Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (axcept private foundations)

Department of the Treasury

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

Open to Public

2000110		AT OUT TO	OC 10 WILLIAM STATE OF MICH CONTROL OF INCOME.	I DI HUMU	MII.		1 Heabanners		
A	For the	e 2018 calend	lar year, or tax year beginning 09-01, 2018, an	d endin	19	08	-31 ,2019		
B (Check If	applicable:	C Name of organization CULTURAL SURVIVAL INC				D Employer Identification no.		
	Address	change	Doing business as				23-7182593		
	lame ch	sange	Number and street (or P.O., box if mail is not delivered to street address)	Ro	om/suite		E Telephone number		
_	nidal ret	UETL	2067 Massachusetts Avenue	2	08		(617)441-5400		
	inal retu	unviterminated	City or town, state or province, country, and ZIP or toreign postal code			Gross receipts			
	\mendec	d return	Cambridge, MA 02140		\$ 2,663,467				
	oplicatio	on pending	F Name and address of principal officer: Galina Angarova	I	H(a) to this a group	ruturn for			
			Same as C above		H(b) Are all subo		— — —		
1 7	ZZ-67.00	not status: X	501(c)(3)		I "No."	attach s	list. (see instructions)		
3 1	Vebsite:		culturalsurvival.org	,	H(c) Group exi				
K F	orm of c		Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ 1. Year of formation:				domicie: MA		
Pa	rt I	Summar							
	1	Briefly descri	be the organization's mission or most significant activities: Cultural Surv	ival	advocate	s fo	r Indigenous		
			rights and supports Indigenous communities' self-det						
Activities & Governance			1 resilience, since 1972.						
Ĕ									
2	2	Check this b	ox > 🔲 if the organization discontinued its operations or disposed of more than 25	% of its	net assets.				
Ö	13		oling members of the governing body (Part VI, line 1a)			3	12		
9	4		dependent voting members of the governing body (Part VI, line 1b)			4	12		
\$	5		of individuals employed in calendar year 2018 (Part V, line 2a)			5	14		
흫	6		of volunteers (estimate if necessary)			6	84		
₹	78		ad business revenue from Part VIII, column (C), line 12			7a	0		
	ь		business taxable Income from Form 990-T, line 38			7b	0		
-					Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	. —	1,986	909			
3	9		vice revenue (Part Vill, line 2g)			,089			
Ę	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	86	636,704				
Revenue	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_		00	767		
-	12		a - add lines 6 through 11 (must equal Part VIII, column (A), line 12)		0 503	003	0 552 452		
	13		imilar amounts paid (Part IX, column (A), tines 1-3)		2,571				
	14		to or for members (Part IX, column (A), line 4)	-	335	, 832	602,685		
	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		054 613				
8			fundraising fees (Part IX, column (A), line 11e)	023/07		,613	772,887		
Expenses						-	0		
8	17		ing expenses (Part IX, column (D), line 25) 224,672 ies (Part IX, column (A), lines 11a-11d, 11f-24e)						
ш	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,185				
	19		expenses. Subtract line 18 from line 12		2,376				
- 2		LEGADING 103:	sexpenses. Subjectifies to from any 12			,768	2,243		
55	20	Total access (Part X, line 16)	Hedru	ining of Current		End of Year		
32	21	A Control of the Cont	s (Part X, line 26)	_		,397	494,614		
Net Assets or Fund Balance	22		fund balances. Subtract line 21 from line 20			,182	79,285		
Par	12.0	Signatur			410	,215	415,329		
Under	penaltic	s of perjury. I deci	are that I have examined this return, including accompanying schedules and statements, and to the best of m	u karular	ton and halled it	le .			
true, c	orrect, a	and complete. Dec	laration of preparer (other than officer) is based on all information of which preparer has any knowledge.						
		A Dunne	Champagne Desons Clompagne				7/15/2020		
Sign	1		of officer			Data			
Here	. 1		4			240			
	1		Champagne, President and Chair of the Board						
					a Frei				
Paid	1	Print/Type pres			Check X		PTIN		
	arer		Monticone CFA D7-14-2020				P01257043		
_	Only		Down in Montellogic CFA		's EIN				
~~~	-iny	Firm's address		Phor	na no.				
Mars 16	a IDC	diament the -	Hedford HA 02155				5-0024		
viay U	ie iKS	CISCUSS TIS [	eturn with the preparer shown above? (see instructions)				X Yes No		

	rt III   Statement of Program Service Accomplishments
r a	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
4	If "Yes," describe these changes on Schedule O.
7	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.
	and total experience, and revenue, in any, for dear program sorvice reported.
