Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

• Internal Copy: Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.

• Public Inspection Copy: Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

Please note:

After the documents have been e-signed and you click **'FINISH'** - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents and print any PRINT & PAPER FILE documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading 'as Separate Files' is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any 'PRINT & PAPER FILE' returns on your behalf.

Please initial to indicate that you have read and understand the above: Initial AR

CliftonLarsonAllen LLP
CLAconnect.com

July 13, 2026

Cultural Survival, Inc.
2067 Massachusetts Avenue 208
Cambridge, MA 02140

Cultural Survival, Inc.:

Enclosed is the organization's 2024 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by July 15, 2026 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP
CLAconnect.com

CULTURAL SURVIVAL, INC.

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED AUGUST 31, 2025

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning SEP 1 , 2024, and ending AUG 31 , 20 25

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2024

Name of filer
CULTURAL SURVIVAL, INC.

EIN or SSN
23-7182593

Name and title of officer or person subject to tax AIMEE ROBERSON
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	7,171,019.
2a	**Form 990-EZ** check here		**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here		**b Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here		**b Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here		**b Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here		**b Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here		**b Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here		**b FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here		**b Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here		**b Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____ , (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[ ] I authorize _____ to enter my PIN [ ]
ERO firm name **Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[X] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signed by:
Aimee Roberson
43A4F07...

Signature of officer or person subject to tax Date 7/14/2026

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 04967555902
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature DANIELLE NIHILL Date 07/13/26

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2024)

LHA 402521 12-26-24

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
CULTURAL SURVIVAL, INC.

Taxpayer identification number (TIN)
23-7182593

Number, street, and room or suite no. If a P.O. box, see instructions.
2067 MASSACHUSETTS AVENUE, 208

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CAMBRIDGE, MA 02140

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of SOFIA FLYNN
2067 MASSACHUSETTS AVE - CAMBRIDGE, MA 02140

Telephone No. 978-930-0204 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until JULY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning SEP 1, 20 24, and ending AUG 31, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning SEP 1, 2024 **and ending** AUG 31, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
CULTURAL SURVIVAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2067 MASSACHUSETTS AVENUE

Room/suite 208

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02140

F Name and address of principal officer: AIMEE ROBERSON
SAME AS C ABOVE

D Employer identification number
23-7182593

E Telephone number
(617) 441-5400

G Gross receipts $ 7,171,019.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CULTURALSURVIVAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972 **M** State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADVOCATE FOR INDIGENOUS PEOPLE'S RIGHTS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,557,389.	6,288,364.
9	Program service revenue (Part VIII, line 2g)	443,872.	461,220.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	493,665.	420,472.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	775.	963.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,495,701.	7,171,019.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,346,412.	1,946,992.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,287,489.	1,047,704.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 493,562.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,463,578.	3,993,151.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,097,479.	6,987,847.
19	Revenue less expenses. Subtract line 18 from line 12	2,398,222.	183,172.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,269,130.	17,547,823.
21	Total liabilities (Part X, line 26)	260,727.	348,022.
22	Net assets or fund balances. Subtract line 21 from line 20	17,008,403.	17,199,801.

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.

Sign Here

Signed by: Aimee Roberson 43A5F072BF2E4CF...
Signature of officer — Date: 7/14/2026

AIMEE ROBERSON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name: DANIELLE NIHILL	Preparer's signature: DANIELLE NIHILL	Date: 07/13/26	Check if self-employed ☐	PTIN: P01350943
Firm's name: CLIFTONLARSONALLEN LLP			Firm's EIN: 41-0746749	
Firm's address: 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169			Phone no. (781) 982-1001	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CULTURAL SURVIVAL ADVOCATES FOR INDIGENOUS PEOPLE'S RIGHTS AND SUPPORTS INDIGENOUS COMMUNITIES' SELF-DETERMINATION, CULTURES AND POLITICAL RESILIENCE, SINCE 1972.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 380,860. including grants of $ 235,650.) (Revenue $ 0.)
SPECIAL PROJECTS: GRANTS TO PARTNER ORGANIZATIONS WORKING ON NATURAL RESOURCES ISSUES.

4b (Code:) (Expenses $ 731,959. including grants of $ 44,387.) (Revenue $ 0.)
ADVOCACY: CULTURAL SURVIVAL HAS ECOSOC CONSULTATIVE STATUS WITH THE UNITED NATIONS AND USES MULTIPLE UN TREATY BODY MECHANISMS TO ADVOCACY FOR THE RIGHTS OF INDIGENOUS PEOPLES. CULTURAL SURVIVAL COMPILES ANDSUBMITS REPORTS TO THE UNIVERSAL PERIODIC REVIEW MECHANISM, PARTICIPATES ACTIVELY IN THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES, THE COMMITTEE FOR THE ELIMINATION OF RACIAL DISCRIMINATION, THE EXPERTMECHANISM ON THE RIGHTS OF INDIGENOUS PEOPLES, AND OTHER TREATY BODIES. CULTURAL SURVIVAL ENGAGES WITH THE INTER AMERICAN COMMISSION ON HUMAN RIGHTS AND THE INTER AMERICAN COURT ON SPECIFIC VIOLATIONS OFINDIGENOUS PEOPLES RIGHTS, MOST NOTABLY IN GUATEMALA AND PANAMA.

4c (Code:) (Expenses $ 897,246. including grants of $ 608,059.) (Revenue $ 0.)
COMMUNITY MEDIA: CULTURAL SURVIVAL MAKES GRANTS TO SMALL RADIO STATIONS AND OTHER COMMUNITY MEDIA THAT BROADCAST IN INDIGENOUS LANGUAGES. CULTURAL SURVIVAL OFFERS TRAINING IN HOW TO MAINTAIN BROADCAST EQUIPMENT.

4d Other program services (Describe on Schedule O.)
(Expenses $ 3,304,074. including grants of $ 1,058,896.) (Revenue $ 461,220.)

4e Total program service expenses 5,314,139.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	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
c	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	23		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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** 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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			X

Section 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MA

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 only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request X 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 financial 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

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2067 MASSACHUSETTS AVE, CAMBRIDGE, MA 02140

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN MARK CAMP DEPUTY EXECUTIVE DIRECTOR	40.00			X				127,128.	0.	18,934.
(2) AIMEE ROBERTSON EXECUTIVE DIRECTOR	40.00			X				82,831.	0.	4,867.
(3) KAIMANA BARCARSE CHAIR	3.00	X		X				0.	0.	0.
(4) JOHN KING II VICE CHAIR	3.00	X		X				0.	0.	0.
(5) STEVEN HEIM TREASURER	3.00	X		X				0.	0.	0.
(6) NICOLE FRIEDERICHS CLERK	3.00	X		X				0.	0.	0.
(7) KATE FINN DIRECTOR	1.00	X						0.	0.	0.
(8) LAURA GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(9) STEPHEN MARKS DIRECTOR	1.00	X						0.	0.	0.
(10) MRINALINI RAI DIRECTOR	1.00	X						0.	0.	0.
(11) JANNIE RUEIJE DIRECTOR	1.00	X						0.	0.	0.
(12) STELLA TAMANG DIRECTOR	1.00	X						0.	0.	0.
(13) RICHARD GROUNDS DIRECTOR	1.00	X						0.	0.	0.
(14) MARCUS BRIGGS-CLOUD DIRECTOR	1.00	X						0.	0.	0.
(15) LYLA JUNE JOHNSON DIRECTOR	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								209,959.	0.	23,801.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								209,959.	0.	23,801.

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 1

		Yes	No
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*		X
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*		X
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*		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	41,919.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,246,445.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			6,288,364.			
Program Service Revenue		Business Code					
	2a INDIGENOUS BAZAAR	900099		461,220.	461,220.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			461,220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			420,472.			420,472.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			963.			963.
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			7,171,019.	461,220.	0.	421,435.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	528,267.	528,267.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,000.	25,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,393,725.	1,393,725.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,336.	278,502.		35,834.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	541,283.	379,699.	118,378.	43,206.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,561.	57,528.	20,177.	1,856.
9 Other employee benefits	14,327.	10,938.	2,733.	656.
10 Payroll taxes	98,197.	74,970.	18,729.	4,498.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,336.		35,336.	
d Lobbying	25,000.		25,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	571,926.	540,724.	31,202.	
12 Advertising and promotion	127,846.	90,358.	574.	36,914.
13 Office expenses	193,230.	97,230.	68,723.	27,277.
14 Information technology				
15 Royalties				
16 Occupancy	164,745.	65,385.	96,786.	2,574.
17 Travel	722,859.	623,353.	66,605.	32,901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,864.		18,864.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INDIGENOUS CRAFTS BAZAA	974,505.	89,198.	588,591.	296,716.
b FIELD STAFF EXPENSES	878,036.	878,036.		
c OTHER PROGRAM EXPENSES	151,279.	151,279.		
d BANK CHARGES & PROCESSI	43,925.	29,947.	2,848.	11,130.
e All other expenses	85,600.		85,600.	
25 **Total functional expenses.** Add lines 1 through 24e	6,987,847.	5,314,139.	1,180,146.	493,562.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	16,153,390.	1	10,002,363.
	2	Savings and temporary cash investments	470,119.	2	7,265,896.
	3	Pledges and grants receivable, net	580,000.	3	230,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 43,472.			
	b	Less: accumulated depreciation — 10b: 43,472.	0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	65,621.	15	49,564.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	17,269,130.	16	17,547,823.
Liabilities	17	Accounts payable and accrued expenses	198,218.	17	301,270.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,509.	25	46,752.
	26	**Total liabilities.** Add lines 17 through 25	260,727.	26	348,022.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	13,833,386.	27	15,040,750.
	28	Net assets with donor restrictions	3,175,017.	28	2,159,051.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	17,008,403.	32	17,199,801.
	33	Total liabilities and net assets/fund balances	17,269,130.	33	17,547,823.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,171,019.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,987,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	183,172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,008,403.
5	Net unrealized gains (losses) on investments	5	8,226.
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	17,199,801.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4382828.	5045717.	15498883.	9557389.	6288364.	40773181.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,722.	14,058.	38,833.	443,872.	461,220.	991,705.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	4416550.	5059775.	15537716.	10001261.	6749584.	41764886.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	359,200.	353,299.	802,950.	912,740.	897,464.	3325653.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	359,200.	353,299.	802,950.	912,740.	897,464.	3325653.
8 **Public support.** (Subtract line 7c from line 6.)						38439233.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	4416550.	5059775.	15537716.	10001261.	6749584.	41764886.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,445.	1,561.	66,035.	494,440.	421,435.	984,916.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,445.	1,561.	66,035.	494,440.	421,435.	984,916.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	4417995.	5061336.	15603751.	10495701.	7171019.	42749802.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	89.92 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	91.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	2.30 %
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.50 %

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
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.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported 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**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method 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.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**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**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 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-functionally integrated Type III supporting organization (see instructions).

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2024

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2020 Amount	2021 Amount	2022 Amount	2023 Amount	2024 Amount
DUANE CHAMPAGNE	3,000.	0.	0.	0.	0.
JOHN J. KING	5,000.	0.	0.	5,562.	4,925.
KAIMANA BARCARSE	100.	200.	0.	100.	108.
LAURA R. GRAHAM	349,500.	348,850.	800,000.	905,000.	887,500.
LYLA JUNE JOHNSON	0.	0.	0.	0.	108.
MARCUS BRIGGS-CLOUD	0.	0.	0.	78.	78.
NICOLE B. FRIEDERICHS	500.	0.	0.	0.	200.
RICHARD A. GROUNDS	0.	0.	0.	0.	400.
STEPHEN P. MARKS	100.	0.	500.	2,000.	0.
STEVEN HEIM	1,000.	4,149.	2,450.	0.	4,145.
VALINE BROWN	0.	100.	0.	0.	0.
Total to Schedule A, Part III, Line 7a	359,200.	353,299.	802,950.	912,740.	897,464.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

CULTURAL SURVIVAL, INC.

