organizations listed as required on Schedule R?  /est on line 3a(ii), are the related organizations listed as required on Schedule R?  // scribe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  d		-										Yes	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other depreciation  (d) Book value	/es" on line 3a(ii), are the related organizations listed as required on Schedule R?    Coribe in Part XIII the intended uses of the organization's endowment funds.    Land, Buildings, and Equipment.											3a(i)		
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Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  11, 963, 954. 2, 163, 030. 9, 800, 924.	b		· · · · · · · · · · · · · · · · · · ·								3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  d dings sehold improvements inipment  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  11, 963, 954. 2, 163, 030. 9, 800, 924.	4			vment func	s.								
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  11,963,954. 2,163,030. 9,800,924.  11,963,954. 2,163,030. 57,791.	Par			5	44 0	F 000	5		40				
basis (investment) basis (other) depreciation	basis (investment) basis (other) depreciation  d			T			1							
	d dings 11,963,954. 2,163,030. 9,800,924. sehold improvements ipment 587,910. 530,119. 57,791.		Description of property	1 ' '		. ,					ed	(d) Book	valu	е
1a land	dings     11,963,954.     2,163,030.     9,800,924.       sehold improvements     587,910.     530,119.     57,791.			<u> </u>	ient)	basis (	(otner)	de	prec	ation				
	sehold improvements 587,910. 530,119. 57,791.		Land			1 00	2 054		1	2 2 2		0 000		
	ipment 587,910. 530,119. 57,791.					т,96	3,954.	2,	Τρ.	5,03	30.	9,800	, 9	<u> </u>
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Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 CURTODYSSEY		94	-1202434 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 000 Dort IV line	11b Coo Form 000 Dort V line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(0) = 1	(b) Book value	(c) Welfied of Valuation. Cost of Cite	or 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" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-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" of		11d. See Form 990, Part X, line 15.	
(a) !	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
	on Form COO Dort IV line	11a or 11f Coa Form 000 Bort V line 05	
Complete if the organization answered "Yes" of a Description of liability	on Form 990, Part IV, line	The of Thi. See Form 990, Part A, line 25	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
	25 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>∠ɔ.)</u>		l

Schedule D (Form 990) 2022

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

94-1262434 Page 4 CURIODYSSEY Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 5,999,000. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 89,276. a Net unrealized gains (losses) on investments Donated services and use of facilities 2c Recoveries of prior year grants Other (Describe in Part XIII.) 89,276. Add lines 2a through 2d 2e 5,909,724. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5,909,724. Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 6,659,128. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c **d** Other (Describe in Part XIII.) Add lines 2a through 2d 2e 6,659,128. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 6,659,128. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part 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 X, 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, 2023, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

Schedule D (Form 990) 2022

LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS.



# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization  CURIODY	SSEY					94-1262	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this part							
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or</li> </ul>	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events	itees	or	
key employees listed in Form 990, P  b If "Yes," list the 10 highest paid indiv  compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2022

Pa	<b>Part II Fundraising Events.</b> 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
		of fundraising event contributions and gro		, ,		s greater than \$5,000.						
			(a) Event #1 FY 23 BENEFIT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through						
ø.			(event type)	(event type)	(total number)	col. <b>(c)</b> )						
Revenue	1	Gross receipts	424,210.			424,210.						
	2	Less: Contributions	403,961.			403,961.						
	3	Gross income (line 1 minus line 2)	20,249.			20,249.						
	4	Cash prizes										
es	5	Noncash prizes										
bens	6	Rent/facility costs										
Direct Expenses	7 Food and beverages 17,688.											
۵	8	Entertainment Other direct expenses	300.			300.						
	10 Direct expense summary. Add lines 4 through 9 in column (d)											
		Net income summary. Subtract line 10 from li				17,988. 2,261.						
Pa	rt I	<b>II Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than							
_		\$15,000 on Form 990-EZ, line 6a.	T	6 > Dall table for stand								
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Re	1	Gross revenue										
	•	Green Teverine										
nses	2	Cash prizes										
Expe	3	Noncash prizes										
Direct Expenses	4	Rent/facility costs										
	5	Other direct expenses										
			Yes %	Yes %	Yes %							
	6	Volunteer labor	L No	L No	No							
7 Direct expense summary. Add lines 2 through 5 in column (d)												
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>								
	Ent	ter the state(s) in which the organization condu	icts gaming activities:									
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:												
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No						
	_											
	_											

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 CURIODYSSEY 9	4-12	<u> 2624</u>	34	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es	No
13	Indicate the percentage of gaming activity conducted in:			-	
	a The organization's facility	1	13a		%
			13b		
	o An outside facility	L	IJU		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
(	If "Yes," enter name and address of the third party:				
	Name				
	Address				
46	Coming manager information				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			es	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
•	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part	III lines	- 0 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iu rait	III, III IC	5 J, J	Б, ТОБ,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					
_					
_					
_					



### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

CURIODYSSEY

 $Employer\ identification\ number \\ 94-1262434$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			l
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out to a 1'- a 504(-)(0) 504(-)(4) and 504(-)(00) and a 1'-			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	Ea		Х
	The organization?  Any related organization?	5a 5b		X
b	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	JU		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
Ü	contingent on the net earnings of:			
а	The organization?	6a		х
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.	5.0		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, 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.