4a	(Code:) (Expenses \$2,278,631_ including grants of \$602,685_) (Revenue \$634,499_)
	Our Vision Cultural Survival envisions a future that respects and honors Indigenous Peoples'
	inherent rights and dynamic cultures, deeply and richly interwoven in lands, languages,
	spiritual traditions, and artistic expression, rooted in self-determination and
	self-governance. Our History Cultural Survival was founded in response to the exploitation
	and threats to the Indigenous Peoples of the Amazonian regions of South America and
	elsewhere. See Continuation in schedule O: As governments all over the world sought to
	extract resources from Indigenous Peoples' lands, the drastic effects this trend underscored
	the urgent need to partner with Indigenous communities to defend their human rights. Cultural
	Survival was founded to advocate with Indigenous Peoples in their struggles for human rights,
	sovereignty, and autonomy.
4b	(Code: ) (Expenses \$ 30,507 including grants of \$ ) (Revenue \$ 2,205)
	Cultural Survival educates the wider public about Indigenous Peoples' rights and concerns
	through our award-winning magazine, the Cultural Survival Quarterly (CSQ), our monthly
	on-line e-newsletter, our website which includes more than 30 years of articles from the CSQ
	on Indigenous Peoples and their rights, web alerts, press releases, bazaars, and educational
	events.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
-10	(Code:
	The second control of
4:	
4d	Other program services (Describe in Schedule O.)
4=	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2,309,138

8) CULTURAL SURVIVAL INC Checklist of Required Schedules Part IV

			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,	5		ν,
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	ə		X
U	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	99 99	х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		111	Α.
_	complete Schedule D, Part III	8	li	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2	183	
	VII, VIII, IX, or X as applicable.	- 3	2.7	
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	х	
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
8	Did the organization report an amount for other liabilities in Part X, line 25? # "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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			**
40	"Yes," and if the organization answered "No" to line 12e, 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	v	Х
14a b	Did the organization maintain an office, employees, or agents outside of the United States? • • • • • • • • • • • • • • • • • • •	14a	Х	
	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), tine 3, more than \$5,000 of grants or other assistance to or	170	- 12	
	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? • • • • • • • • • • • • • • • • • • •	20b	]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2018) Page 4 CULTURAL SURVIVAL INC 23-7182593 Part IV Checklist of Required Schedules (continued) Yes No 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 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Х 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash 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," X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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)? Х 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 X 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 Did the organization complete Schedule O and provide explanations in 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	N	0
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable		5		
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 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? C If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or cifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? A 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g** a h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... ь Section 501(c)(12) organizations. Enter: 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ................ Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans Enter the amount of reserves on hand ............ X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.

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Form 990 (2018) CULTURAL SURVIVAL INC 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

<u> 5ec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year • • • • • • • • • • 1a 12			
	If there are material differences in voting rights among members of the governing body, or	200		
	if the governing body delegated broad authority to an executive committee or similar	1		
	committee, explain in Schedule O.	93		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		Calcula	
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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		1000	
	the year by the following:			
а	The governing body? • • • • • • • • • • • • • • • • • • •	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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 in 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	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in 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		T	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		6	1
а	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 in Schedule O (see instructions).	12.3		
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   Massachusetts			
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.			
	Own website			
19	Describe in 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:			
	Sophia Flynn (617)441-5400, 2067 Massachusetts Avenue, Cambridge, MA 02140			

Form	990	(2018)	١

CULTURAL SURVIVAL INC

23-7182593

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Part VIII 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 instructions for definition of "key employees."