Employer identification number

23-7182593

Organization type (check one):

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

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

General Rule

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

Special Rules

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

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHRISTENSEN FUND 660 4TH ST #235 SAN FRANCISCO, CA 94107	$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	LAURA GRAHAM AND T.M. SCRUGGS 790 SAN LUIS RD BERKELEY, CA 94707	$ 850,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	WAVERLEY STREET FOUNDATION 2475 HANOVER STREET SUITE 100 PALO ALTO, CA 94304	$ 649,969.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	NOVO FOUNDATION PO BOX 3971 KINGSTON, NY 12402	$ 625,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE JOHN D AND CATHERINE T MACARTHUR FOUNDATION 140 S DEARBORN STREET SUITE 1100 CHICAGO, IL 60603-5285	$ 550,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	IRENE STAEHELIN LANDGUT BLIDEGG 10 BISCHOFSZELL , SWITZERLAND CH-9220	$ 378,916.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	11TH HOUR PROJECT 555 BRYANT STREET, #370 PALO ALTO, CA 94301-1704	$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	FOUNDATION FOR A JUST SOCIETY 23 W 20TH ST NEW YORK, NY 10011-3701	$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	JERRY BUSCH 400 S MARTINSON ST APT 102 WICHITA, KS 67213	$ 214,472.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	TRUE COSTS INITIATIVE 202 WASHINGTON ST #333 BROOKLINE, MA 02445	$ 153,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	FORD FOUNDATION 320 E 43RD ST FL4 NEW YORK, NY 10017-4890	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	HEWLETT PACKARD FOUNDATION (HP) 1501 PAGE MILL ROAD PALO ALTO, CA 94304-1126	$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	TAMALPAIS TRUST 1623 5TH AVE SAN RAFAEL, CA 94901	$ 84,349.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	CLIMIATE AND LAND USE ALLIANCE 235 MONTGOMERY STREET, 13TH FLOOR SAN FRANCISCO, CA 94104-3006	$ 82,978.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	HAWKINS FAMILY FUND 1 CHARLES ST. S. #14H BOSTON, MA 02116-5451	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	XAVANTE 790 SAN LUIS RD BERKELEY, CA 94707	$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	THE PENTERA TRUST 26 ESPLANADE ST HELIER, UNITED KINGDOM JE4 8PS	$ 31,905.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	SUSTAINABLE MARKETS FOUNDATION 40 WEST 37TH STREET, SUITE 1000 NEW YORK, NY 10018-7311	$ 31,666.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PAUL BARRINGER 1 RUSSELL ST UNIT 401 CAMBRIDGE, MA 02140-1352	$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	JOHN FRIES 259 BENNETT AVE LONG BEACH, CA 90803-1529	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	RUTH PERRY 43 FAYETTE ST CAMBRIDGE, MA 02139-1119	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	JANIS COMB 163 PAGE RD ENOSBURG FLS, VT 05450	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	PETER SHELDON PO BOX 1234 WINDHAM, ME 04062	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	RSF SOCIAL FINANCE PO BOX 2007 SAN FRANCISCO, CA 94126	$ 40,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	TRUST FOR MUTUAL UNDERSTANDING 1 ROCKEFELLER PLAZA ROOM 2500 NEW YORK, NY 10020	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	HOPPER-DEAN FAMILY FOUNDATION PO BOX 2708 MENLO PARK, CA 94026	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	SYNCHRONICITY EARTH 27-29 CURSITOR STREET LONDON, UNITED KINGDOM EC4A 1LT	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	JIM CARLSTEDT 1227 12TH AVE SAN FRANCISCO, CA 94122	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	KITCHINGS FAMILY FOUNDATION P.O. BOX 4655, MAIL CODE 0221 ATLANTA, GA 30302-4655	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	NEW ENGLAND BIOLABS FOUNDATION 240 COUNTY RD IPSWICH, MA 01938	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JEAN JACKSON 52 DANA ST. CAMBRIDGE, MA 02139-1119	$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	ANNE MARIE DERUYTTERE INDIGENOUS PEOPLES FOUNDATION 9008 HONEYBEE LN BETHESDA, MD 20817	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	JOHN FRIES 259 BENNETT AVE LONG BEACH, CA 90803	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	BRYAN AND TARA MEEHAN 450 BELVEDERE AVE BELVEDERE TIBURON, CA 94920	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	BAN KI-MOON FOUNDATION 112 EAST 71ST STREET, 2A NEW YORK, NY 10021	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	RALPH E. OGDEN FOUNDATION, INC. P.O. BOX 290 MOUNTAINVILLE, NY 10953	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	WINKY FOUNDATION 4230 E COMANCHE DRIVE COTTONWOOD, AZ 86326-5991	$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	JAN AND MARK BALCOM 722 N CLOVIS AVE CLOVIS, CA 93611	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	INDUSTRIAL ECONOMICS, INC. 2067 MASSACHUSETTS AVE CAMBRIDGE, MA 02140-1352	$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	RE: WILD PO BOX 129 AUSTIN, TX 78767	$ 5,639.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	RUTGERS PRESBYTERIAN CHURCH 2095 BROADWAY, SUITE 306 NEW YORK, NY 10023	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	MICHAEL M.J. FISCHER 142 ORCHARD ST SOMERVILLE, MA 02144	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	THE MIDDLE PASSAGE FOUNDATION 1880 CENTURY PARK E, STE 1600 LOS ANGELES, CA 90067-1661	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	P. RANGANATH NAYAK 12 ORCHARD ST BELMONT, MA 02478	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	JERRY AND JANET REGIER 987 MEMORIAL DRIVE, #672 CAMBRIDGE, MA 02138	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	ROSAMOND W. ALLEN 35 SCHOONER STREET, APARTMENT 201 DAMARISCOTTA, ME 04543	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	PAUL AND EDITH BABSON FOUNDATION 2 LIBERTY SQUARE, SUITE 500 BOSTON, MA 02109-4884	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
CULTURAL SURVIVAL, INC.	23-7182593

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
CULTURAL SURVIVAL, INC.	23-7182593

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		25,000.
j Total. Add lines 1c through 1i			25,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
THE ORGANIZATION HAS SOME LOBBYING EXPENSES RELATED TO INFLUENCING PUBLIC OPINION ABOUT THE RIGHTS OF INDIGENOUS PEOPLES. 78% OF LOBBYING ACTIVITIES WERE RELATED TO EUROPEAN PARLIAMENT. 20% WAS RELATED TO PUBLIC POLICY IN GUATEMALA. THE REMAINING 2% WAS FOR MASSACHUSETTS LEGISLATURE.

SCHEDULE D (Form 990) (Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	250,000.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	476,935.	

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 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 important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic 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 easement on the last day of the tax year.

		Held 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 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	120,854.	56,054.	51,054.	50,579.	39,593.
b Contributions	5,000.	64,800.	5,000.		10,000.
c Net investment earnings, gains, and losses				475.	986.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	125,854.	120,854.	56,054.	51,054.	50,579.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 43.5400 %
b Permanent endowment 56.4600 %
c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,472.	43,472.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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-of-year market value
(1)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	46,752.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	46,752.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,179,245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	8,226.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	8,226.
3	Subtract line 2e from line 1			3	7,171,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	7,171,019.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,987,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,987,847.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,987,847.

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 X, LINE 2:

CULTURAL SURVIVAL, INC. IS ORGANIZED AS A MASSACHUSETTS NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION DOES NOT BELIEVE IT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT HAS EVALUATED THE TAX POSITION TAKEN ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON THE RETURNS FOR THE YEAR ENDED AUGUST 31, 2025. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS. RETURNS FOR TAX YEARS BEGINNING WITH THOSE FILED FOR THE YEAR ENDED AUGUST 31, 2022 ARE OPEN TO EXAMINATION.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CULTURAL SURVIVAL, INC.

Employer identification number

23-7182593

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION		238,250.
CENTRAL AMERICA & CARIBBEAN	0	16	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	539,016.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION		70,000.
EAST ASIA & THE PACIFIC	0	1	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	18,092.
EUROPE	0	0	GRANTS TO RECIPIENTS IN THE REGION		5,000.
EUROPE	0	3	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	167,511.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		254,475.
NORTH AMERICA	0	1	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	109,045.
3 a Subtotal	0	21			1,401,389.
b Total from continuation sheets to Part I	0	18			1,165,453.
c **Totals** (add lines 3a and 3b)	0	39			2,566,842.

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		609,500.
SOUTH AMERICA	0	15	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	284,512.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		112,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		104,500.
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	54,941.
Totals ▶		18			1,165,453.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	LAND DEFENSE, REFORESTATION, WAREHOUSE CONSTRUCTION,	7,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	COMMUNITY GATHERING PRE COIN	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ABOUT COMMUNICATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON TECHNICAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGNEOUS COMMUNITIES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	8,000.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 131

