

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 Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning OCT 2023 and ending SEP Check if applicable: C Name of organization D Employer identification number Address change CURIODYSSEY Name change 94-1262434 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 1651 COYOTE POINT DRIVE 650-342-7755 6,577,365. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 94401 SAN MATEO, CA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ARAGON BURLINGHAM for subordinates? ..... Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CURIODYSSEY.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1953 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: INSPIRE LOVE FOR SCIENCE AND **Activities & Governance** CURIOSITY ABOUT THE WORLD TO CREATE A BRIGHTER FUTURE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 85 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 405 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 4,140,304. 4,056,976. Contributions and grants (Part VIII, line 1h) 8 1,341,763. 1,832,022. Program service revenue (Part VIII, line 2g) 143,322. 135,479. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 404,301. 284,335. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,909,724. 6,428,778. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 15,000. 6,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,681,582. 5,302,581. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,962,546. 2,143,681. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,452,262. 6,659,128. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -749,404. -1,023,484. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 16,321,781. 14,591,390. Total assets (Part X, line 16) 1,207,328. 348,303. 21 Total liabilities (Part X, line 26) 三年 15,114,453. 243,087 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ARAGON BURLINGHAM, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 02/06/25 self-employed P01294411 LESLIE VAN LESLIE VAN Paid Firm's EIN  $91-0\overline{189318}$ Firm's name MOSS ADAMS LLP Preparer 101 SECOND STREET SUITE 900 Use Only Firm's address Phone no. 415-956-1500 SAN FRANCISCO, CA 94105

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  CURIODYSSEY, A SCIENCE PLAYGROUND AND ZOO, INSPIRES A LOVE FOR SCIENCE
	AND CURIOSITY ABOUT THE WORLD TO CREATE A BRIGHTER FUTURE. WE DO THIS
	BY LETTING KIDS LOOSE TO OBSERVE WHAT IS, ASK "WHAT IF" AND LET THE
	NATURAL WORLD ANSWER THEIR QUESTIONS. WE GIVE KIDS THE REAL POWER OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	WILDLIFE HABITATS:
	CURIODYSSEY HOUSES NEARLY 70 ANIMALS- FROM NEWTS AND MILLIPEDES TO
	EAGLES AND RIVER OTTERS. THESE ANIMALS ALLOW CHILDREN TO EXPERIENCE AND
	UNDERSTAND THE NATURAL WORLD. ALL OF THE ANIMALS HOUSED AT CURIODYSSEY
	ARE CONSIDERED BY THE STATE TO BE UNABLE TO BE RELEASED INTO THE WILD.
	SOME DO NOT HAVE THE SKILLS TO CARE FOR THEMSELVES, WHILE OTHERS CANNOT
	AVOID PREDATION IN THE WILD. OUR ANIMALS REINFORCE THE ORGANIZATION'S
	MISSION BY TAKING CENTER STAGE IN OUR WILDLIFE HABITATS, SCHOOL-BASED
	PROGRAMS, AND PUBLIC PROGRAMS. CURIODYSSEY IS ACCREDITED BY THE
	ASSOCIATION OF ZOOS AND AQUARIUMS (AZA). THE AZA ACCREDITS FEWER THAN
	10% OF ZOOS AND AQUARIUMS NATIONWIDE.
4b	(Code:) (Expenses \$1, 439, 863. including grants of \$0. (Revenue \$632, 793. )
	EXHIBITS/PUBLIC PROGRAMS:
	THIS YEAR WE COMPLETED THE THIRD YEAR OF THE STEMCORPS MENTOR PROGRAM,
	CONNECTING 50 STUDENTS AND MENTORS IN BIWEEKLY VIRTUAL 1:1 MENTOR
	SESSIONS WHERE DIFFERENT STEM CONCEPTS WERE EXPLORED THROUGH HANDS-ON
	STEM ACTIVITIES. 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
4-	(Code:) (Expenses \$1,146,783. including grants of \$0.) (Revenue \$1,014,722.)
4C	COMMUNITY OUTREACH/GUEST SERVICES:
	COMMONTIT COTREMCTION DERIVICED.
	COMMUNITY OUTREACH IS PART OF CURIODYSSEY'S PRACTICE AND ALLOWS US TO
	ENACT OUR VALUE OF CENTERING MARGINALIZED VOICES. WE DO THIS THROUGH
	ONGOING EDUCATION PROGRAMS FOR REGIONAL SCHOOLS AND COMMUNITY EVENTS.
	WE INCREASED ACCESS BY EXPANDING QUALIFYING CRITERIA FOR FAMILIES AND
	SCHOOLS TO RECEIVE FREE OR REDUCED ADMISSION AND PROGRAM FEES. THROUGH
	THE MUSEUMS FOR ALL PROGRAM, 4,700 VISITORS RECEIVED FREE ADMISSION AND
	505 QUALIFIED FAMILIES ACCESSED FREE MEMBERSHIP. 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 \$ 1,653,995 • including grants of \$ 0 • ) (Revenue \$ 229,162 • )
4e	Total program service expenses 5,390,327.
	000 ()

