Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

For the calendar year 2021, or tax year beginning November 17 2021, and ending **December 31** 2021 Name of foundation A Employer identification number **CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE** 87-3932559 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) **8 THE GREEN SUITE B** City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here **DOVER, DE 19901-3618** G Check all that apply: D 1. Foreign organizations, check here · · · · Initial return Initial return of a former public charity Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation F If the foundation is in a 60-month termination J Accounting method: ✓ Cash I Fair market value of all assets at under section 507(b)(1)(B), check here . . . end of year (from Part II, col. (c), Other (specify) ----line 16) \$ **34,765** (Part I, column (d), must be on cash basis.) Analysis of Revenue and Expenses (The total of (d) Disbursements Part I (a) Revenue and amounts in columns (b), (c), and (d) may not necessarily equal (b) Net investment for charitable (c) Adjusted net income expenses per the amounts in column (a) (see instructions).) income purposes books (cash basis only) 35,288 Contributions, gifts, grants, etc., received (attach schedule) Check if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments . Dividends and interest from securities 5a Gross rents Net rental income or (loss) 7,739 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a **8,327** Capital gain net income (from Part IV, line 2) . . . 7,739 0 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 . . . 43,027 7,739 12 13 Compensation of officers, directors, trustees, etc. . 0 14 Other employee salaries and wages 0 15 Pension plans, employee benefits 0 16a Legal fees (attach schedule) b Accounting fees (attach schedule) C Other professional fees (attach schedule) . . . 17 Interest . 18 Taxes (attach schedule) (see instructions) . . . 19 Depreciation (attach schedule) and depletion . 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 0 n 0 25 Contributions, gifts, grants paid 0 0 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12: 43,027 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) 7,739 Adjusted net income (if negative, enter -0-)

0

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Par	t II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year			End	of year
		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(t) Book V	alue	(c) Fair Market Value
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	0			8,327	8,327
	3	Accounts receivable				,,,,	
		Less: allowance for doubtful accounts					
	4	Pladasa rassivable					
	-	Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)					
		Less: allowance for doubtful accounts					
•	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments—U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)	0			1,904	26,438
	С	Investments—corporate bonds (attach schedule)				,	-,
	11	Investments—land, buildings, and equipment: basis					
		Less: accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis					
		accumulated depreciation (attach schedule)					
	15	Other assets (describe)					
		Total assets (to be completed by all filers—see the					
		instructions. Also, see page 1, item I)			1	10,231	34,765
	17	Accounts payable and accrued expenses					
	18	Grants payable					
æ	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Liak	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe)					
	23	Total liabilities (add lines 17 through 22)	0			0	
		Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.					
es	24	Net assets without donor restrictions			1	10,231	
lances	25	Net assets with donor restrictions					
		Foundations that do not follow FASB ASC 958, check here					
nug		and complete lines 26 through 30.					
or F	26	Capital stock, trust principal, or current funds					
Net Assets or Fund Ba	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
Ass	28	Retained earnings, accumulated income, endowment, or other funds					
Vet	29	Total net assets or fund balances (see instructions)			1	10,231	
-	30	Total liabilities and net assets/fund balances (see					
n	.0. 100	Analysis of Changes in Net Assets of Fund Philaneses	0		1	10,231	
Par	3 300	Analysis of Changes in Net Assets or Fund Balances		1	1		_
1		al net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agr -of-year figure reported on prior year's return)			1		
2		er amount from Part I, line 27a		-			40.007
_				-	2		43,027
3		er increases not included in line 2 (itemize)			3		
		lines 1, 2, and 3		-	4		43,027
5 6		reases not included in line 2 (itemize) al net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line		<u> </u>	5		32,796
U	i Ula	in not assets of furth balances at end of year (line 4 fillings line 3)—r art ii, column (b), line	· - · · · · · · · · · · · · · · · · · ·	•	6		10,231