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	SUPPORT PROJECT: WORKSHOP ON MISKITU LANGUAGE PROMOTION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT WORKSHOPS AND RADIO PRODUCTION OF INDIGENOUS COMMUNITIES AGAINST	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	10,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT PROJECT "ASOCIACION CONSEJO DE UNIDAD CAMPESINA DE GUATEMALA":	10,500.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT WORKSHOP ON WOMEN TAWAHKAS EMPOWERMENT	12,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	FOOD SOVEREIGNTY PROJECT	15,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT ANCESTRAL CULTURE KNOWLEDGE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT TRIP TO ROME TO PARTICIPATE IN CBD COP 16 MEETINGS.	23,750.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	FUNDING TO SECURE PARTICIPATION OF UP TO 4 PEOPLE IN THE COP16 IN COLOMBIA	25,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	IACHR IMPLEMENTATION, RADIO CASE, PROFESSIONAL FEE, EQUIPMENT, TRAVEL.	30,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	STRENGTHENING TANGGUYOB CULTURE THROUGH DIGITAL CONTENTS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT COMMUNICATE ANCESTRAL CULTURAL KNOWLEDGE AND ORAL LINGUISTIC RIGHTS.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT FOR PARLIAMENTARY AND EXECUTIVE HEARINGS, DOCUMENTATION OF	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT FOR STUDIO INTERVIEWS, INTERACTIVE TALK SHOWS, IN-DEPTH	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT NON-TIMBER PRODUCT MANAGEMENT: FOREFRONT IN THE TLADC ENVIRONMENT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT INDIGENOUS CINEMA PROJECT AND INDIGENOUS JOURNALISTS GATHERING	6,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT FOR RIGHTS TRAINING, FOREST PROTECTION INITIATIVES, INTERNAL	7,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CLIMATE CHANGE, COSMOVISION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS AND GATHERING OF	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	OPERATIONAL SUPPORT FOR RADIO TSINAKA, AUDIENCE RESEARCH DESIGN, AND LEGAL	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT ANCESTRAL SCIENCE PODCAST PRODUCTION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT DATA COLLECTION ON ANCESTRAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT IMPLEMENTATION OF KWAKWALA LESSONS AND PLANNING AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT LANGUAGE REVITALIZATION PROJECT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT TRAVEL FOR MAP-MAKING, SUPPORT THE MAP-MAKING PROCESS IDENTIFYING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	WORKSHOP ON ANCESTRAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ZAPOTECA LANGUAGE REVITALIZATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT FOR INFRAESTRUCTURE RECONSTRUCTION, CULTURAL PRESERVATION	12,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT LANGUAGE MIXE FESTIVAL TO PROMOTE IT	14,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	SUPPORT CONSTRUCTION OF WATER TANK, AND GATHERING TO SHARE EARTH SPIRITUALITY	15,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT PROJECT: STRENGHTENING TSELTAL MAYA COSMOVISION	15,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BEEKEEPING, PLANT CULTIVATION, AND YOUTH MENTORING TO BUILD A SUSTAINABLE	38,475.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS TO REINFORCE	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	RADIO PRODUCTION, WORKSHOPS ABOUT INDIGNEOUS COMMUNICATION	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORGANIZATION PLURIVERSIDAD INDIGENA - AUTONOMA	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR LOGISTICS AND EXPENSES FOR COMMUNITY GATHERING.	7,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORACULO COMUNICACAO, EDUCACAO E CULTURA" (ORACLE	7,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	CONSTRUCTION OF WATER TANK, WATERING SYSTEM, REFORESTATION,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS ON INDIGENOUS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CULTURAL ACTIVISM AND	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION ON PROMOTING INDIGENOUS PEOPLES' ECONOMIC,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS CAPACITY BUILDING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING WAORANI YOUTH AND COMMUNITY	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION STRENGTHENING AWA COMMUNITY	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	PLANNING AND CONSTRUCTION OF THE COMMUNITY WATER EMBANKMENT/WATER	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	PLANNING, LOGISTICS, AND WORKSHOP EXECUTION FOR YOUTH GATHERING, JUVENTUDES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT ANCESTRAL TERRITORY PROTECTION PROJECT	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT CERAMIC ARTWORK AND WORKSHOPS TO PROMOTE IDENTITY AND RESILIENCE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CLIMATE JUSTICE PROJECT AND MULTIMEDIA CREATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CONSTRUCTION OF A BUILDING WHERE INDIGENOUS LANGUAGE AND CULTURE IS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CREATION AND CONSTRUCTION OF A SPACE TO PROMOTE TRADITIONAL TEXTILES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CREATION OF SIKUANI LANGUAGE NICHE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT DOCUMENTAL, DIGITAL PUBLICATION ABOUT ANCESTRAL WEAVING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR MEDIA TRAINING, AUDIOVISUAL CONTENT PRODUCTION, AND BROADCASTING FOR	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT GATHERING OF MAPUCHE PEOPLE ON LANGUAGE AND FOOD THEMATICS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT INDIGENOUS ARTISTS GATHERING, WORKSHOP ON THE USE OF IITA, SEEND AND	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT PROJECT " PRODUCTORA AUDIOVISUAL INDIGENA RAICES ANCESTRALES":	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "EMISORA MINGA STEREO": TRAINING AND EMPOWERING INDIGENOUS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORG. ALDEIA CINTA VERMELHA": TERRITORIAL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "PIJAO FILM WORKSHOP AND CLIAMTE CHANGE STORYTELLING TO THE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT DEFENDING OUR LANDS: INDIGENOUS ENVIRONMENTAL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT AYACUCHO LANGUAGE FROM ORAL TO WRITEN FORMAT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT ON IDENTITY AND STREGHTENING QUILOMBO PEOPLE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT THAT FACILITATES RIVER TRANSPORTATION FOR COMMUNITIES TO SELL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT THAT REINFORCE INDIGENOUS LEADERSHIP AND CAPACITY BUILDING	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT PROJECT TO RESTORE AND IMPROVE ROOF OF INDIGENOUS COMMUNITY HOUSE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT WORK ON MONITORING RIVERS AFFECTED BY MINING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT WORKSHOP AND GATHERING TO LEARN INDIGNENOUS COMMUNITY "PIAROA" HUMAN RIGHTS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPPORT PROJECT "VALUATION OF ANCESTRAL KNOWLEDGE, CLIMATE CHANGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	TO REINFORCE CULTURAL KNOWLEDGE PASTOS TERRITORY THROUGH WORKSHOPS,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	WORKSHOP ON QOM PEOPLE CULTURE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	WORKSHOPS ON ADVOCACY, POLITICS INDIGENOUS KNOWLEDGE, EQUIPMENT PURCHASE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	EDUCATIONAL WORKSHOPS TO PROTECT ENVIRONMENT AFFECTED BY MINING	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	RENOVATION OF COMMUNITY BUILDGINGS TO PROMOTE KICHWA LANGUAGE LEARNING	10,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	SUPPORT COMMUNICATION AND TECHNOLOGY WORKSHOPS ABOUT RIGHTS AND ADVOCACY	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ESPACIO CULTURAL INDIGENA ANGOSTO EL PERCHEL" (ROOM FOR	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT COMMUNITY RADIO STATIONS NETWORKING TO ADVOCATE FOR	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR LEGAL, TECHNICAL, AND COMMUNITY SUPPORT REGARDING MEGA-MINING	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR MOBILE UNIT EQUIPMENT, MEDIA WORKSHOPS, AND PROGRAM PRODUCTION	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	KNOWLEDGE EXCHANGE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	TRADITIONAL MEDICINE KNOWLEDGE PRESERVATION, TRANSMITION AND USE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT YOUTH FOR CLIMATE FELLOWSHIP PROGRAM	18,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR CULTURAL PRESERVATION, INTERGENERATIONAL TRANSMISSION,	20,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	PASSTHROUGH GRANT	25,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT " KHASII STUDENT UNION: COMMUNITY MEDICAL CLINICS PROVIDING	7,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	EMPOWERING INDIGENOUS MEDIA MAKERS TO COMBAT CLIMATE CHANGE IN BANGLADESH	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING NEWAR LANGUAGE AND SCRIPT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION TO PROMOTE LANGUAGE, CULTURE AND HERITAGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT : REVITALIZING INDIGENOUS WATER GOVERNANCE AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT AMBI-ACCHUNI (STORY OF THE ELDERS)	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SUPPORT FOR MEDIA DIALOGUES AND CLIMATE ACTION MEDIA PRODUCTION FOR	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	EMPOWERING SOLIGA AND OTHER TRIBAL VOICES THROUGH DIGITAL MEDIA LITERACY.	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	COMMUNITY EMPOWERMENT FOR CULTURAL TOURISM AND INDIGENOUS LANGUAGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	FOOD SOVERIGNI	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LEGAL SUPPORT, RIGHTS TRAINING, COMMUNITY MEDIA, ARTS-BASED OUTREACH, AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR INDIGENOUS WOMEN'S RADIO CLUBS, JOURNALISM TRAINING,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR RIGHTS AWARENESS CAMPAIGNS, COMMUNITY DIALOGUES, AND INDIGENOUS MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FORAWARENESS CAMPAIGNS, WORKSHOPS, AND RADIO/DOCUMENTARY PRODUCTION TO	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT PROJECT STRENGTHENING MAASAI LANGUAGE FOR EMBOREET COMMUNITY DEVELOPMENT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TEACHING SUSTAINABLE FARMING	10,000.	WIRE TRANSFER	0.	N/A	N/A

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIPS	CENTRAL AMERICA & CARIBBEAN	3	13,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	EAST ASIA & THE PACIFIC	1	6,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	NORTH AMERICA	5	12,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SOUTH AMERICA	11	38,500.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SOUTH ASIA	2	9,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SUB-SAHARAN AFRICA	2	6,500.	WIRE	0.	N/A	N/A

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES:

1. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL, WHEN FEASIBLE, CONDUCT AT LEAST ONE SITE VISIT PER PROJECT TO LEARN MORE ABOUT THE STRUCTURE OF THE RECIPIENT ORGANIZATION AND THE ADMINISTRATIVE SYSTEM IN PLACE.

2. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL REQUEST MIDTERM NARRATIVE REPORTS AND FINANCIAL REPORTS FROM THE PROJECTS IN ORDER TO RECEIVE FURTHER FUNDING.

3. REQUEST THREE QUOTES FOR ANY EQUIPMENT PURCHASE ABOVE $5,000 USD. EQUIPMENT PURCHASES OF THIS TYPE ARE RARE. HOWEVER IF THEY DID OCCUR, THE ORGANIZATION WOULD REACH OUT PERIODICALLY TO REQUEST THE STATUS OF THE WORK. THESE CHECK-INS WILL FOCUS ON PROJECT PROGRESS, CHALLENGES ENCOUNTERED AND ADDRESSING ANY OPEN QUESTIONS THAT WERE RAISED DURING THE CONDITIONAL APPROVAL PROCESS.

PART II, COLUMN (D):
REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: LAND DEFENSE, REFORESTATION, WAREHOUSE CONSTRUCTION, WILDFIRE PREVENTION, AND CAPACITY BUILDING.

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGNEOUS COMMUNITIES NETWORKING AGAINST CLIMATE CHANGE

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: SUPPORT WORKSHOPS AND RADIO PRODUCTION OF INDIGENOUS COMMUNITIES AGAINST MINING

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ASOCIACION CONSEJO DE UNIDAD CAMPESINA DE GUATEMALA": NURSERY DEVELOPMENT, TRAINING, ENVIRONMENTAL RESTORATION ACTIVITIES, AND FIELD TECHNICIAN SUPPORT.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A MEANS OF VOICING INDIGENOUS PEOPLES' RIGHTS

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT FOR PARLIAMENTARY AND EXECUTIVE HEARINGS, DOCUMENTATION OF INDIGENOUS PERSPECTIVES, ON-SITE MINING REPORTING, AND COMMUNITY TREE PLANTING FOR ENVIRONMENTAL RESTORATION.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT FOR STUDIO INTERVIEWS, INTERACTIVE TALK SHOWS, IN-DEPTH PODCAST PRODUCTION, ONLINE NEWS REPORTING, AND ON-SITE BROADCASTS ON MINING IMPACTS IN MINAHASA LAND.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT NON-TIMBER PRODUCT MANAGEMENT: FOREFRONT IN THE TLADC ENVIRONMENT CAMPAIGN

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A MEANS OF VOICING INDIGENOUS PEOPLES' RIGHTS

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR RIGHTS TRAINING, FOREST PROTECTION INITIATIVES, INTERNAL REGULATIONS, AND DISASTER RELIEF FOOD PROCUREMENT.

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS AND GATHERING OF INDIGENOUS ARTISTS

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT FOR RADIO TSINAKA, AUDIENCE RESEARCH DESIGN, AND LEGAL INCORPORATION OF THE CIVIL ASSOCIATION FOR THE "TAJTOLXOCHIOUA: LA PALABRA FLORECE' PROJECT."

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT IMPLEMENTATION OF KWAKWALA LESSONS AND PLANNING AND IMPLEMENTATION OF KWAKWALA WELLNESS PROGRAM

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT TRAVEL FOR MAP-MAKING, SUPPORT THE MAP-MAKING PROCESS IDENTIFYING AND ADVANCING YIKH TSAWILHGGIS NIEWH' LT'EN

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR INFRAESTRUCTURE RECONSTRUCTION, CULTURAL PRESERVATION ACTIVITIES, AND EDUCATIONAL WORKSHOPS.

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CONSTRUCTION OF WATER TANK, AND GATHERING TO SHARE EARTH SPIRITUALITY AND COSMOVISION

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: BEEKEEPING, PLANT CULTIVATION, AND YOUTH MENTORING TO BUILD A SUSTAINABLE FUTURE.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS TO REINFORCE COMMUNICATION KNOWLEDGE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORGANIZATION PLURIVERSIDAD INDIGENA - AUTONOMA DE MUJERES Y DIVERSIDADES": SUPPORTING ENVIRONMENTAL RESTORATION ACTIVITIES, INFRASTRUCTURE CONSTRUCTION, THE ACQUISITION OF EQUIPMENT, AND THE ORGANIZATION'S OPERATIONAL STRENGTHENING.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORACULO COMUNICACAO, EDUCACAO E CULTURA" (ORACLE COMMUNICATION, EDUCATION, AND CULTURE) : DEVELOPMENT OF EDUCATIONAL MATERIALS, COOPERATIVE GAMES, AND WORKSHOPS TO STRENGTHEN THE TEACHING AND PRESERVATION OF THE TERENA LANGUAGE.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: CONSTRUCTION OF WATER TANK, WATERING SYSTEM, REFORESTATION, WORKSHOPS

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS ON INDIGENOUS RESISTANCE AGAINST MINING

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CULTURAL ACTIVISM AND COMMUNICATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION ON PROMOTING INDIGENOUS PEOPLES' ECONOMIC, SOCIAL AND CULTURAL RIGHTS.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING WAORANI YOUTH AND COMMUNITY MEDIA

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION STRENGTHENING AWA COMMUNITY COMMUNICATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: PLANNING AND CONSTRUCTION OF THE COMMUNITY WATER EMBANKMENT/WATER RESERVOIR (TAJAMAR).