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# Form 990 (2023) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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	Ť		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			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		7.7	
	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		X
f				
	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	
h	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	1 11 11 11 11 11 11 11 11 11 11 11 11 1	13		X
		14a		X
14a 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,	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		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		Х

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Pa	n 990 (2023) CURIODYSSEY 94-126  rt IV Checklist of Required Schedules (continued)			age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
ь	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			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31		X
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			1,7
0.4	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			_ v
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
а	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OFF		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

#### Note: All Form 990 filers are required to complete Schedule O Part 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	49			
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	

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

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

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X

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Form 990 (2023) CURIODYSSEY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 85								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х					
b	<b>b</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 Ad	counts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h							
h										
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the	_							
_			8							
9	Sponsoring organizations maintaining donor advised funds.		0-							
a			9a 9b							
b 10			90							
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
a 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:	TOD								
''	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
	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		12a							
	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									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
			14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?		15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	rivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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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	21									
	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 21										
2											
	officer, director, trustee, or key employee?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?	;	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х						
5											
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 appoint one or	· [									
	more members of the governing body?	. 7	'a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	.   7	'n		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8	la	X							
b	Each committee with authority to act on behalf of the governing body?		b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9	9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	,			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	. 10	0a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	Ob								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	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	. 1	2a	Х							
b			2b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	. <u>  1</u> 2	2c	Х							
13	Did the organization have a written whistleblower policy?	. 1	3	Х							
14	Did the organization have a written document retention and destruction policy?	1	4	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	. 1	5а	Х							
b	Other officers or key employees of the organization	. 1	5b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	_ 10	6a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	. 10	6b								
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, and 990-T (section 501(c)	(3)s or	ıly) 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, conflict of interest policy,	and fin	anc	ial							
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records <b>ARAGON BURLINGHAM</b> - 650-342-7755										
	1651 COYOTE POINT DRIVE, SAN MATEO, CA 94401										

Form **990** (2023)

# 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	box	not cl	ss per	ition more rson is	than o	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							220 707	0	10 000
EXECUTIVE DIRECTOR	40.00			Х				220,787.	0.	10,233.
(2) MAUREEN GARRETT	40.00	1						147 601	0	10 200
(3) JESSA BARZELAY	40.00					Х		147,601.	0.	18,300.
CHIEF PROGRAMS OFFICER	40.00	1				x		143,340.	0.	13,005.
(4) SIERRA GONZALEZ	40.00							143,340.	•	13,003.
CHIEF SALES & MARKETING OFFICER	1000	1				x		139,696.	0.	13,222.
(5) KATHRYN A SULZNER	40.00							233,0301		
DIR. OF ANIMAL HEALTH & CONSERVATION		1				x		119,766.	0.	24,398.
(6) CLAUDIA N FINCH-MORALES	40.00							,	-	,
DIR. OF WILDLIFE						х		110,096.	0.	26,629.
(7) ASHISH MOTIVALA	10.00									
CHAIR (START 06/12/24)		Х		Х				0.	0.	0.
(8) LAUREL MIRANDA	10.00									
CHAIR (THRU 06/12/24)		Х		Х				0.	0.	0.
(9) ANU DATTA	10.00									
VICE CHAIR (THRU 09/11/24)/ DIRECTOR		Х		Х				0.	0.	0.
(10) AMAR MEHTA	10.00									
DIRECTOR / VICE CHAIR (START 9/1/24)		Х		Х				0.	0.	0.
(11) ANDREA IRVIN	10.00	1								
SECRETARY	1000	Х		Х				0.	0.	0.
(12) BRUCE WRIGHT	10.00	ļ							•	•
TREASURER	F 00	Х		Х				0.	0.	0.
(13) PABLO QUINTANILLA	5.00	.,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(14) JUSTIN BERGER	5.00	3,7							0	0
DIRECTOR (START 05/15/24)	F 00	Х						0.	0.	0.
(15) ERIN CALIHAN DIRECTOR (START 05/15/24)	5.00	Х						0.	0.	0.
(16) ANNE CAMPBELL	5.00	Δ						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(17) CHRISTINA DIERCKS	5.00	-22							<b></b>	•
DIRECTOR	3.00	х						0.	0.	0.
	l		_				ı			Form 990 (2022)