Pari	Capital Gains and Losses for Tax on Investme	ent Income					
	(a) List and describe the kind(s) of property sold (for exam common stock, 200 shs.		se; or	(b) How acquired P—Purchase D—Donation		Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	Public traded securities						
b	Public traded securities						
С							
d							
е							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	,,	g) Cost or other basis plus expense of sale		(h) Gain or (l ((e) plus (f) mir	,
а	2,955	0		173			2,782
b	5,372	0		415			4,957
C							
d							
е	Complete only for assets showing gain in column (h) an	d owned by the foundation on 12/	21/60			(I) Gains (Col. (h)	gain minue
	(i) FMV as of 12/31/69	(j) Adjusted basis		(k) Excess of col. (i)	c	col. (k), but not less	-
	(1) 1 1110 do 01 12/01/00	as of 12/31/69		over col. (j), if any		Losses (from c	ol. (h))
а							2,782
b							4,957
С							
d							
е						<u> </u>	
2	· · · · · · · · · · · · · · · · · · ·	a, also enter in Part I, line 7 s), enter -0- in Part I, line 7			2		7,739
3	Net short-term capital gain or (loss) as defined in section	**					,
	If gain, also enter in Part I, line 8, column (c). See instruc	`					
_	Part I, line 8				3		
Pari							
1a	Exempt operating foundations described in section 4940						
h	Date of ruling or determination letter:(atta			ions)	1		108
D	All other domestic foundations enter 1.39% (0.0139) of line enter 4% (0.04) of Part I, line 12, col. (b)		ons, 				
2	Tax under section 511 (domestic section 4947(a)(1) trus	ts and taxable foundations only; ot	hers, ent	ter -0-)	2		
3	Add lines 1 and 2				3		108
4	Subtitle A (income) tax (domestic section 4947(a)(1) trus	ts and taxable foundations only; of	thers, en	ter -0-)	4		
5	Tax based on investment income. Subtract line 4 from lin	e 3. If zero or less, enter -0			5		108
6	Credits/Payments:						
а	2021 estimated tax payments and 2020 overpayment cre	edited to 2021	6a				
b	Exempt foreign organizations—tax withheld at source .		6b				
С	Tax paid with application for extension of time to file (For	m 8868)	6c				
d	Backup withholding erroneously withheld		6d				
7	Total credits and payments. Add lines 6a through 6d				7		
8	Enter any penalty for underpayment of estimated tax. Ch	neck here if Form 2220 is att	ached		8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, e	nter amount owed			9		108
10	Overpayment. If line 7 is more than the total of lines 5 an	d 8, enter the amount overpaid .			10		
11	Enter the amount of line 10 to be: Credited to 2022 estim	ated tax Refun	ded		11		0

Parí	Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		\
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		✓
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		✓
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		/
	If "Yes," attach a detailed description of the activities.	_		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		/
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		/
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	\	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	\	П
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	\	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII.	9		>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	✓	
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		✓
12	person had advisory privileges? If "Yes," attach statement. See instructions			
13		13	✓	
14	Website address ccmii.org The books are in care of John Hunter Telephone no.			
	Located at 8 THE GREEN SUITE B ,DOVER ,DE ZIP+4 19901-3	 618		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	010		
	and enter the amount of tax-exempt interest received or accrued during the year			Ш
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		Yes	No
		16		✓
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country			

Parit VI-B Statements Regarding Activities for Withirth From 47720 Way BerRequired File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes No During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? **/** 1a(1) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified 1a(2) 1a(3) 1a(4) (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or **/** 1a(5)(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if **/** 1a(6) If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 1b Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that **/** 1d Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for / 2a If "Yes," list the years 20____, 20___, 20___, 20___ Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time **/** За If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the 3b 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable 4a Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning 4h