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: PLANNING, LOGISTICS, AND WORKSHOP EXECUTION FOR YOUTH GATHERING, JUVENTUDES INDIGENAS - ECOS DE LA TIERRA

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CONSTRUCTION OF A BUILDING WHERE INDIGENOUS LANGUAGE AND CULTURE IS PROMOTED

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CREATION AND CONSTRUCTION OF A SPACE TO PROMOTE TRADITIONAL TEXTILES AND CUSTOMS OF QUECHUA PEOPLE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR MEDIA TRAINING, AUDIOVISUAL CONTENT PRODUCTION, AND BROADCASTING FOR INDIGENOUS WOMEN

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT INDIGENOUS ARTISTS GATHERING, WORKSHOP ON THE USE OF IITA, SEEND AND MATERIAL PURCHASE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT " PRODUCTORA AUDIOVISUAL INDIGENA RAICES ANCESTRALES": TRAINING 40 DIAGUITA INDIVIDUALS THROUGH COMMUNICATION WORKSHOPS AND PRODUCING FOUR AUDIOVISUAL MICRO-PROGRAMS ON CULTURAL IDENTITY.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "EMISORA MINGA STEREO": TRAINING AND EMPOWERING INDIGENOUS COMMUNICATORS IN THE TUQUERRES RESERVE, NARINO.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORG. ALDEIA CINTA VERMELHA": TERRITORIAL PROTECTION PROJECT AGAINST LITHIUM MINING AND INFRASTRUCTURE SUPPORT.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "PIJAO FILM WORKSHOP AND CLIAMTE CHANGE STORYTELLING TO THE YOUTH

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT DEFENDING OUR LANDS: INDIGENOUS ENVIRONMENTAL ADVOCACY IN KABALEBO

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT THAT FACILITATES RIVER TRANSPORTATION FOR COMMUNITIES TO SELL THEIR LOCAL PRODUCTS

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT THAT REINFORCE INDIGENOUS LEADERSHIP AND CAPACITY BUILDING AGAINTS CLIMATE CHANGE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT WORKSHOP AND GATHERING TO LEARN INDIGNENOUS COMMUNITY "PIAROA" HUMAN RIGHTS AND TERRITORY PROTECTION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPPORT PROJECT "VALUATION OF ANCESTRAL KNOWLEDGE, CLIMATE CHANGE ADAPTATION STRATEGIES.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: TO REINFORCE CULTURAL KNOWLEDGE PASTOS TERRITORY THROUGH WORKSHOPS, PRODUCTION, REFORESTATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ESPACIO CULTURAL INDIGENA ANGOSTO EL PERCHEL" (ROOM FOR CULTURAL PURPOSE CONSTRUCTION): TRANSPORTATION, CONSTRUCTION MATERIALS, LABOR, LOGISTICS.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT COMMUNITY RADIO STATIONS NETWORKING TO ADVOCATE FOR BIODIVERSITY ON AYLLA TERRRITORY

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR LEGAL, TECHNICAL, AND COMMUNITY SUPPORT REGARDING MEGA-MINING IMPACTS IN INDIGENOUS TERRITORIES OF JUJUY.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR MOBILE UNIT EQUIPMENT, MEDIA WORKSHOPS, AND PROGRAM PRODUCTION FOR CLIMATE CHANGE MITIGATION.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: TRADITIONAL MEDICINE KNOWLEDGE PRESERVATION, TRANSMITION AND USE AGAINTS COVID

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR CULTURAL PRESERVATION, INTERGENERATIONAL TRANSMISSION, TRADITIONAL WORKSHOPS, AND COMMUNITY INFRASTRUCTURE CONSTRUCTION.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT PROJECT " KHASII STUDENT UNION: COMMUNITY MEDICAL CLINICS PROVIDING HEALTHCARE SERVICES FOR INDIGENOUS KHASI COMMUNITIES.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT PROJECT : REVITALIZING INDIGENOUS WATER GOVERNANCE AND CULTURAL IDENTITY THROUGH SOHON SENGMA

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT FOR MEDIA DIALOGUES AND CLIMATE ACTION MEDIA PRODUCTION FOR INDIGENOUS RIGHTS IN NEPAL.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: COMMUNITY EMPOWERMENT FOR CULTURAL TOURISM AND INDIGENOUS LANGUAGE STRENGTHENING

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: LEGAL SUPPORT, RIGHTS TRAINING, COMMUNITY MEDIA, ARTS-BASED OUTREACH, AND ADVOCACY SUPPORT.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FOR INDIGENOUS WOMEN'S RADIO CLUBS, JOURNALISM TRAINING, RIGHTS EDUCATIONAL MATERIALS, AND RADIO BROADCASTING.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FOR RIGHTS AWARENESS CAMPAIGNS, COMMUNITY DIALOGUES, AND INDIGENOUS MEDIA PROGRAMMING.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FORAWARENESS CAMPAIGNS, WORKSHOPS, AND RADIO/DOCUMENTARY PRODUCTION TO PRESERVE INDIGENOUS HERITAGE AND KNOWLEDGE.

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA HERITAGE INDIGENOUS RESEARCH PROJECT - PO BOX 2624 - NEVADA CITY, CA 95959	47-1477386	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
CIMARRON CHACO INSTITUTE 3004, CRUDEN DRIVE NORMAN, OK 73072	93-1544830	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
COMUNIDAD MAYA PIXAN IXIM 4913 S. 25TH ST. SUITE#1 OMAHA, NE 68107	45-5539560	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
CRUSHING COLONIALISM INC. 600 PENNSYLVANIA AVE SE, #15581 WASHINGTON, DC 20003	88-1262239	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
LAKOTA LOCKUP PROJECT 146 WEST GATE RD RAPID CITY, SD 57719	88-3190047	501 (C)(3)	7,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
MARTY HENNESSY INSPIRING CHILDREN FOUNDATION - 1101 COLORADO STREET 60953 - BOULDER CITY, NV 89005	20-1638145	501 (C)(3)	14,130.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 11.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NVN-NES-A LAND TRUST 2066 PIERCE ST. UNIT A EUGENE, OR 97405	93-4077913	501 (C)(3)	12,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
SACRED DEFENSE FUND PO BOX 27 SANTA FE, NM 87504	99-2707481	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
SASSAFRAS EARTH EDUCATION 5 CHURCH ST AQUINNAH, MA 02535	45-5469987	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
THE 4TH DIMENSION RECOVERY CENTER 11010 SE DIVISION ST., STE. 200 PORTLAND, OR 97206	46-2702985	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
THE PATH INC. 3103 NORTH MAYWOOD AVE BOISE, ID 83704	46-4894140	501 (C)(3)	10,980.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP GRANTS	1	25,000.	0.	N/A	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES:
ONLINE RECORDS OF THE DOCUMENTS PROVIDE BY THE GRANTEE, THE GRANT IS APPROVED BY A GRANT COMMITTEE.

1. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL, WHEN FEASIBLE, CONDUCT AT LEAST ONE SITE VISIT PER PROJECT TO LEARN MORE ABOUT THE STRUCTURE OF THE RECIPIENT ORGANIZATION AND THE ADMINISTRATIVE SYSTEM IN PLACE.

2. CSI'S REQUEST MIDTERM NARRATIVE REPORTS AND FINANCIAL REPORTS FROM THE PROJECTS IN ORDER TO RECEIVE FURTHER FUNDING.

3. REQUEST THREE QUOTES FOR ANY EQUIPMENT PURCHASE ABOVE $5,000 USD.

THE ORGANIZATION WILL REACH OUT PERIODICALLY TO REQUEST THE STATUS OF THE WORK. THESE CHECK-INS WILL FOCUS ON PROJECT PROGRESS, CHALLENGES ENCOUNTERED AND ADDRESSING ANY OPEN QUESTIONS THAT WERE RAISED DURING THE CONDITIONAL APPROVAL PROCESS.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
KEEPERS OF THE EARTH: GRANTS TO INDIGENOUS COMMUNITIES FOR SELF MANAGED PROJECTS IN AGRICULTURE, LANGUAGE REVITALIZATION, DROUGHT MITIGATION, NATURAL DISASTERS, AND OTHER PROJECTS.
EXPENSES $ 691,855. INCLUDING GRANTS OF $ 564,500. REVENUE $ 0.

CAPACITY BUILDING: CULTURAL SURVIVAL ORGANIZES TRAINING WORKSHOPS, COMMUNITY EXCHANGES, AND OTHER ACTIVITIES TO INCREASE THE CAPACITY OF INDIGENOUS COMMUNITIES. THIS INCLUDES FELLOWSHIPS TO YOUNG INDIVIDUALS ANDGROUPS OF YOUTH WORKING ON COMMUNITY BASED PROJECTS.
EXPENSES $ 655,604. INCLUDING GRANTS OF $ 85,000. REVENUE $ 0.

THE CULTURAL SURVIVAL BAZAARS ARE A SERIES OF CULTURAL FESTIVALS, ORGANIZED BY INDIGENOUS PEOPLES' RIGHTS ORGANIZATION CULTURAL SURVIVAL, THAT PROVIDE INDIGENOUS ARTISTS AND ARTISANS, COOPERATIVES, AND THEIR REPRESENTATIVES FROM AROUND THE WORLD THE CHANCE TO SELL THEIR WORK DIRECTLY TO THE PUBLIC.

EACH EVENT FEATURES TRADITIONAL AND CONTEMPORARY CRAFTS, ARTWORK, CLOTHING, JEWELRY, HOME GOODS, AND ACCESSORIES FROM DOZENS OF COUNTRIES.

IN ADDITION, THE BAZAARS OFFER CULTURAL PERFORMANCES AND PRESENTATIONS, INCLUDING LIVE MUSIC, STORYTELLING, CRAFT-MAKING DEMONSTRATIONS, AND THE UNIQUE CHANCE TO TALK DIRECTLY WITH MAKERS AND COMMUNITY ADVOCATES.
EXPENSES $ 1,710,339. INCLUDING GRANTS OF $ 409,396. REVENUE $ 461,220.

INDIGENOUS RIGHTS RADIO: CULTURAL SURVIVAL PRODUCES AND DISTRIBUTES RADIO PROGRAMS TO INFORM INDIGENOUS PEOPLES ABOUT THEIR RIGHTS UNDER LAW AND TREATIES.
EXPENSES $ 246,276. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
EXECUTIVE COMMITTEE: THIS COMMITTEE SHALL BE COMPOSED OF THE PRESIDENT/CHAIR, THE VICECHAIR, THE CLERK, THE TREASURER, AND THE CHAIRS OF THE NOMINATING COMMITTEE AND THE DEVELOPMENT COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD BETWEEN REGULARLY SCHEDULED MEETINGS. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO APPROVE THE ANNUAL BUDGET ON AN INTERIM BASIS UNTIL IT CAN BE VOTED ON BY THE FULL BOARD. THE COMMITTEE ALSO SHALL APPOINT DIRECTORS TO THE OTHER STANDING COMMITTEES AND ACCEPT VOLUNTEERS FROM BOTH WITHIN AND OUTSIDE THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR AND THE DEPUTY EXECUTIVE DIRECTOR, ALONG WITH THE BOARD OF DIRECTORS' FINANCE COMMITTEE, REVIEW THE 990 FORM BEFORE THIS FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES EACH KEY EMPLOYEE, OFFICER OR DIRECTOR TO REVIEW A COPY OF THE "POLICY ON CONFLICTS OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS" AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

Name of the organization: CULTURAL SURVIVAL, INC.
Employer identification number: 23-7182593

ADDITIONALLY, EACH KEY EMPLOYEE, OFFICER OR DIRECTOR, WILL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRSUMSTANCES IN WHICH THE EMPLOYEE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. THE BOARD TREASURER ACTS AS THE COMPLIANCE OFFICER FOR THE CONFLICT OF INTEREST POLICY.