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B 11/11	LISSEI								94-1202	434 Page
Part VII Section A. Officers, Directors	s, Trustees, Key Emp	oloy	ees,			ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			_ (0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	ss per	more son i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional 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
(18) JUAN CARLOS GALA	5.00									
DIRECTOR (START 05/15/24)		Х						0.	0.	0.
(19) JIM HEKKERS	5.00									
DIRECTOR		Х						0.	0.	0.
(20) ALISON KEENAN	5.00									
DIRECTOR		Х						0.	0.	0.
(21) DANIELLE KLING	5.00									
DIRECTOR		Х						0.	0.	0.
(22) MARIA TERESA LOPEZ DIRECTOR	5.00	Х						0.	0.	0.
(23) CRAIG MICHAELS	5.00									
DIRECTOR		Х						0.	0.	0.
(24) MERIEL OWEN	5.00									
DIRECTOR (START 05/15/24)		Х						0.	0.	0.
(25) DAVID PAULING	5.00									
DIRECTOR		Х						0.	0.	0.
(26) LINDA WILLEY	5.00									
DIRECTOR (START 05/15/24)		Х						0.	0.	0.
1b Subtotal								881,286.	0.	105,787.
c Total from continuation sheets to F								0.	0.	0.
d Total (add lines 1b and 1c)								881,286.	0.	105,787.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 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

5 X

#### **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
CD & POWER		
150 NARDI LANE, MARTINEZ, CA 94553	UTILITIES	199,034.
IGNITION, INC., 268 BUSH STREET SUITE		
4323, SAN FRANCISCO, CA 94104	IT CONSULTING	142,584.
PACIFIC CREST GROUP, 810 5TH AVENUE SUITE		
200, SAN RAFAEL, CA 94901	HR	105,000.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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Form 990 CURIODYSSEY 94-1262434

Name and title  Ave here  (Issue the second of the second	k, Key Er (B) erage ours per eveek st any urs for elated nizations elow inne) 5 · 0 0	stee or director		( <b>(</b> Pos	<b>C)</b> ition			(D)  Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title  Ave he	erage ours per veek st any urs for elated nizations elow line) 5.00	X Individual trustee or director	heck	Pos all t	ition that	appl		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(lis hou rel organ be li (27) VALERIE WONG 5 DIRECTOR (START 05/15/24) (28) JENNY SHAIN 5 DIRECTOR (START 05/15/24) (29) SHERRY WANG 5 DIRECTOR (THRU 06/12/24) (30) LINDA FITSPATRICK 5	veek st any urs for elated hizations elow line) 5 . 0 0	x x x	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DIRECTOR (START 05/15/24)  (28) JENNY SHAIN  DIRECTOR (START 05/15/24)  (29) SHERRY WANG  DIRECTOR (THRU 06/12/24)  (30) LINDA FITSPATRICK  5	5.00	x						0.	0.	0.
DIRECTOR (START 05/15/24) (29) SHERRY WANG DIRECTOR (THRU 06/12/24) (30) LINDA FITSPATRICK	5.00	x								
(29) SHERRY WANG DIRECTOR (THRU 06/12/24) (30) LINDA FITSPATRICK		х						0.	0.	0.
(30) LINDA FITSPATRICK 5	5.00								0.	0.
	5.00	x						0.	0.	0.
								0.	0.	0.
		_								
		1								
+										
<u> </u>		-								
+										
		1								
		1								
Total to Part VII, Section A, line 1c										

orm 990 (2	O23) CURIODYSSEY	94-1262434	Page 9
Part VIII	Statement of Revenue		
	Check if Schedule O contains a response or note to any line in this Part VIII		