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Pari	VI-B Statements Regarding Activities for Which Form 477	7220 Włay BerRequired (co	ntinued)				
5a	During the year, did the foundation pay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation				5a(1)		✓
	(2) Influence the outcome of any specific public election (see sectio indirectly, any voter registration drive?	•	•		5a(2)		
	$ (3) \ \ \text{Provide a grant to an individual for travel, study, or other similar} $	purposes?			5a(3)		
	(4) Provide a grant to an organization other than a charitable, etc., (4)(A)? See instructions	_			5a(4)		/
	(5) Provide for any purpose other than religious, charitable, scientific the prevention of cruelty to children or animals?		'		5a(5)		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to in Regulations section 53.4945 or in a current notice regarding disa				5b		
С	Organizations relying on a current notice regarding disaster assista	nce, check here					
d	If the answer is "Yes" to question 5a(4), does the foundation claim emaintained expenditure responsibility for the grant?	•			5d		
	If "Yes," attach the statement required by Regulations section 53.49	945-5(d).					
6a	Did the foundation, during the year, receive any funds, directly or in benefit contract?	*	•		6a		
b	Did the foundation, during the year, pay premiums, directly or indire If "Yes" to 6b, file Form 8870.	ectly, on a personal benefit co	ntract?		6b		/
7a	At any time during the tax year, was the foundation a party to a prof	hibited tax shelter transaction	?		7a		
b	If "Yes," did the foundation receive any proceeds or have any net in	come attributable to the trans	saction?		7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of n excess parachute payment(s) during the year?				8		
	Information About Officers, (Directors, Trustees, Fround and Contractors List all officers, directors, (trustees, ambifoundationmaaages)		. ,				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributi employee bene and deferred com	efit plans	(e) Ex	ount
loh	n Hunter	President and					
TI	ne Green ,Suite B ,Dover ,DE 19901	board chair 10	0		0		0
	herine Brown	Treasurer,					
3 TI	ne Green ,Suite B ,Dover ,DE 19901	Secretary and board member	0		0		0
	nt Lesandrini ne Green ,Suite B ,Dover ,DE 19901	Vice President and board member 1	0		0		0
	n Stickle ne Green ,Suite B ,Dover ,DE 19901	Vice chair of the board 1	0		0		0
	Compensation of five highest-paid employees (other than thos	se included on line 1—see	instructions). If none, e	nter			
	NONE."			(d) Contributi	ions to		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee b plans and de compensa	enefit eferred	(e) Ex acco other allo	unt,

Total number of other employees paid over \$50,000

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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five High	lest-paid independent contractors for p	professional services. See instructions. If none, enter inone.	(c)
(a) Name an	d address of each person paid more than \$50,000	(b) Type of service	Compensation
Total	f -lh	estancianal consistance	
	r of others receiving over \$50,000 for p		· ·
Part VIII-A	Summary of Direct Charitable Activities	1	
	ation's four largest direct charitable activities during t and other beneficiaries served, conferences conven-	he tax year. Include relevant statistical information such as the number of ed, research papers produced, etc.	Expenses
1			
2			
3			
4			
Part VIII-B	Summary of Program-Related Investme	ents (see instructions)	
Describe the	two largest program-related investments made by the	e foundation during the tax year on lines 1 and 2.	Amount
1			
2			
All other program	m-related investments. See instructions.		
Total Add liv	nes 1 through 3		

Parí	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
а	purposes: Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see	4	0
5	instructions)	5	0
6	Minimum investment return. Enter 5% (0.05) of line 5	6	0
Parí	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	0
2a	Tax on investment income for 2021 from Part V, line 5	\$	
b	Income tax for 2021. (This does not include the tax from Part V.)		
С	Add lines 2a and 2b	2c	108
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	0
Pari	Qualifying Distributions (see instructions)		
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 a	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part XII. line 4	4	0

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Par	Undistributed Imame (see instructions)				
		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7				
2 a	Undistributed income, if any, as of the end of 2021: Enter amount for 2020 only			0	
b	Total for prior years: 20, 20, 20		0		
3 a	Excess distributions carryover, if any, to 2021: From 2016				
b c d e	From 2017				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2021 from Part XI, line 4: \$ 0				
а	Applied to 2020, but not more than line 2a			0	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions) .				
d	Applied to 2021 distributable amount				
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable amount—see instructions .		0		
е	Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				
7	Amounts treated as distributions out of corpus				

0

0

0

0

0

0

to satisfy requirements imposed by section

Excess distributions carryover to 2022.

Subtract lines 7 and 8 from line 6a . . .

10 Analysis of line 9:
a Excess from 2017 . . .
b Excess from 2018 . . .

C Excess from 2019 . . . d Excess from 2020 . . .

e Excess from 2021 . . .

applied on line 5 or line 7 (see instructions)

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Pari	Private Operating Foundation	s (see instructions and	Part VI-A, question 9)			
1a	If the foundation has received a ruling or foundation, and the ruling is effective for 2					
b	Check box to indicate whether the foundation	ition is a private operating	foundation described in	section 4942(j)(3) or	4942(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part IX for each year listed	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
b	85% (0.85) of line 2a					
C	Qualifying distributions from Part XI, line 4, for each year listed					
d	Amounts included in line 2c not used direct for active conduct of exempt activities	tly				
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pari	Supplementary Information (C any time during the year—see		f the foundation had \$	5,000 or more in assets a	at	
1 a	Information Regarding Foundation Managers of the foundation who before the close of any tax year (but only John Hunter	have contributed more that			ation	
b	List any managers of the foundation who ownership of a partnership or other entity				ne	
2	Information Regarding Contribution, Gran Check here if the foundation only munsolicited requests for funds. If the foundation complete items 2a, b, c, and d. See instru	akes contributions to presentation makes gifts, grants,	elected charitable organia	•		
а	The name, address, and telephone numb	er or email address of the	person to whom applica	tions should be addressed:		
b	The form in which applications should be	submitted and information	and materials they shou	ıld include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, factors:	such as by geographical a	areas, charitable fields, ki	nds of institutions, or other		
						Form990-PF (2021