ALL CONTRACTS OR TRANSACTIONS WITH CS INVOLVING A CONFLICT OF INTEREST SHALL BE SUBMITTED FOR REVIEW AND APPROVAL BY THE BOARD OR A COMMITTEE OF THE BOARD. PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OR INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

A PERSON WHO HAS A CONFLICT OF INTEREST SHALL LEAVE THE MEETING AND SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER.

A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL BE MADE AS SOON AS

THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT CS'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

A DIRECTOR WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CS FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT DIRECTOR'S COMPENSATION.

IN THE EVENT IT IS NOT CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY.

Name of the organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THEY HAVE ESTABLISHED A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR THAT WAS WITHIN THE RANGE OF ORGANIZATIONS SIMILAR IN SIZE AND SCOPE OF CULTURAL SURVIVAL INC. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, AT 2067 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02140

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
CULTURAL SURVIVAL, INC.	23-7182593

Number, street, and room or suite no. If a P.O. box, see instructions.
2067 MASSACHUSETTS AVENUE, 208

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CAMBRIDGE, MA 02140

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of SOFIA FLYNN
2067 MASSACHUSETTS AVE - CAMBRIDGE, MA 02140

Telephone No. 978-930-0204 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box .....
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐ . If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until JULY 15 , 20 26 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

☒ tax year beginning SEP 1 , 20 24 , and ending AUG 31 , 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 002525

Form 990 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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning SEP 1, 2024 and ending AUG 31, 2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CULTURAL SURVIVAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2067 MASSACHUSETTS AVENUE
Room/suite 208

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02140

F Name and address of principal officer: AIMEE ROBERSON
SAME AS C ABOVE

D Employer identification number
23-7182593

E Telephone number
(617) 441-5400

G Gross receipts $ 7,171,019.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CULTURALSURVIVAL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1972 **M** State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADVOCATE FOR INDIGENOUS PEOPLE'S RIGHTS

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,557,389.	6,288,364.
9	Program service revenue (Part VIII, line 2g)	443,872.	461,220.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	493,665.	420,472.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	775.	963.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,495,701.	7,171,019.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,346,412.	1,946,992.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,287,489.	1,047,704.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 493,562.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,463,578.	3,993,151.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,097,479.	6,987,847.
19	Revenue less expenses. Subtract line 18 from line 12	2,398,222.	183,172.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	17,269,130.	17,547,823.
21	Total liabilities (Part X, line 26)	260,727.	348,022.
22	Net assets or fund balances. Subtract line 21 from line 20	17,008,403.	17,199,801.

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.

Sign Here

Signed by: Aimee Roberson 0BCBF072BF2E4CF...
Signature of officer — Date 7/14/2026

AIMEE ROBERSON, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name DANIELLE NIHILL	Preparer's signature DANIELLE NIHILL	Date 07/14/26	Check if self-employed ☐	PTIN P01350943
Firm's name CLIFTONLARSONALLEN LLP			Firm's EIN 41-0746749	
Firm's address 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169			Phone no. (781) 982-1001	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CULTURAL SURVIVAL ADVOCATES FOR INDIGENOUS PEOPLE'S RIGHTS AND SUPPORTS INDIGENOUS COMMUNITIES' SELF-DETERMINATION, CULTURES AND POLITICAL RESILIENCE, SINCE 1972.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 380,860. including grants of $ 235,650.) (Revenue $ 0.)
SPECIAL PROJECTS: GRANTS TO PARTNER ORGANIZATIONS WORKING ON NATURAL RESOURCES ISSUES.

4b (Code:) (Expenses $ 731,959. including grants of $ 44,387.) (Revenue $ 0.)
ADVOCACY: CULTURAL SURVIVAL HAS ECOSOC CONSULTATIVE STATUS WITH THE UNITED NATIONS AND USES MULTIPLE UN TREATY BODY MECHANISMS TO ADVOCACY FOR THE RIGHTS OF INDIGENOUS PEOPLES. CULTURAL SURVIVAL COMPILES ANDSUBMITS REPORTS TO THE UNIVERSAL PERIODIC REVIEW MECHANISM, PARTICIPATES ACTIVELY IN THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES, THE COMMITTEE FOR THE ELIMINATION OF RACIAL DISCRIMINATION, THE EXPERTMECHANISM ON THE RIGHTS OF INDIGENOUS PEOPLES, AND OTHER TREATY BODIES. CULTURAL SURVIVAL ENGAGES WITH THE INTER AMERICAN COMMISSION ON HUMAN RIGHTS AND THE INTER AMERICAN COURT ON SPECIFIC VIOLATIONS OFINDIGENOUS PEOPLES RIGHTS, MOST NOTABLY IN GUATEMALA AND PANAMA.

4c (Code:) (Expenses $ 897,246. including grants of $ 608,059.) (Revenue $ 0.)
COMMUNITY MEDIA: CULTURAL SURVIVAL MAKES GRANTS TO SMALL RADIO STATIONS AND OTHER COMMUNITY MEDIA THAT BROADCAST IN INDIGENOUS LANGUAGES. CULTURAL SURVIVAL OFFERS TRAINING IN HOW TO MAINTAIN BROADCAST EQUIPMENT.

4d Other program services (Describe on Schedule O.)
(Expenses $ 3,304,074. including grants of $ 1,058,896.) (Revenue $ 461,220.)

4e Total program service expenses 5,314,139.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	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
c	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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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 sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

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	23		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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** 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
	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	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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			X

Section 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?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		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?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MA

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 only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website ☐ Another's website X Upon request X 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 financial 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

SOFIA FLYNN - 978-930-0204

2067 MASSACHUSETTS AVE, CAMBRIDGE, MA 02140

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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JONATHAN MARK CAMP DEPUTY EXECUTIVE DIRECTOR	40.00			X				127,128.	0.	18,934.
(2) AIMEE ROBERTSON EXECUTIVE DIRECTOR	40.00			X				82,831.	0.	4,867.
(3) KAIMANA BARCARSE CHAIR	3.00	X		X				0.	0.	0.
(4) JOHN KING II VICE CHAIR	3.00	X		X				0.	0.	0.
(5) STEVEN HEIM TREASURER	3.00	X		X				0.	0.	0.
(6) NICOLE FRIEDERICHS CLERK	3.00	X		X				0.	0.	0.
(7) KATE FINN DIRECTOR	1.00	X						0.	0.	0.
(8) LAURA GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(9) STEPHEN MARKS DIRECTOR	1.00	X						0.	0.	0.
(10) MRINALINI RAI DIRECTOR	1.00	X						0.	0.	0.
(11) JANNIE RUEIJE DIRECTOR	1.00	X						0.	0.	0.
(12) STELLA TAMANG DIRECTOR	1.00	X						0.	0.	0.
(13) RICHARD GROUNDS DIRECTOR	1.00	X						0.	0.	0.
(14) MARCUS BRIGGS-CLOUD DIRECTOR	1.00	X						0.	0.	0.
(15) LYLA JUNE JOHNSON DIRECTOR	1.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Subtotal**								209,959.	0.	23,801.
c **Total from continuation sheets to Part VII, Section A**								0.	0.	0.
d **Total (add lines 1b and 1c)**								209,959.	0.	23,801.

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 1

		Yes	No
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*		X
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*		X
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*		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	41,919.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,246,445.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			6,288,364.			
Program Service Revenue		Business Code					
	2a INDIGENOUS BAZAAR	900099		461,220.	461,220.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			461,220.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			420,472.			420,472.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			963.			963.
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			7,171,019.	461,220.	0.	421,435.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	528,267.	528,267.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,000.	25,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,393,725.	1,393,725.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	314,336.	278,502.		35,834.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	541,283.	379,699.	118,378.	43,206.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	79,561.	57,528.	20,177.	1,856.
9 Other employee benefits	14,327.	10,938.	2,733.	656.
10 Payroll taxes	98,197.	74,970.	18,729.	4,498.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	35,336.		35,336.	
d Lobbying	25,000.		25,000.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	571,926.	540,724.	31,202.	
12 Advertising and promotion	127,846.	90,358.	574.	36,914.
13 Office expenses	193,230.	97,230.	68,723.	27,277.
14 Information technology				
15 Royalties				
16 Occupancy	164,745.	65,385.	96,786.	2,574.
17 Travel	722,859.	623,353.	66,605.	32,901.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	18,864.		18,864.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a INDIGENOUS CRAFTS BAZAA	974,505.	89,198.	588,591.	296,716.
b FIELD STAFF EXPENSES	878,036.	878,036.		
c OTHER PROGRAM EXPENSES	151,279.	151,279.		
d BANK CHARGES & PROCESSI	43,925.	29,947.	2,848.	11,130.
e All other expenses	85,600.		85,600.	
25 **Total functional expenses.** Add lines 1 through 24e	6,987,847.	5,314,139.	1,180,146.	493,562.
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	16,153,390.	1	10,002,363.
	2	Savings and temporary cash investments	470,119.	2	7,265,896.
	3	Pledges and grants receivable, net	580,000.	3	230,000.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 43,472.			
	b	Less: accumulated depreciation — 10b: 43,472.	0.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	65,621.	15	49,564.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	17,269,130.	16	17,547,823.
Liabilities	17	Accounts payable and accrued expenses	198,218.	17	301,270.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	62,509.	25	46,752.
	26	**Total liabilities.** Add lines 17 through 25	260,727.	26	348,022.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	13,833,386.	27	15,040,750.
	28	Net assets with donor restrictions	3,175,017.	28	2,159,051.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	17,008,403.	32	17,199,801.
	33	Total liabilities and net assets/fund balances	17,269,130.	33	17,547,823.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,171,019.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,987,847.
3	Revenue less expenses. Subtract line 2 from line 1	3	183,172.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,008,403.
5	Net unrealized gains (losses) on investments	5	8,226.
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	17,199,801.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4382828.	5045717.	15498883.	9557389.	6288364.	40773181.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,722.	14,058.	38,833.	443,872.	461,220.	991,705.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	4416550.	5059775.	15537716.	10001261.	6749584.	41764886.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	359,200.	353,299.	802,950.	912,740.	897,464.	3325653.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	359,200.	353,299.	802,950.	912,740.	897,464.	3325653.
8 **Public support.** (Subtract line 7c from line 6.)						38439233.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	4416550.	5059775.	15537716.	10001261.	6749584.	41764886.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,445.	1,561.	66,035.	494,440.	421,435.	984,916.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,445.	1,561.	66,035.	494,440.	421,435.	984,916.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	4417995.	5061336.	15603751.	10495701.	7171019.	42749802.

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	89.92 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	91.49 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	2.30 %
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.50 %

19a **33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
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.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported 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**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method 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.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	**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**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 Other distributions (describe in **Part VI**). See instructions.	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2024**	**(iii)** **Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization

CULTURAL SURVIVAL, INC.

Employer identification number

23-7182593

Organization type (check one):

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

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

General Rule

[X] 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

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

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 1,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 850,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 649,969.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 625,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 550,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 378,916.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 300,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 250,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 214,472.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 153,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 84,349.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14		$ 82,978.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 31,905.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 31,666.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24		$ 40,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30		$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		$ 11,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		$ 9,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38		$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39		$ 6,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40		$ 5,639.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
CULTURAL SURVIVAL, INC.	23-7182593

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number (EIN)
CULTURAL SURVIVAL, INC.	23-7182593

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:
not over $500,000	20% of the amount on line 1e.
over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		25,000.
j Total. Add lines 1c through 1i			25,000.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments, and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid):**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:
THE ORGANIZATION HAS SOME LOBBYING EXPENSES RELATED TO INFLUENCING PUBLIC OPINION ABOUT THE RIGHTS OF INDIGENOUS PEOPLES. 78% OF LOBBYING ACTIVITIES WERE RELATED TO EUROPEAN PARLIAMENT. 20% WAS RELATED TO PUBLIC POLICY IN GUATEMALA. THE REMAINING 2% WAS FOR MASSACHUSETTS LEGISLATURE.