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
SS	1:	Federated campaigns 1a					
ant		Membership dues 1b	719,175.				
9		Fundraising events 1c	448,458.	1			
ffs,			110,150.	-			
ig ig							
Sir.		Government grants (contributions)  1e					
utio	T	All other contributions, gifts, grants, and	889,343.				
ë			.009,343.	-			
Contributions, Gifts, Grants and Other Similar Amounts	•	Noncash contributions included in lines 1a-1f		4,056,976.			
O e	<u> </u>	Total. Add lines 1a-1f	Business Code	4,030,970.			
	•	MUSEUM ADMISSIONS		1,021,578.	1 021 578		
ice		DDOCDAM DDDC	611710	810,444.			
er ue	_		011/10	010,444.	010,444.		
Program Service Revenue	(						
gra Re	(						
Š	•	All all and a second and a second as a sec					
-		All other program service revenue		1,832,022.			
-+		Total. Add lines 2a-2f		1,032,022.			
	3	Investment income (including dividends, interests as a size iller are a units)	•	172,057.			172,057.
	4	other similar amounts)		1/2,05/-			112,051.
	4 5	Income from investment of tax-exempt bond p	roceeds				
	3	Royalties (i) Real	(ii) Personal				
	6 4	a Gross rents 6a 276,718.	` '	-			
		b Less: rental expenses 6b 0.					
		2 276 719		-			
		Hental income or (loss) 6c 270,710 •  Net rental income or (loss)		276,718.			276,718.
		a Gross amount from sales of (i) Securities	(ii) Other	270,710.			270,710.
	, ,	assets other than inventory 7a 27.	,				
	L	Less: cost or other basis					
a			36,605.				
ğ		0.0	-36,605.	-			
eve		· /	•	-36,578.			-36,578.
Other Revenue		Net gain or (loss)		30,370.			30,370.
Ĕ∣	0 6	including \$ 448,458. of					
١		contributions reported on line 1c). See					
		Part IV, line 18	20,859.				
	ŀ	Less: direct expenses					
		Net income or (loss) from fundraising events	,,	7,856.			7,856.
		Gross income from gaming activities. See		.,,,,,			,,,,,,,
		Part IV, line 199a	1				
	ŀ	Less: direct expenses					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
			218,538.				
	k		98,979.				
		Net income or (loss) from sales of inventory		119,559.	119,559.		
ζ,			Business Code				
e jo	11 a	MISCELLANEOUS REVENUE	561000	168.			168.
ane	k	·					
Miscellaneous Revenue	C						
Mis		d All other revenue		1.00			
		Total. Add lines 11a-11d		168.	1 051 501	0	420 221
	12	Total revenue. See instructions		6,428,778.	<u>т,аэт,рат.</u>	0.	420,221.

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Form **990** (2023)

# Form 990 (2023) CURIODYSSEY Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,500.	4,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 500	1 500		
	individuals. See Part IV, lines 15 and 16	1,500.	1,500.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	055 470	45 006	107 201	100 101
	trustees, and key employees	255,478.	45,986.	107,301.	102,191.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 214 207	2 210 000	265 256	C00 070
7	Other salaries and wages	4,314,327.	3,319,099.	365,256.	629,972.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	403,993.	252,189.	117,940.	33,864.
9	Other employee benefits	328,783.			
10	Payroll taxes	340,183.	252,100.	20,827.	55,856.
11	Fees for services (nonemployees):				
a		12,314.	2,379.	7,188.	2 747
b		168,292.	100,913.	63,016.	2,747. 4,363.
	Accounting	100,292.	100,913.	03,010.	4,303.
d	, , , , , , , , , , , , , , , , , , , ,				
e	, F	3,599.		3,599.	
f	Investment management fees	3,399.		3,399.	
g	,	660 604	300,179.	290,595.	60 020
	column (A), amount, list line 11g expenses on Sch O.)	660,604. 76,230.	68,344.	193.	69,830. 7,693.
12	Advertising and promotion	255,423.	230,500.	15,738.	9,185.
13	Office expenses	139,461.	85,009.	37,250.	17,202.
14	Information technology	133,401.	65,009.	37,230.	17,202.
15	Royalties	172,211.	171,138.	1,028.	45.
16	Occupancy	1/2,211.	1/1,130.	1,020.	45.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22,540.	14,728.	5,751.	2,061.
19	Conferences, conventions, and meetings	44,J4U.	14,/40.	J, IJI•	2,001.
20	Interest				
21	Payments to affiliates	543,740.	541,658.	983.	1,099.
22	Depreciation, depletion, and amortization	89,267.	105.	89,162.	1,099.
23 24	Other expenses. Itemize expenses not covered	05,207.	103.	05,102.	
24	above. (List miscellaneous 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.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,452,262.	5,390,327.	1,125,827.	936,108.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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# Form 990 (2023) Part X Balance Sheet