<b>(A)</b> Name and Title		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(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 BURINGHAM	(i)	203,191.	0.	0.	0.	10,350.	213,541.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MAUREEN GARRETT	(i)	166,790.	0.	0.	0.	3,646.	170,436.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

### SCHEDULE O (Form 990)

Department of the Treasury

SCIENCE.

# Supplemental Information to Form 990 or 990-EZ

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.

DESCRIPTION OF ORGANIZATION MISSION:

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

FORM 990, PART

CURIODYSSEY

LINE 1,

III,

Employer identification number 94-1262434

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

THIS YEAR WE COMPLETED THE SECOND YEAR OF THE STEMCORPS MENTOR PROGRAM,

CONNECTING 50 STUDENTS AND MENTORS IN BIWEEKLY VIRTUAL MENTOR SESSIONS

WHERE DIFFERENT STEM CONCEPTS WERE EXPLORED THROUGH HANDS-ON STEM KITS.

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. CAMP

CURIODYSSEY GREW FROM FIVE TO SIX CAMP THEMES, EXPANDING ACCESS TO

SUMMER STEAM LEARNING. ACCESSIBILITY AND INCLUSION EFFORTS INCREASED

THIS YEAR WITH THE RELAUNCH OF OUR CAMP SCHOLARSHIP PROGRAM TO REDUCE

FINANCIAL BARRIERS TO ACCESS CURIODYSSEY'S CAMPS AND AN INCLUSION

PROGRAM TO SUPPORT CAMPERS WITH NEEDS AND ACCOMMODATIONS SENSORY

SUNDAYS WERE LAUNCHED IN JULY 2023 AS A QUARTERLY EVENT WELCOMING

VISITORS WITH SENSORY SENSITIVITIES TO CURIODYSSEY FOR A FREE AFTERNOON

OF SCIENCE ACTIVITIES, ANIMAL ENCOUNTERS, POP-UP EXHIBITS, AND

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2** 

Name of the organization CURIODYSSEY Employer identification number 94-1262434

STORYTIME. THERE WERE 530 SENSORY SUNDAY ATTENDEES IN THE PERIOD ACROSS 2 EVENTS.

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

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 8,820 HOURS IN THE PERIOD ACROSS

THE ORGANIZATION. DESPITE STORM CLOSURES, THE INTRODUCTION OF SEVERAL

NEW PROGRAMS SUPPORTED AN INCREASE OF MORE THAN 1,000 VOLUNTEER HOURS

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization Employer identification number CURIODYSSEY 94-1262434

SERVED.

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

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

AS AN OUTDOOR LABORATORY FOR OUR CLASSES AND PROGRAMS TO INVESTIGATE

PLANTS, INSECTS, AND BIRDS.

MUSEUM STORE - THE CURIODYSSEY SHOP FULFILLS ANOTHER PART OF THE

ORGANIZATION'S EDUCATIONAL GOAL BY ALLOWING VISITORS AND MEMBERS TO

PURCHASE BOOKS, SCIENCE KITS, AND OTHER EDUCATIONAL MERCHANDISE THAT

DIRECTLY RELATE TO ITS MISSION.

CAPITAL PROGRAMS - IN MARCH 2023, ONE YEAR AFTER BREAKING GROUND, THE

ORGANIZATION COMPLETED CONSTRUCTION ON THE NEW BAY GALLERY & LABS

BUILDING. THIS IS THE FIRST NEW BUILDING ON THE ORGANIZATION'S CAMPUS

IN 50 YEARS. AFTER COYOTE POINT RECREATION AREA CLOSED UNEXPECTEDLY TO

THE PUBLIC FOR TWO AND A HALF MONTHS DUE TO STORM DAMAGE AND SAFETY

CONCERNS, CURIODYSSEY REOPENED ON JUNE 1 AND WELCOMED THE PUBLIC TO THE

BAY GALLERY & LABS FOR THE FIRST TIME. OUR GUESTS EXPERIENCED 1200 SQ.

FT. OF NEW SCIENCE EXHIBIT SPACE, INCLUDING 15 NEW EXHIBITS IN THE

VIEWPOINT EXHIBITION SPECIFICALLY DESIGNED FOR THE GALLERY. THE

BUILDING ALSO FEATURES 1500 SQ. FT. OF FLEXIBLE CLASSROOM PROGRAM SPACE

AS WELL AS NEW OUTDOOR PROGRAM SPACE AND LANDSCAPING WHICH ALLOWED US

TO EXPAND OUR SUMMER CAMP OPPORTUNITIES. FOR ITS NEXT PROJECT, THE

ORGANIZATION HAS INITIATED THE SCHEMATIC DESIGN PHASE FOR A NEW NORTH

AMERICAN RIVER OTTER EXHIBIT.

EXPENSES \$ 1,208,580. INCLUDING GRANTS OF \$ 0. REVENUE \$ 66,977.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** 94-1262434 CURIODYSSEY 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. 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 606,691.

MANAGEMENT AND GENERAL EXPENSES 226,737.

939,151. TOTAL EXPENSES

105,723.

FUNDRAISING EXPENSES

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** CURIODYSSEY 94-1262434 PAYROLL SERVICE FEES: PROGRAM SERVICE EXPENSES 11,989. 2,506. MANAGEMENT AND GENERAL EXPENSES 955. FUNDRAISING EXPENSES 15,450. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 954,601.