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate value of contributions to (during year)	250,000.	
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	476,935.	

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 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 important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic 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 easement on the last day of the tax year.

		Held 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 2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements 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 describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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 works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

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:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	120,854.	56,054.	51,054.	50,579.	39,593.
b Contributions	5,000.	64,800.	5,000.		10,000.
c Net investment earnings, gains, and losses				475.	986.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	125,854.	120,854.	56,054.	51,054.	50,579.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 43.5400 %
b Permanent endowment 56.4600 %
c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations?	3a(i)		X
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		43,472.	43,472.	0.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, 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-of-year market value
(1)		
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	46,752.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	46,752.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	7,179,245.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	8,226.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	8,226.
3	Subtract line 2e from line 1			3	7,171,019.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	7,171,019.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,987,847.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	6,987,847.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	6,987,847.

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 X, LINE 2:

CULTURAL SURVIVAL, INC. IS ORGANIZED AS A MASSACHUSETTS NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN IRC SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTIONS 170(B)(1)(A)(VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTIONS 509(A)(1). THE ORGANIZATION IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE ORGANIZATION IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. THE ORGANIZATION DOES NOT BELIEVE IT IS SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT HAS EVALUATED THE TAX POSITION TAKEN ON RETURNS FOR OPEN YEARS AND THOSE EXPECTED TO BE TAKEN ON THE RETURNS FOR THE YEAR ENDED AUGUST 31, 2025. IT IS MANAGEMENT'S BELIEF THAT SUCH TAX POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY TAX AUTHORITIES. ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THE FINANCIAL STATEMENTS. RETURNS FOR TAX YEARS BEGINNING WITH THOSE FILED FOR THE YEAR ENDED AUGUST 31, 2022 ARE OPEN TO EXAMINATION.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CULTURAL SURVIVAL, INC.

Employer identification number

23-7182593

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
CENTRAL AMERICA & CARIBBEAN	0	0	GRANTS TO RECIPIENTS IN THE REGION		238,250.
CENTRAL AMERICA & CARIBBEAN	0	16	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	539,016.
EAST ASIA & THE PACIFIC	0	0	GRANTS TO RECIPIENTS IN THE REGION		70,000.
EAST ASIA & THE PACIFIC	0	1	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	18,092.
EUROPE	0	0	GRANTS TO RECIPIENTS IN THE REGION		5,000.
EUROPE	0	3	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	167,511.
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		254,475.
NORTH AMERICA	0	1	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	109,045.
3 a Subtotal	0	21			1,401,389.
b Total from continuation sheets to Part I	0	18			1,165,453.
c **Totals** (add lines 3a and 3b)	0	39			2,566,842.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

Part I **Continuation of Activities per Region.** (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		609,500.
SOUTH AMERICA	0	15	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	284,512.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN THE REGION		112,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS IN THE REGION		104,500.
SUB-SAHARAN AFRICA	0	3	PROGRAM SERVICES	FIELD STAFF EXPENSES, TRAINING & WORKSHOPS	54,941.
Totals ▶		18			1,165,453.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	LAND DEFENSE, REFORESTATION, WAREHOUSE CONSTRUCTION,	7,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	COMMUNITY GATHERING PRE COIN	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ABOUT COMMUNICATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON TECHNICAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGNEOUS COMMUNITIES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	8,000.	WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 131

3 Enter total number of other organizations or entities 0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	SUPPORT PROJECT: WORKSHOP ON MISKITU LANGUAGE PROMOTION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT WORKSHOPS AND RADIO PRODUCTION OF INDIGENOUS COMMUNITIES AGAINST	8,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS.	10,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT PROJECT "ASOCIACION CONSEJO DE UNIDAD CAMPESINA DE GUATEMALA":	10,500.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT WORKSHOP ON WOMEN TAWAHKAS EMPOWERMENT	12,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	FOOD SOVEREIGNTY PROJECT	15,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT ANCESTRAL CULTURE KNOWLEDGE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	SUPPORT TRIP TO ROME TO PARTICIPATE IN CBD COP 16 MEETINGS.	23,750.	WIRE TRANSFER	0.	N/A	N/A
		CENTRAL AMERICA & CARIBBEAN	FUNDING TO SECURE PARTICIPATION OF UP TO 4 PEOPLE IN THE COP16 IN COLOMBIA	25,000.	WIRE TRANSFER	0.	N/A	N/A

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	IACHR IMPLEMENTATION, RADIO CASE, PROFESSIONAL FEE, EQUIPMENT, TRAVEL.	30,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	STRENGTHENING TANGGUYOB CULTURE THROUGH DIGITAL CONTENTS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT COMMUNICATE ANCESTRAL CULTURAL KNOWLEDGE AND ORAL LINGUISTIC RIGHTS.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT FOR PARLIAMENTARY AND EXECUTIVE HEARINGS, DOCUMENTATION OF	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT FOR STUDIO INTERVIEWS, INTERACTIVE TALK SHOWS, IN-DEPTH	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPORT NON-TIMBER PRODUCT MANAGEMENT: FOREFRONT IN THE TLADC ENVIRONMENT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA & THE PACIFIC	SUPPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		NORTH AMERICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT INDIGENOUS CINEMA PROJECT AND INDIGENOUS JOURNALISTS GATHERING	6,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT FOR RIGHTS TRAINING, FOREST PROTECTION INITIATIVES, INTERNAL	7,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CLIMATE CHANGE, COSMOVISION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS AND GATHERING OF	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	OPERATIONAL SUPPORT FOR RADIO TSINAKA, AUDIENCE RESEARCH DESIGN, AND LEGAL	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		NORTH AMERICA	SUPPORT ANCESTRAL SCIENCE PODCAST PRODUCTION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT DATA COLLECTION ON ANCESTRAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT IMPLEMENTATION OF KWAKWALA LESSONS AND PLANNING AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT LANGUAGE REVITALIZATION PROJECT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT TRAVEL FOR MAP-MAKING, SUPPORT THE MAP-MAKING PROCESS IDENTIFYING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	WORKSHOP ON ANCESTRAL KNOWLEDGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ZAPOTECA LANGUAGE REVITALIZATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT FOR INFRAESTRUCTURE RECONSTRUCTION, CULTURAL PRESERVATION	12,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT LANGUAGE MIXE FESTIVAL TO PROMOTE IT	14,000.	WIRE TRANSFER	0.	N/A	N/A

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		NORTH AMERICA	SUPPORT CONSTRUCTION OF WATER TANK, AND GATHERING TO SHARE EARTH SPIRITUALITY	15,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	SUPPORT PROJECT: STRENGHTENING TSELTAL MAYA COSMOVISION	15,000.	WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BEEKEEPING, PLANT CULTIVATION, AND YOUTH MENTORING TO BUILD A SUSTAINABLE	38,475.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS TO REINFORCE	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	RADIO PRODUCTION, WORKSHOPS ABOUT INDIGNEOUS COMMUNICATION	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORGANIZATION PLURIVERSIDAD INDIGENA - AUTONOMA	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR LOGISTICS AND EXPENSES FOR COMMUNITY GATHERING.	7,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORACULO COMUNICACAO, EDUCACAO E CULTURA" (ORACLE	7,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	CONSTRUCTION OF WATER TANK, WATERING SYSTEM, REFORESTATION,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS ON INDIGENOUS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CULTURAL ACTIVISM AND	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION ON PROMOTING INDIGENOUS PEOPLES' ECONOMIC,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS CAPACITY BUILDING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING WAORANI YOUTH AND COMMUNITY	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION STRENGTHENING AWA COMMUNITY	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	INSTITUTIONAL SUPPORT TO RADIO STATION.	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	PLANNING AND CONSTRUCTION OF THE COMMUNITY WATER EMBANKMENT/WATER	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	PLANNING, LOGISTICS, AND WORKSHOP EXECUTION FOR YOUTH GATHERING, JUVENTUDES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT ANCESTRAL TERRITORY PROTECTION PROJECT	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	SUPPORT CERAMIC ARTWORK AND WORKSHOPS TO PROMOTE IDENTITY AND RESILIENCE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CLIMATE JUSTICE PROJECT AND MULTIMEDIA CREATION	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CONSTRUCTION OF A BUILDING WHERE INDIGENOUS LANGUAGE AND CULTURE IS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CREATION AND CONSTRUCTION OF A SPACE TO PROMOTE TRADITIONAL TEXTILES	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT CREATION OF SIKUANI LANGUAGE NICHE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT DOCUMENTAL, DIGITAL PUBLICATION ABOUT ANCESTRAL WEAVING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR MEDIA TRAINING, AUDIOVISUAL CONTENT PRODUCTION, AND BROADCASTING FOR	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT GATHERING OF MAPUCHE PEOPLE ON LANGUAGE AND FOOD THEMATICS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT INDIGENOUS ARTISTS GATHERING, WORKSHOP ON THE USE OF IITA, SEEND AND	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	SUPPORT PROJECT " PRODUCTORA AUDIOVISUAL INDIGENA RAICES ANCESTRALES":	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "EMISORA MINGA STEREO": TRAINING AND EMPOWERING INDIGENOUS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ORG. ALDEIA CINTA VERMELHA": TERRITORIAL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "PIJAO FILM WORKSHOP AND CLIAMTE CHANGE STORYTELLING TO THE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT DEFENDING OUR LANDS: INDIGENOUS ENVIRONMENTAL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT AYACUCHO LANGUAGE FROM ORAL TO WRITEN FORMAT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT ON IDENTITY AND STREGHTENING QUILOMBO PEOPLE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT THAT FACILITATES RIVER TRANSPORTATION FOR COMMUNITIES TO SELL	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT THAT REINFORCE INDIGENOUS LEADERSHIP AND CAPACITY BUILDING	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	SUPPORT PROJECT TO RESTORE AND IMPROVE ROOF OF INDIGENOUS COMMUNITY HOUSE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT WORK ON MONITORING RIVERS AFFECTED BY MINING	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT WORKSHOP AND GATHERING TO LEARN INDIGNENOUS COMMUNITY "PIAROA" HUMAN RIGHTS	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPPORT PROJECT "VALUATION OF ANCESTRAL KNOWLEDGE, CLIMATE CHANGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	TO REINFORCE CULTURAL KNOWLEDGE PASTOS TERRITORY THROUGH WORKSHOPS,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	WORKSHOP ON QOM PEOPLE CULTURE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	WORKSHOPS ON ADVOCACY, POLITICS INDIGENOUS KNOWLEDGE, EQUIPMENT PURCHASE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	EDUCATIONAL WORKSHOPS TO PROTECT ENVIRONMENT AFFECTED BY MINING	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	RENOVATION OF COMMUNITY BUILDGINGS TO PROMOTE KICHWA LANGUAGE LEARNING	10,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	SUPPORT COMMUNICATION AND TECHNOLOGY WORKSHOPS ABOUT RIGHTS AND ADVOCACY	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT PROJECT "ESPACIO CULTURAL INDIGENA ANGOSTO EL PERCHEL" (ROOM FOR	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT COMMUNITY RADIO STATIONS NETWORKING TO ADVOCATE FOR	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR LEGAL, TECHNICAL, AND COMMUNITY SUPPORT REGARDING MEGA-MINING	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR MOBILE UNIT EQUIPMENT, MEDIA WORKSHOPS, AND PROGRAM PRODUCTION	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	KNOWLEDGE EXCHANGE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	TRADITIONAL MEDICINE KNOWLEDGE PRESERVATION, TRANSMITION AND USE	15,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT YOUTH FOR CLIMATE FELLOWSHIP PROGRAM	18,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH AMERICA	SUPPORT FOR CULTURAL PRESERVATION, INTERGENERATIONAL TRANSMISSION,	20,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH AMERICA	PASSTHROUGH GRANT	25,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT " KHASII STUDENT UNION: COMMUNITY MEDICAL CLINICS PROVIDING	7,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	EMPOWERING INDIGENOUS MEDIA MAKERS TO COMBAT CLIMATE CHANGE IN BANGLADESH	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING NEWAR LANGUAGE AND SCRIPT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	INSTITUTIONAL SUPPORT TO RADIO STATION TO PROMOTE LANGUAGE, CULTURE AND HERITAGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT : REVITALIZING INDIGENOUS WATER GOVERNANCE AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	SUPPORT PROJECT AMBI-ACCHUNI (STORY OF THE ELDERS)	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SOUTH ASIA	SUPPORT FOR MEDIA DIALOGUES AND CLIMATE ACTION MEDIA PRODUCTION FOR	10,000.	WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	EMPOWERING SOLIGA AND OTHER TRIBAL VOICES THROUGH DIGITAL MEDIA LITERACY.	12,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INDIGENOUS JOURNALISM FELLOWSHIP	6,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	COMMUNITY EMPOWERMENT FOR CULTURAL TOURISM AND INDIGENOUS LANGUAGE	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	FOOD SOVERIGNI	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGENOUS RIGHTS IN MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A