rar	τX	Balance Sneet					
		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			1,724.	1	134,407
	2	Savings and temporary cash investments			4,147,360.	2	3,128,387
	3	Pledges and grants receivable, net	524,864.	3	134,204		
	4	Accounts receivable, net			148,089.	4	25,350
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualification	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	50,044.	8	42,029		
₹	9	Prepaid expenses and deferred charges			36,137.	9	28,682
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		17,163,615.			
	b	Less: accumulated depreciation		6,820,441.	10,605,865.		10,343,174
	11	Investments - publicly traded securities			807,698.	11	755,157
	12	Investments - other securities. See Part IV, line 17	1			12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	46 004 504	15	11 - 21 - 22		
4	16	Total assets. Add lines 1 through 15 (must equa	16,321,781.	16	14,591,390		
	17	Accounts payable and accrued expenses	1,184,940.	17	315,404		
	18	Grants payable	00 200	18	20.000		
	19	Deferred revenue			22,388.	19	32,899
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
<u> </u>		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	17-24).	. Complete Part X		25	
	26				1,207,328.	26	348,303
_	20	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, chec		• X	1,201,320.	20	340,303
န္မ		and complete lines 27, 28, 32, and 33.	K HEIG	- 21			
ğ	27	. , , ,			13,321,165.	27	13,026,091
33	28	Net assets with donor restrictions	1,793,288.	28	1,216,996		
	20	Organizations that do not follow FASB ASC 95	2,7,50,72001	20			
בַ		and complete lines 29 through 33.					
5	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			15,114,453.	32	14,243,087
2	33				16,321,781.	33	14,591,390

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Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>78.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>, 452</u>				
3	Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5		<u> 152</u>	2,1	18.		
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	14	, 243	3,0	87.		
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?		L	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?		L	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	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?			За		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				
	<del>`</del>			Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

e trust.
90-EZ.
It the latest information.
Open to Public Inspection

Employer identification number 94-1262434

OMB No. 1545-0047

		CURI	ODYSSEY					9	4-1262434			
Par	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction					
The c	organ	ization is not a private found										
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general <sub>l</sub>	oublic 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 Part	t II.)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or			
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, an	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	•	•	•							
12		An organization organized a	•	•	-			•				
		more publicly supported or	~						Check the box on			
		lines 12a through 12d that	* *					-				
а			· · · · · · · · · · · · · · · · · · ·		•	-						
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	pporting			
		organization. You must o										
b			•				-		-			
		control or management o			ame perso	ns that co	ntrol or manag	je the supp	ported			
		organization(s). You mus					6		.i 245			
С		」 Type III functionally inte						y integrate	ed with,			
		its supported organization		·								
d	L							-	* *			
		that is not functionally int requirement (see instructi	•	• ,	•		•	an attentiv	/eriess			
•		Check this box if the orga	•	•	•			I Type III				
е	L	functionally integrated, or					Type i, Type i	i, type iii				
f	Ente	er the number of supported o		nany integrated supporting	ig organiz	ation.						
a .		vide the following information	•									
		i) Name of supported	(ii) EIN	(iii) Type of organization		nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	No	support (see in	structions)	support (see instructions)			
				above (see mondonomy)								
Total	<u></u>											

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2911321.	4104641.	5422929.	4138100.	4056976.	20633967.
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.				414,412.
4	Total. Add lines 1 through 3	3118527.	4311847.	5422929.	4138100.	4056976.	21048379.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2135459.
6	Public support. Subtract line 5 from line 4.						18912920.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3118527.	4311847.	5422929.	4138100.	4056976.	21048379.
	Gross income from interest,	0110011					
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	173,287.	111,807.	264,044.	277,482.	448,775.	1275395.
۵	Net income from unrelated business	173,207	111,007.	201,011.	277,402.	110,775	1273333.
9	activities, whether or not the						
	•						
10	business is regularly carried on  Other income. Do not include gain						
10	•						
	or loss from the sale of capital			21,651.	77,572.	168.	99,391.
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10			21,031.	11,512.	100.	22423165.
		eta (esa inatrustia	, no)			12 6	,950,463.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	iourth or fifth town			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13		-		· · · · · · · · · · · · · · · · · · ·			
<u>S</u>	organization, check this box and stop ction C. Computation of Publi						
				-1(1)		44	84.35 %
	Public support percentage for 2023 (I					15	26.24
	Public support percentage from 2022	,					
102	33 1/3% support test - 2023. If the						T
	stop here. The organization qualifies		~		U 45 :- 00 4/00/		
C	33 1/3% support test - 2022. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organia	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	•				•	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circle		-		•		H
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schodulo A	(Form 990) 2023

# Schedule A (Form 990) 2023 CURIODYSSEY Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	<b>(b)</b> 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

### 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		
_		
3a		
26		
3b		
3c		
00		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b	000	2002