Form 990-PF (2021) Page 11 Part XIV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year **Total** 3a b Approved for future payment

Total

3b

Part XV-A Analysis of Income-Producing Activities

Enter	gross amo	unts unless otherwise indicated.	Unrelated bus	siness income		ection 512, 513, or 514	(e) Related or exempt
1	Program s	ervice revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) e Amount	function income (See instructions.)
	a						
	,						
		nd contracts from government agencies					
2	Membersh	nip dues and assessments					
3		savings and temporary cash investments					
4	Dividends	and interest from securities					
5	Net rental	income or (loss) from real estate:					
	a Debt-fin	ianced property					
		ot-financed property					
6		ncome or (loss) from personal property					
7	Other inve	estment income					
8	Gain or (lo	ss) from sales of assets other than inventor	у				
9	Net incom	e or (loss) from special events .					
10	Gross pro	fit or (loss) from sales of inventory					
11	Other reve	enue: a					
	b						
12	Subtotal. A	Add columns (b), (d), and (e)		0		0	0
		d line 12, columns (b), (d), and (e)			1	3	0
		d line 12, columns (b), (d), and (e) in line 13 instructions to verify calculations			1	3	0
(See	worksheet	in line 13 instructions to verify calculations	.)			3	0
See Par	worksheet	in line 13 instructions to verify calculations Relationship of Activities to the	.) Accomplishment o	of Exempt Purposes	3		
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See Par	worksheet	in line 13 instructions to verify calculations Relationship of Activities to the Explain below how each activity for which	Accomplishment on income is reported in co	of Exempt Purposes	stributed importa		

Form 990-PF (2021) Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations. Part XVI Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (2) Other assets. 1a(2) **/** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements . . 1b(4) (5) Loans or loan guarantees. 1b(5) (6) Performance of services or membership or fundraising solicitations . 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than Yes ✓ No section 501(c)(3)) or in section 527? . b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship 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 correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here May the IRS discuss this return with **John Hunter** 05/15/2024 **President** the preparer shown below? Signature of officer or trustee Date Title See instructions. Yes No Print/Type preparer's name Preparer's signature Date PTIN Check if Paid self-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributtors

Attach to Form 990 or Form 990 Aff.

Go to www.iirs.gov/Form990forthelatest information.

OMB No. 1545-0047

2021

Employer identification muntoer

CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE		87-3932559	
Organization type (chec	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c) () 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	n is covered by the General Rule or a Special Rule .		
, ,	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
,	(o)(r), (o), or (10) organization can oncok soxice to south the contract tale and a opposite ratio. Good metablishes		
General Rule			
For an organizate contributor. Com	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in mon- oplete Parts I and II. See instructions for determining a contributor's total contributions.	ey or property) from any one	
Special Rules			
(A)(vi), that chec	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations uncked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the yea (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.		
more than \$1,00	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, dur 10 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to c "N/A" in column (b) instead of the contributor name and address), II, and III.		
exclusively for re were received do organization bed	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, dur eligious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter uring the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the Generals it received nonexclusively religious, charitable, etc., contributions	here the total contributions that eral Rule applies to this	
•	or more during the year	\$	
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ans ox 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 requirem		

Schedule B (Form 990) (2021)

Page 2

Name of the organization
CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE

Employer identification mumber 87-3932559

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed (b) Name, address, and ZIP + 4 (c) **Total contributions** (c) **Type of contribution** (a) Νo. 1 John Hunter Person Payroll \$35,288 Noncash (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c)
Total contributions (c) **Type of contribution** (a) Νo. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) **No**. (b) Name, address, and ZIP + 4 (c) **Total contributions** (c) Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c)
Total contributions (c) **Type of contribution** (b) (a) Name, address, and ZIP + 4 No. Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (c) **Total contributions** (a) (b) (c) Name, address, and ZIP + 4 No. Type of contribution Person Payroll \$ (Complete Part II for noncash contributions.) (b) Name, address, and ZIP + 4 (c) **Total contributions** (c) **Type of contribution** (a) **No**. Person Payroll \$ Noncash

Schedule B (Form 990) (2021)

(Complete Part II for noncash contributions.)