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		SUB-SAHARAN AFRICA	LEGAL SUPPORT, RIGHTS TRAINING, COMMUNITY MEDIA, ARTS-BASED OUTREACH, AND	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR INDIGENOUS WOMEN'S RADIO CLUBS, JOURNALISM TRAINING,	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FOR RIGHTS AWARENESS CAMPAIGNS, COMMUNITY DIALOGUES, AND INDIGENOUS MEDIA	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT FORAWARENESS CAMPAIGNS, WORKSHOPS, AND RADIO/DOCUMENTARY PRODUCTION TO	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	SUPPORT PROJECT STRENGTHENING MAASAI LANGUAGE FOR EMBOREET COMMUNITY DEVELOPMENT	8,000.	WIRE TRANSFER	0.	N/A	N/A
		SUB-SAHARAN AFRICA	TEACHING SUSTAINABLE FARMING	10,000.	WIRE TRANSFER	0.	N/A	N/A

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FELLOWSHIPS	CENTRAL AMERICA & CARIBBEAN	3	13,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	EAST ASIA & THE PACIFIC	1	6,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	NORTH AMERICA	5	12,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SOUTH AMERICA	11	38,500.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SOUTH ASIA	2	9,000.	WIRE	0.	N/A	N/A
FELLOWSHIPS	SUB-SAHARAN AFRICA	2	6,500.	WIRE	0.	N/A	N/A

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)*	☐ Yes	☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES:

1. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL, WHEN FEASIBLE, CONDUCT AT LEAST ONE SITE VISIT PER PROJECT TO LEARN MORE ABOUT THE STRUCTURE OF THE RECIPIENT ORGANIZATION AND THE ADMINISTRATIVE SYSTEM IN PLACE.

2. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL REQUEST MIDTERM NARRATIVE REPORTS AND FINANCIAL REPORTS FROM THE PROJECTS IN ORDER TO RECEIVE FURTHER FUNDING.

3. REQUEST THREE QUOTES FOR ANY EQUIPMENT PURCHASE ABOVE $5,000 USD. EQUIPMENT PURCHASES OF THIS TYPE ARE RARE. HOWEVER IF THEY DID OCCUR, THE ORGANIZATION WOULD REACH OUT PERIODICALLY TO REQUEST THE STATUS OF THE WORK. THESE CHECK-INS WILL FOCUS ON PROJECT PROGRESS, CHALLENGES ENCOUNTERED AND ADDRESSING ANY OPEN QUESTIONS THAT WERE RAISED DURING THE CONDITIONAL APPROVAL PROCESS.

PART II, COLUMN (D):
REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: LAND DEFENSE, REFORESTATION, WAREHOUSE CONSTRUCTION, WILDFIRE PREVENTION, AND CAPACITY BUILDING.

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING INDIGNEOUS COMMUNITIES NETWORKING AGAINST CLIMATE CHANGE

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: SUPPORT WORKSHOPS AND RADIO PRODUCTION OF INDIGENOUS COMMUNITIES AGAINST MINING

REGION: CENTRAL AMERICA & CARIBBEAN
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ASOCIACION CONSEJO DE UNIDAD CAMPESINA DE GUATEMALA": NURSERY DEVELOPMENT, TRAINING, ENVIRONMENTAL RESTORATION ACTIVITIES, AND FIELD TECHNICIAN SUPPORT.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A MEANS OF VOICING INDIGENOUS PEOPLES' RIGHTS

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT FOR PARLIAMENTARY AND EXECUTIVE HEARINGS, DOCUMENTATION OF INDIGENOUS PERSPECTIVES, ON-SITE MINING REPORTING, AND COMMUNITY TREE PLANTING FOR ENVIRONMENTAL RESTORATION.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT FOR STUDIO INTERVIEWS, INTERACTIVE TALK SHOWS, IN-DEPTH PODCAST PRODUCTION, ONLINE NEWS REPORTING, AND ON-SITE BROADCASTS ON MINING IMPACTS IN MINAHASA LAND.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPORT NON-TIMBER PRODUCT MANAGEMENT: FOREFRONT IN THE TLADC ENVIRONMENT CAMPAIGN

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: EAST ASIA & THE PACIFIC
(D) PURPOSE OF GRANT: SUPPPORT CAPACITY BUILDING FOR INDIGENOUS JOURNALISTS AS A MEANS OF VOICING INDIGENOUS PEOPLES' RIGHTS

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR RIGHTS TRAINING, FOREST PROTECTION INITIATIVES, INTERNAL REGULATIONS, AND DISASTER RELIEF FOOD PROCUREMENT.

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION, WORKSHOPS AND GATHERING OF INDIGENOUS ARTISTS

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: OPERATIONAL SUPPORT FOR RADIO TSINAKA, AUDIENCE RESEARCH DESIGN, AND LEGAL INCORPORATION OF THE CIVIL ASSOCIATION FOR THE "TAJTOLXOCHIOUA: LA PALABRA FLORECE' PROJECT."

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT IMPLEMENTATION OF KWAKWALA LESSONS AND PLANNING AND IMPLEMENTATION OF KWAKWALA WELLNESS PROGRAM

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT TRAVEL FOR MAP-MAKING, SUPPORT THE MAP-MAKING PROCESS IDENTIFYING AND ADVANCING YIKH TSAWILHGGIS NIEWH' LT'EN

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR INFRAESTRUCTURE RECONSTRUCTION, CULTURAL PRESERVATION ACTIVITIES, AND EDUCATIONAL WORKSHOPS.

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CONSTRUCTION OF WATER TANK, AND GATHERING TO SHARE EARTH SPIRITUALITY AND COSMOVISION

REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: BEEKEEPING, PLANT CULTIVATION, AND YOUTH MENTORING TO BUILD A SUSTAINABLE FUTURE.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS TO REINFORCE COMMUNICATION KNOWLEDGE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORGANIZATION PLURIVERSIDAD INDIGENA - AUTONOMA DE MUJERES Y DIVERSIDADES": SUPPORTING ENVIRONMENTAL RESTORATION ACTIVITIES, INFRASTRUCTURE CONSTRUCTION, THE ACQUISITION OF EQUIPMENT, AND THE ORGANIZATION'S OPERATIONAL STRENGTHENING.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORACULO COMUNICACAO, EDUCACAO E CULTURA" (ORACLE COMMUNICATION, EDUCATION, AND CULTURE) : DEVELOPMENT OF EDUCATIONAL MATERIALS, COOPERATIVE GAMES, AND WORKSHOPS TO STRENGTHEN THE TEACHING AND PRESERVATION OF THE TERENA LANGUAGE.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: CONSTRUCTION OF WATER TANK, WATERING SYSTEM, REFORESTATION, WORKSHOPS

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO COMMUNITY RADIO STATION AND WORKSHOPS ON INDIGENOUS RESISTANCE AGAINST MINING

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION AND WORKSHOPS ON CULTURAL ACTIVISM AND COMMUNICATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION ON PROMOTING INDIGENOUS PEOPLES' ECONOMIC, SOCIAL AND CULTURAL RIGHTS.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION PROMOTING WAORANI YOUTH AND COMMUNITY MEDIA

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: INSTITUTIONAL SUPPORT TO RADIO STATION STRENGTHENING AWA COMMUNITY COMMUNICATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: PLANNING AND CONSTRUCTION OF THE COMMUNITY WATER EMBANKMENT/WATER RESERVOIR (TAJAMAR).

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: PLANNING, LOGISTICS, AND WORKSHOP EXECUTION FOR YOUTH GATHERING, JUVENTUDES INDIGENAS - ECOS DE LA TIERRA

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CONSTRUCTION OF A BUILDING WHERE INDIGENOUS LANGUAGE AND CULTURE IS PROMOTED

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT CREATION AND CONSTRUCTION OF A SPACE TO PROMOTE TRADITIONAL TEXTILES AND CUSTOMS OF QUECHUA PEOPLE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR MEDIA TRAINING, AUDIOVISUAL CONTENT PRODUCTION, AND BROADCASTING FOR INDIGENOUS WOMEN

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT INDIGENOUS ARTISTS GATHERING, WORKSHOP ON THE USE OF IITA, SEEND AND MATERIAL PURCHASE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT " PRODUCTORA AUDIOVISUAL INDIGENA RAICES ANCESTRALES": TRAINING 40 DIAGUITA INDIVIDUALS THROUGH COMMUNICATION WORKSHOPS AND PRODUCING FOUR AUDIOVISUAL MICRO-PROGRAMS ON CULTURAL IDENTITY.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "EMISORA MINGA STEREO": TRAINING AND EMPOWERING INDIGENOUS COMMUNICATORS IN THE TUQUERRES RESERVE, NARINO.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ORG. ALDEIA CINTA VERMELHA": TERRITORIAL PROTECTION PROJECT AGAINST LITHIUM MINING AND INFRASTRUCTURE SUPPORT.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "PIJAO FILM WORKSHOP AND CLIAMTE CHANGE STORYTELLING TO THE YOUTH

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT DEFENDING OUR LANDS: INDIGENOUS ENVIRONMENTAL ADVOCACY IN KABALEBO

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT THAT FACILITATES RIVER TRANSPORTATION FOR COMMUNITIES TO SELL THEIR LOCAL PRODUCTS

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT THAT REINFORCE INDIGENOUS LEADERSHIP AND CAPACITY BUILDING AGAINTS CLIMATE CHANGE

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT WORKSHOP AND GATHERING TO LEARN INDIGNENOUS COMMUNITY "PIAROA" HUMAN RIGHTS AND TERRITORY PROTECTION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPPORT PROJECT "VALUATION OF ANCESTRAL KNOWLEDGE, CLIMATE CHANGE ADAPTATION STRATEGIES.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: TO REINFORCE CULTURAL KNOWLEDGE PASTOS TERRITORY THROUGH WORKSHOPS, PRODUCTION, REFORESTATION

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT PROJECT "ESPACIO CULTURAL INDIGENA ANGOSTO EL PERCHEL" (ROOM FOR CULTURAL PURPOSE CONSTRUCTION): TRANSPORTATION, CONSTRUCTION MATERIALS, LABOR, LOGISTICS.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT COMMUNITY RADIO STATIONS NETWORKING TO ADVOCATE FOR BIODIVERSITY ON AYLLA TERRRITORY

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR LEGAL, TECHNICAL, AND COMMUNITY SUPPORT REGARDING MEGA-MINING IMPACTS IN INDIGENOUS TERRITORIES OF JUJUY.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR MOBILE UNIT EQUIPMENT, MEDIA WORKSHOPS, AND PROGRAM PRODUCTION FOR CLIMATE CHANGE MITIGATION.