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
OCOL	tion of Type it oupporting organizations		V	NI.
4	Ware a majority of the examination's divectors by twistons during the toy year also a majority of the divectors		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	•		
	<i>7</i> • •		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Caat	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins Activities Test. Answer lines 2a and 2b below.	truction	yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	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		
	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		
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Dai	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizatione /	/\	
		a)(o) Supporting Orga	inizations <sub>(continu</sub>	ea)	O Voca
	ion D - Distributions		4	Current Year	
	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp		2		
	organizations, in excess of income from activity		3		
<u>3</u> 4	Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets	es or supported organizations	5	4	
<del></del> -	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Dart VI)		5	
<del></del> 6	Other distributions (describe in Part VI). See instructions.	Ovide details in Fait VI)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in <b>Part VI</b> ). See instructions.	to organization to reopensive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	and a arrest arrange by mile a arrest a	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	s	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
<u> </u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u>d</u>	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)											
SCHE	DULE A,	PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:	
OTHE	R INCOME	1									
2021	AMOUNT:	\$	21,	651.							
2022	AMOUNT:	\$		572.							
	AMOUNT:		168								
		•									

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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

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) (2023)

Schedule B (Form 990) (2023)

Name of organization

CURIODYSSEY

Employer identification number

94-1262434

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

Schedule B (Form 990) (2023) Page **3** 

Name of organization

Employer identification number

### CURIODYSSEY

94-1262434

	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. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art 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. rom 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

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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CURIODYSSEY

**Employer identification number** 94-1262434

organization answered "Yes" on Form 990, Part IV, line 6.								
	and other accounts							
	and other accounts							
1 Total number at end of year								
2 Aggregate value of contributions to (during year)								
3 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 writing that the assets held in donor advised funds								
are the organization's property, subject to the organization's exclusive legal control?	Yes No							
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140							
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
impermissible private benefit?	Yes No							
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1 Purpose(s) of conservation easements held by the organization (check all that apply).								
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area							
Protection of natural habitat Preservation of a certified histori	ric structure							
Preservation of open space								
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation								
day of the tax year.	eld at the End of the Tax Year							
a Total number of conservation easements 2a								
b Total acreage restricted by conservation easements 2b								
c Number of conservation easements on a certified historic structure included on line 2a 2c								
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not								
on a historic structure listed in the National Register								
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax							
year								
Number of states where property subject to conservation easement is located								
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No							
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—							
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your							
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year							
8 Does each conservation easement reported on line 2d above 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 easements in its revenue and expense statement and								
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the							
organization's accounting for conservation easements.								
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.							
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.								
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet								
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic							
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.								
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor								
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,							
provide the following amounts relating to these items.								
(i) Revenue included on Form 990, Part VIII, line 1								
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide								
the following amounts required to be reported under FASB ASC 958 relating to these items:								
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>								
	chedule D (Form 990) 2023							

Pa	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(conti	nued)	
3	Using the organization's acquisition, accession	n, and other records	s, check any of the f	ollowing that n	nake siç	gnificant ι	use of its			
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other	similar a	assets				_
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arrang		e if the organization	answered "Ye	es" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	•	•				_	_	_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amoun	it	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f		7		٦
	Did the organization include an amount on Fo					ty?		Yes	F	_ No
	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if					······				
ı u	Endownient i unus Complete ii	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r vaare	hack
4.	Designing of year belongs	813,870.	758,265.	<del>-                                    </del>				( <b>c</b> ) 1 0u		
_									211.	
	b Contributions c Net investment earnings, gains, and losses 169,931. 82,528187,288. 96,528.									
C C	Net investment earnings, gains, and losses	105,551.	02,320.	107,	200.		30,320.			
d	Grants or scholarships				+					
е	Other expenditures for facilities and programs	53,339.	26,923.	27	186.					
f	Administrative expenses	55,555.	20,520.		1200.					
g		930,462.	813,870.	758	265.	9	72,739.		876	211.
2	Provide the estimated percentage of the curre						,		,	
a	Board designated or quasi-endowment	• 0000	%	n ricia as.						
b	Permanent endowment 100	%								
c	Term endowment .0000									
_	The percentages on lines 2a, 2b, and 2c shou	-								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered	d for the	е				
	organization by:	3							Yes	No
								3a(i)		Х
	400 B							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endov								
Pa	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, I	Part X, I	line 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)		ccumulate preciation	ed	(d) Boo	k valu	e 
1a	Land									
b	Buildings		11,89	6,274.	2,5	570,49	97.	9,32	5,7	<u>77.</u>
С	Leasehold improvements									
d	Equipment			3,787.		205,5			8,2	
	Other			3,554.		44,4			9,1	
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	K, line 10c, column	<u>(B))</u>			1	0,34	3,1	74.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CURIODYSSEY		94	-1262434 Page <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G) (H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	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
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<i>l. (B))</i>		
	on Form 000 Port IV line	11a av 11f Caa Farm 000 Dart V lina 25	
Complete if the organization answered "Yes"  1. (a) Description of liability	on Form 990, Part IV, line	The or Thi. See Form 990, Part A, line 25	(b) Book value
<del>"</del>			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
	/ /D))		
Total. (Column (b) must equal Form 990, Part X, line 25, co	I. (D)) ······		I

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

1	Total expenses and losses per audited financial statements	1	7,488,867.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,488,867.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)  4b -36,605		
С	Add lines 4a and 4b	4c	-36,605.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,452,262.