Name of the organization
CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE

Employer identification mumber 87-3932559

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) from FMV (or estimate) Description of moncasth property given Date received Part I (See instructions.) 1 130 shares of AAPL stock and 4 shares of GOOG stock \$35,288 12/27/2021 (a) No. (c) (b) (d) from FMV (or estimate) Description of morncasth property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) FMV (or estimate) (See instructions.) from Description of mornicasth proposity given Date received Part I \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of moncasth property given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of morncasth prosperty/given Date received Part I (See instructions.) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of mornicasth property given Date received Part I (See instructions.) \$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 4

Name of the organization
CURTOUS CAIT MANNAGEMENT MARROMEMENT ANSTUTUTE

Employer identification muntoer 87-39325599



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 information once. See instructions.)

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

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(a) No. from Part I	(b) Purpose of gift	(c) Use of gifft	(d) Description of Imow gjiftishteeld	
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	Transferee's marne, adidress, am	(e) Transfer of gift dd ZHP+4.	Relationship of transferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how giftisshedd	
		/\ -		
		(e) Transfer of gift		
	Transferee's name, address, an	d ZIP + 4 I	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how giftish heald	
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	(e) Transfer of gift Transferee's marner, additness, 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 giftish heald	
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Form 990PF Statements 2021

Name of the Organization
CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE

Employer identification number 87-3932559

Statement name: Investments - Corporate stock - Part II Line 10b

Description	BOY - Book Value	BOY - Book Value EOY - Book Value	
100 shares of AAPL stock	\$0	\$1,385	\$17,757
3 shares of GOOG stock	\$0	\$519	\$8,681

Form 990PF Statements 2021

Name of the Organization CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE

Statement name: Amendment - Item G

The book value amounts for stocks (AAPL and GOOG) showed the market value instead of the cost basis value.

Statement name: Changes in Net Assets - Part III Line 5

Explanation:

Reconcile the basis and market value of donation to have this value equal 16b

Amount:

\$32,796

Form 990PF Statements			2021
Name of the Organization CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE		Employer identification number 87-3932559	
Statement name: Substantial Contributor - Part VI A Line 10			
Name:	John Hunter		

Address:

Form **8453-TF**

Tax Exempt Entity Declaration and Signature for Electronic Filing

OIVID	INO.	1343-0047	

For calendar year 21, or tax year beginning 17 , 2021, and ending EC 31

Department of the Treasury Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, Go to www.irs.gov/Form8453TE for the latest information.

Name of filer EIN or SSN CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE 87-3932559 **Type of Return and Return Information** Check the box for the type of return being filed with Form 8453-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 of 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-). 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 . . \square **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . 1b 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 108 5b Form 8868 check here ... b **Balance due** (Form 8868, line 3c) Total tax (Form 990-T, Part III, line 4) . . . 6b 6a Form 990-T check here . h Total tax (Form 4720, Part III, line 1) Form 4720 check here ... h 7b 7a FMV of assets at end of tax year (Form 5227, Item D) 8h 8a Form 5227 check here ... 9b Form 5330 check here ... **b Tax due** (Form 5330, Part II, line 19). b Amount of credit payment requested (Form 8038-CP, Part III, line 10b **10a Form 8038-CP** check here Part II **Declaration of Officer or Person Subject to Tax** ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). ✓ I am an officer of the above named entity or
□ I am the person subject to tax with respect to Under penalties of perjury, I declare that (name of entity) CURIOUS CAT MANAGEMENT IMPROVEMENT INSTITUTE , (EIN) 87-3932559 and that I have examined a copy of the 2021 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. John Hunter Sign 05/15/2024 President Here Title, if applicable Signature of officer or person subject to tax Date **Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN Check if also Check if self-ERO's ERO's paid preparer employed signature Use Firm's name (or yours if self-employed), address, and ZIP code Only Phone no. Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Preparer's signature Date Print/Type preparer's name PTIN Check if self-Paid employed [**Prepare** Firm's name Firm's EIN Use Only Firm's address Phone no.