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: TRADITIONAL MEDICINE KNOWLEDGE PRESERVATION, TRANSMITION AND USE AGAINTS COVID

REGION: SOUTH AMERICA
(D) PURPOSE OF GRANT: SUPPORT FOR CULTURAL PRESERVATION, INTERGENERATIONAL TRANSMISSION, TRADITIONAL WORKSHOPS, AND COMMUNITY INFRASTRUCTURE CONSTRUCTION.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT PROJECT " KHASII STUDENT UNION: COMMUNITY MEDICAL CLINICS PROVIDING HEALTHCARE SERVICES FOR INDIGENOUS KHASI COMMUNITIES.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT PROJECT : REVITALIZING INDIGENOUS WATER GOVERNANCE AND CULTURAL IDENTITY THROUGH SOHON SENGMA

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: SUPPORT FOR MEDIA DIALOGUES AND CLIMATE ACTION MEDIA PRODUCTION FOR INDIGENOUS RIGHTS IN NEPAL.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: COMMUNITY EMPOWERMENT FOR CULTURAL TOURISM AND INDIGENOUS LANGUAGE STRENGTHENING

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: LEGAL SUPPORT, RIGHTS TRAINING, COMMUNITY MEDIA, ARTS-BASED OUTREACH, AND ADVOCACY SUPPORT.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FOR INDIGENOUS WOMEN'S RADIO CLUBS, JOURNALISM TRAINING, RIGHTS EDUCATIONAL MATERIALS, AND RADIO BROADCASTING.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FOR RIGHTS AWARENESS CAMPAIGNS, COMMUNITY DIALOGUES, AND INDIGENOUS MEDIA PROGRAMMING.

REGION: SUB-SAHARAN AFRICA
(D) PURPOSE OF GRANT: SUPPORT FORAWARENESS CAMPAIGNS, WORKSHOPS, AND RADIO/DOCUMENTARY PRODUCTION TO PRESERVE INDIGENOUS HERITAGE AND KNOWLEDGE.

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CALIFORNIA HERITAGE INDIGENOUS RESEARCH PROJECT - PO BOX 2624 - NEVADA CITY, CA 95959	47-1477386	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
CIMARRON CHACO INSTITUTE 3004, CRUDEN DRIVE NORMAN, OK 73072	93-1544830	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
COMUNIDAD MAYA PIXAN IXIM 4913 S. 25TH ST. SUITE#1 OMAHA, NE 68107	45-5539560	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
CRUSHING COLONIALISM INC. 600 PENNSYLVANIA AVE SE, #15581 WASHINGTON, DC 20003	88-1262239	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
LAKOTA LOCKUP PROJECT 146 WEST GATE RD RAPID CITY, SD 57719	88-3190047	501 (C)(3)	7,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
MARTY HENNESSY INSPIRING CHILDREN FOUNDATION - 1101 COLORADO STREET 60953 - BOULDER CITY, NV 89005	20-1638145	501 (C)(3)	14,130.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 11.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NVN-NES-A LAND TRUST 2066 PIERCE ST. UNIT A EUGENE, OR 97405	93-4077913	501 (C)(3)	12,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
SACRED DEFENSE FUND PO BOX 27 SANTA FE, NM 87504	99-2707481	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
SASSAFRAS EARTH EDUCATION 5 CHURCH ST AQUINNAH, MA 02535	45-5469987	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
THE 4TH DIMENSION RECOVERY CENTER 11010 SE DIVISION ST., STE. 200 PORTLAND, OR 97206	46-2702985	501 (C)(3)	8,000.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS
THE PATH INC. 3103 NORTH MAYWOOD AVE BOISE, ID 83704	46-4894140	501 (C)(3)	10,980.	0.	N/A	N/A	EDUCATIONAL WORKSHOPS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP GRANTS	1	25,000.	0.	N/A	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
THE ORGANIZATION HAS ESTABLISHED THE FOLLOWING PROCEDURES:
ONLINE RECORDS OF THE DOCUMENTS PROVIDE BY THE GRANTEE, THE GRANT IS APPROVED BY A GRANT COMMITTEE.

1. CSI'S STAFF OR EXTERNAL PROFESSIONAL WILL, WHEN FEASIBLE, CONDUCT AT LEAST ONE SITE VISIT PER PROJECT TO LEARN MORE ABOUT THE STRUCTURE OF THE RECIPIENT ORGANIZATION AND THE ADMINISTRATIVE SYSTEM IN PLACE.

2. CSI'S REQUEST MIDTERM NARRATIVE REPORTS AND FINANCIAL REPORTS FROM THE PROJECTS IN ORDER TO RECEIVE FURTHER FUNDING.

3. REQUEST THREE QUOTES FOR ANY EQUIPMENT PURCHASE ABOVE $5,000 USD.

THE ORGANIZATION WILL REACH OUT PERIODICALLY TO REQUEST THE STATUS OF THE WORK. THESE CHECK-INS WILL FOCUS ON PROJECT PROGRESS, CHALLENGES ENCOUNTERED AND ADDRESSING ANY OPEN QUESTIONS THAT WERE RAISED DURING THE CONDITIONAL APPROVAL PROCESS.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CULTURAL SURVIVAL, INC.

Employer identification number
23-7182593

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
KEEPERS OF THE EARTH: GRANTS TO INDIGENOUS COMMUNITIES FOR SELF MANAGED PROJECTS IN AGRICULTURE, LANGUAGE REVITALIZATION, DROUGHT MITIGATION, NATURAL DISASTERS, AND OTHER PROJECTS.
EXPENSES $ 691,855. INCLUDING GRANTS OF $ 564,500. REVENUE $ 0.

CAPACITY BUILDING: CULTURAL SURVIVAL ORGANIZES TRAINING WORKSHOPS, COMMUNITY EXCHANGES, AND OTHER ACTIVITIES TO INCREASE THE CAPACITY OF INDIGENOUS COMMUNITIES. THIS INCLUDES FELLOWSHIPS TO YOUNG INDIVIDUALS ANDGROUPS OF YOUTH WORKING ON COMMUNITY BASED PROJECTS.
EXPENSES $ 655,604. INCLUDING GRANTS OF $ 85,000. REVENUE $ 0.

THE CULTURAL SURVIVAL BAZAARS ARE A SERIES OF CULTURAL FESTIVALS, ORGANIZED BY INDIGENOUS PEOPLES' RIGHTS ORGANIZATION CULTURAL SURVIVAL, THAT PROVIDE INDIGENOUS ARTISTS AND ARTISANS, COOPERATIVES, AND THEIR REPRESENTATIVES FROM AROUND THE WORLD THE CHANCE TO SELL THEIR WORK DIRECTLY TO THE PUBLIC.

EACH EVENT FEATURES TRADITIONAL AND CONTEMPORARY CRAFTS, ARTWORK, CLOTHING, JEWELRY, HOME GOODS, AND ACCESSORIES FROM DOZENS OF COUNTRIES.

IN ADDITION, THE BAZAARS OFFER CULTURAL PERFORMANCES AND PRESENTATIONS, INCLUDING LIVE MUSIC, STORYTELLING, CRAFT-MAKING DEMONSTRATIONS, AND THE UNIQUE CHANCE TO TALK DIRECTLY WITH MAKERS AND COMMUNITY ADVOCATES.
EXPENSES $ 1,710,339. INCLUDING GRANTS OF $ 409,396. REVENUE $ 461,220.

INDIGENOUS RIGHTS RADIO: CULTURAL SURVIVAL PRODUCES AND DISTRIBUTES RADIO PROGRAMS TO INFORM INDIGENOUS PEOPLES ABOUT THEIR RIGHTS UNDER LAW AND TREATIES.
EXPENSES $ 246,276. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:
EXECUTIVE COMMITTEE: THIS COMMITTEE SHALL BE COMPOSED OF THE PRESIDENT/CHAIR, THE VICECHAIR, THE CLERK, THE TREASURER, AND THE CHAIRS OF THE NOMINATING COMMITTEE AND THE DEVELOPMENT COMMITTEE. THE EXECUTIVE COMMITTEE SHALL BE EMPOWERED TO ACT ON BEHALF OF THE FULL BOARD BETWEEN REGULARLY SCHEDULED MEETINGS. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY TO APPROVE THE ANNUAL BUDGET ON AN INTERIM BASIS UNTIL IT CAN BE VOTED ON BY THE FULL BOARD. THE COMMITTEE ALSO SHALL APPOINT DIRECTORS TO THE OTHER STANDING COMMITTEES AND ACCEPT VOLUNTEERS FROM BOTH WITHIN AND OUTSIDE THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR AND THE DEPUTY EXECUTIVE DIRECTOR, ALONG WITH THE BOARD OF DIRECTORS' FINANCE COMMITTEE, REVIEW THE 990 FORM BEFORE THIS FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES EACH KEY EMPLOYEE, OFFICER OR DIRECTOR TO REVIEW A COPY OF THE "POLICY ON CONFLICTS OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS" AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

Name of the organization: CULTURAL SURVIVAL, INC.
Employer identification number: 23-7182593

ADDITIONALLY, EACH KEY EMPLOYEE, OFFICER OR DIRECTOR, WILL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRSUMSTANCES IN WHICH THE EMPLOYEE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. THE BOARD TREASURER ACTS AS THE COMPLIANCE OFFICER FOR THE CONFLICT OF INTEREST POLICY.

ALL CONTRACTS OR TRANSACTIONS WITH CS INVOLVING A CONFLICT OF INTEREST SHALL BE SUBMITTED FOR REVIEW AND APPROVAL BY THE BOARD OR A COMMITTEE OF THE BOARD. PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OR INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

A PERSON WHO HAS A CONFLICT OF INTEREST SHALL LEAVE THE MEETING AND SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER.

A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL BE MADE AS SOON AS

THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT CS'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION.

A DIRECTOR WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM CS FOR SERVICES IS PRECLUDED FROM VOTING ON MATTERS PERTAINING TO THAT DIRECTOR'S COMPENSATION.

IN THE EVENT IT IS NOT CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY.

Name of the organization: CULTURAL SURVIVAL, INC.

Employer identification number: 23-7182593

FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS ESTABLISHES THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THEY HAVE ESTABLISHED A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR THAT WAS WITHIN THE RANGE OF ORGANIZATIONS SIMILAR IN SIZE AND SCOPE OF CULTURAL SURVIVAL INC. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2025.

FORM 990, PART VI, SECTION C, LINE 19:
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION, UPON REQUEST, AT 2067 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 02140

Certificate Of Completion

Envelope Id: 51F750C8-1DA9-8EBD-81C0-E692CE01725D
Status: Completed
Subject: Exempt Return for Cultural Survival, Inc. A121559 8.31.2025
Client Name: Cultural Survival, Inc.
Client Number: A121559
Source Envelope:
Document Pages: 145
Signatures: 3
Envelope Originator:
Certificate Pages: 5
Initials: 1
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Signer Events	Signature	Timestamp
Aimee Roberson aimee.roberson@culturalsurvival.org August 8, 2025 Security Level: Email, Account Authentication (None), Access Code	Signed by: Aimee Roberson 43A5F072BF2E4CF... Signature Adoption: Pre-selected Style Using IP Address: 159.26.102.155	Sent: 7/14/2026 9:26:44 AM Viewed: 7/14/2026 2:02:23 PM Signed: 7/14/2026 2:06:23 PM

Electronic Record and Signature Disclosure:
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ID: 2dcece92-50d5-4326-abdd-1692d4fa66c8

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Mark Camp mcamp@culturalsurvival.org Deputy Executive Director Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/14/2026 9:26:45 AM

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Nihill, Danielle Danielle.Nihill@claconnect.com CLA Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/14/2026 9:26:45 AM

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Sofia Flynn sflynn@culturalsurvival.org Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via Docusign	COPIED	Sent: 7/14/2026 9:26:46 AM Viewed: 7/14/2026 9:40:14 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/14/2026 9:26:46 AM
Certified Delivered	Security Checked	7/14/2026 2:02:23 PM
Signing Complete	Security Checked	7/14/2026 2:06:23 PM
Completed	Security Checked	7/14/2026 2:06:23 PM

Payment Events	Status	Timestamps

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