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 V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

THE ORGANIZATION INVESTS THE CORPUS OF ITS ENDOWMENT FUNDS, \$876,211, IN AN AVERAGE RISK PORTFOLIO. AN ANNUAL WITHDRAWAL FROM THE EARNINGS IS MADE TO SUPPORT ON-GOING OPERATIONS.

#### PART X, LINE 2:

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE 501(C)(3). MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT, AS OF SEPTEMBER 30, 2024, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A

Schedule D (Form 990) 2023

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

2023

Open to Public Inspection

CURIODY	SSEY				94-1262	
	Complete if the organization answer	red "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-E2	' filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursuit	tion of tion of fundra (includ	non-g gover aising ding of onal fo	overnment grants rnment grants events fficers, directors, trus undraising services?	etees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	-		
	<u> </u>		<u> </u>			
3 List all states in which the organization	on is registered or licensed to solicit o			l or has been notified	I it is exempt from re	gistration
or licensing.						

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

Schedule G (Form 990) 2023

Pa	rt I							
of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 FY 24 BENEFIT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through		
۵			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue	1	Gross receipts	469,317.			469,317.		
	2	Less: Contributions	448,458.			448,458.		
	3	Gross income (line 1 minus line 2)	20,859.			20,859.		
		Cash prizes						
S	5	Noncash prizes						
kpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	13,003.			13,003.		
	8	Entertainment						
		Other direct expenses						
		Direct expense summary. Add lines 4 through				13,003.		
	11 rt I	Net income summary. Subtract line 10 from line II Gaming. Complete if the organization a		990 Part IV line 19 or i		1,030.		
		\$15,000 on Form 990-EZ, line 6a.	anoworda roc on rom	000,1 4.117, 11.10 10, 01	roportou moro trian			
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						
		aross revenue						
nses	2	Cash prizes						
ix be	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)					
9	Ent	er the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac No," explain:	tivities in each of these s	states?		Yes No		
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	year?	Yes No		
b	If "`	Yes," explain:						
33208	2 09	-13-23			Sche	dule G (Form 990) 2023		

Sch	nedule G (Form 990) 2023 CURIODYSSEY 9	<u>1-126</u>	243	4 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	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?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	149	Ba	%
	o An outside facility		Bb	<del>/</del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, , , , , , , , , , , , , , , , , , ,	
14	Efficient the marine and address of the person who prepares the organization's gaming/special events books and records.			
	Nama			
	Name			
	Address			
	Address			
			٦,,	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∟	Yes	L No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	ıt		
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е		
_	organization's own exempt activities during the tax year \$	-		
Pa	rrt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III.	lines 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			, 02, .02,
	100, 100, 10, and 110, an applicable. The provide any additional information, con methodicine.			



### 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.

**ZUZ3** 

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.

Employer identification number

	CURIODYSSEY	94-126243	4	
Pá	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 Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
	<u> </u>			
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			
	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 or	ommittee		
	, по при			
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		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	-		Х
С	Participate in or receive payment from an equity-based compensation arrangement?			Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	l		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	l =-		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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			Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and 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)	220,787.	0.	0.	0.	10,233.	231,020.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MAUREEN GARRETT	(i)	147,601.	0.	0.	0.	18,300.	165,901.	0.	
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) JESSA BARZELAY	(i)	143,340.	0.	0.	0.	13,005.	156,345.	0.	
CHIEF PROGRAMS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) SIERRA GONZALEZ	(i)	139,696.	0.	0.	0.	13,222.	152,918.	0.	
CHIEF SALES & MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								

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### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

QU23
Open to Public Inspection

OMB No. 1545-0047

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

DESCRIPTION OF ORGANIZATION MISSION:

Name of the organization

FORM 990, PART

CURIODYSSEY

LINE 1,

III,

Employer identification number 94-1262434

PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4B, 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. ACCESSIBILITY AND INCLUSION EFFORTS INCREASED BY 80% THROUGH OUR SCHOLARSHIP PROGRAM TO REDUCE FINANCIAL BARRIERS TO ACCESS. THIS YEAR 3,264 CHILDREN RECEIVED SCHOLARSHIP SUPPORT AND 72 ORGANIZATIONS RECEIVED SCHOLARSHIP SUPPORT FOR FIELD TRIPS, SCIENCE WORKSHOPS, OR WILDLIFE PROGRAMS. CURIODYSSEY'S INCLUSION PROGRAM SUPPORTED 126 CHILDREN WITH NEEDS AND ACCOMMODATIONS AND THEIR FAMILIES. SENSORY SUNDAYS, A QUARTERLY EVENT WELCOMING VISITORS WITH SENSORY ACCESS NEEDS TO CURIODYSSEY FOR A FREE <u>AFTERNOON OF SCIENCE</u> ACTIVITIES, ANIMAL ENCOUNTERS, POP-UP EXHIBITS, WELCOMED OVER 1,300 ATTENDEES THIS YEAR

FOUR SEASONAL INTERACTIVE EXHIBITIONS WERE LAUNCHED. 23 NEW PHENOMENON

BASED SCIENCE EXHIBITS, AND MANY RETURNING FAVORITES, WERE DISTRIBUTED

ACROSS THESE EXHIBITIONS. THIS INCLUDED THE RETURN OF OUR AUTUMN

EXHIBITION, FALL INTO SCIENCE, AND OUR POPULAR WINTER LIGHTS

EXHIBITION, ILLUMINODYSSEY, AS WELL AS TWO BRAND NEW SEASONAL

EXHIBITIONS. THIS REPRESENTS A RECORD NUMBER OF NEW EXHIBITS RELEASED

IN A SINGLE YEAR.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2** 

Name of the organization CURIODYSSEY Employer identification number 94-1262434

WE ARE CONTINUOUSLY DEVELOPING OUR WEBSITE AS A RESOURCE FOR SCIENCE

INFORMATION FOR STUDENTS, PARENTS AND TEACHERS. MARKETING PLAYS A VITAL

ROLE IN INFORMING TEACHERS, PARENTS, AND CHILDREN ABOUT OUR EDUCATIONAL

PROGRAMS AND EXHIBITS AND ENCOURAGING A SCIENTIFIC MINDSET.

CURIODYSSEY'S RENTAL SPACES PROVIDE A NATURAL SETTING FOR A VARIETY OF

EVENTS, INCLUDING BIRTHDAY PARTIES, WEDDINGS, COMPANY RETREATS, AND

OTHER CELEBRATIONS. FOR EVENING EVENTS, GUESTS HAVE ACCESS TO OUR

BEAUTIFUL GARDENS AND OUR MAIN BUILDING, WHICH HOUSES A VARIETY OF

FASCINATING INTERACTIVE EXHIBITS. WITH PRIOR ARRANGEMENT WITH OUR

WILDLIFE DEPARTMENT, EVENTS MAY INCLUDE AN UP-CLOSE ENCOUNTER WITH ONE

OF OUR MANY ANIMAL AMBASSADORS.

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

SCHOOL/SERVICE VOLUNTEERS - CURIODYSSEY OFFERS AN ACTIVE SCHOOL

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

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

EFFORT TO ACCOMMODATE SCHOOLS AND STUDENTS WHO WOULD OTHERWISE BE

UNABLE TO ENJOY THE CURIODYSSEY PROGRAMS.

VOLUNTEERS PLAY A VITAL ROLE IN SUPPORTING CURIODYSSEY'S MISSION.

DURING THE REPORTING PERIOD, OVER 400 VOLUNTEERS CONTRIBUTED 11,255

HOURS ACROSS THE ORGANIZATION. THIS MARKS A SIGNIFICANT INCREASE OVER

THE PRIOR YEAR OF NEARLY 2,500 VOLUNTEER HOURS, MADE POSSIBLE BY THE

SUCCESSFUL RECRUITMENT OF NEW VOLUNTEERS AND ONGOING PARTNER

RELATIONSHIPS.

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

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization CURIODYSSEY Employer identification number 94-1262434

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 FISCAL 2024, THE ORGANIZATION COMPLETED THE

SCHEMATIC DESIGN PHASE FOR A NEW NORTH AMERICAN RIVER OTTER EXHIBIT.

EXPENSES \$ 1,653,995. INCLUDING GRANTS OF \$ 0. REVENUE \$ 229,162.

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.

Schedule O (Form 990) 2023	Page 2
Name of the organization CURIODYSSEY	Employer identification number 94-1262434
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE A	NNUAL AUDITED
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION U	IPON REQUEST. FORM
990 IS ALSO AVAILABLE AT GUIDESTAR.ORG AND ON THE WEBSITE	FOR THE
CALIFORNIA REGISTRY OF CHARITABLE TRUSTS.	