- 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

 $\overline{X}$  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	T									
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Key employee  Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Duane Champagne President and Chair of the Board	3.00	х		х				. 0	0	0
(2) Kaimana Barcarse Vice Chair	3.00	х		х				0	0	0
(3) Steven Heim Treasurer	3.00	х		х				0	0	0
(4) Nicole B Friederichs Clerk	3.00_	х		х				0	0	0
(5) Evelyn Erickson Director	1.00	х						0	0	0
(6) Laura R Graham Director	1.00_	х						0	0	0
(7) Ajb'ee Jimenez Director	1.00_	х						0	0	0
(8) Lesley J Kabotie Director	1.00	х						0	0	0
(9) John J King Director	1.00	х						0	0	0
(10)Stephen P Marks Director	1.00	х						0	0	ii 0
(11)Tui Shortland Director	1.00_	х						0	0	0
(12)Stella Tamang Director	1.00_	х						0	0	0
(13)Suzanne Benally Executive Director	40.00					х		97,899	0	14,090
(14)										

23-7182593 Page 8 CULTURAL SURVIVAL INC

(A) Name and litte	(B) Average hours per week (list any	box, ı	uniess	pers a dire	tion ore th on is ector/	nan one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										8
(16)										
(17)										
(18)										
(19)										
(20)					•					
(21)			П							
(22)										
(23)										
(24)										
(25)										
1b Sub-total	on A						•	97,899	0	14,090
2 Total number of individuals (including but not limited reportable compensation from the organization		ed abo	ve) v	vho i	rece	ived m	ore	than \$100,000 of	0	
<ul> <li>Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J</li> <li>For any individual listed on line 1a, is the sum of reporganization and related organizations greater than individual</li></ul>	or trustee, ke for such indiv portable comp \$150,000? If	ridual pensati "Yes,"	ion a	nd c	the Sc	· · · r comp hedule	ensi	ation from the		Yes No
for services rendered to the organization? # "Yes," of Section B. Independent Contractors	complete Sche	edule J	for s	such	per	son				5 X
<ol> <li>Complete this table for your five highest compensation from the organization. Report compeyear.</li> </ol>										
(A) Name and business address								Description of	services	(C) Compensation
										2
2 Total number of independent contractors (including received more than \$100,000 of compensation from			ose I	isted	ab	ove) w	ho			

Statement of Revenue

	14	Check if Schedule O contains a response o	r note to any line in th	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10 m	1a	Federated campaigns	a	C2000000000000000000000000000000000000	Market Market		
	Ь	Membership dues · · · · · · · · 1	b 10,047				
جَ وَ	c	Fundraising events	lc				
E A	d	· · · · · · · · · · · · · · · · · · ·	ld h				1-27-11-01
s, E	e	Government grants (contributions) · · 1	9				
E S	f	All other contributions, gifts, grants,					
		and similar amounts not included above	f 2,015,949				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines 1a-1f:	\$ 4,038	No. of the last of			
O #	h	Total. Add lines 1a-1f		2,025,996			
_		, 11	Business Code				
Brue	2a	Indigenous Crafts Bazaa	900099	634,499	634,499		
86	Ь	Cultural Survival Publi	511120	2,205	2,205		
85	С						
282	d						
5	e		_				1
Program Service Revenue	f	All other program service revenue · · · · ·	•				
	9	Total. Add lines 2a-2f		636,704			
	3	Investment income (including dividends, interes	st,				
		and other similar amounts)		767			767
	4	Income from investment of tax-exempt bond pr	oceeds · · · Þ				
	5	Royalties	· · · · · · · •				
		(I) Real	(ii) Personal				
	6a	Gross rents · · · · · ·					
	1						
		Rental income or (foss) · · ·					
	d	Net rental income or (loss)					1 41-45- 12
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory		145 [1323]			
	b	Less: cost or other basis					
		and sales expenses · · · ·					
		Gain or (loss)					
		Net gain or (loss)					
Ĕ	Ba	Gross income from fundraising					
9		events (not including \$					
F 5		of contributions reported on line 1c).	_				
Other Revenue	.	See Part IV, line 18 · · · · · · · · · · · · · · · · · ·					
0		Net income or (loss) from fundraising events					
		Gross income from gaming activities.			COLUMN TO A STATE OF THE PARTY	A	n of the
	""	See Part IV, line 19 · · · · · · · · · · · · · · · · · ·					
	١,		ъ 📙	TRUDE TOO			
		Net income or (loss) from gaming activities					
	l	. ,			II SEE COUNTY		
	10a	Gross sales of inventory, less returns and allowances	a				
	h	Less: cost of goods sold · · · · · · · ·					
		Net income or (loss) from sales of inventory					
	<u>_</u>	Miscellaneous Revenue	Business Code				
	11a	manumu ee 11076160					
	ь						
	c		W				
	_	All other revenue · · · · · · · · · · · · · · · · · · ·	<del></del>				
	ı	Total. Add lines 11a-11d					
	ı	Total revenue, See instructions		2,663,467	636.704	0	767

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 a	any line in this Part IX			· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 7b, 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		6XP6/1363	goriotal expenses	CAPETIOES .
-	and domestic governments. See Part IV, line 21	11,000	11,000		
2	Grants and other assistance to domestic	11/000	11,000		
_	individuals. See Part IV, line 22	1-			
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign	-50			
	individuals. See Part IV, lines 15 and 16 · · · · · ·	E01 60E	591,685		
4	Benefits paid to or for members	591,685	391,663		
5	Compensation of current officers, directors,				
3		27 222	50 40F	10.750	7.6.645
e	trustees, and key employees	97,899	70,487	10,769	16,643
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	491,949	354,204	54,114	83,631
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,412	9,657	1,475	2,280
9	Other employee benefits	121,256	87,304	13,338	20,614
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	48,371	34,827	5,321	8,223
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,000		5,000	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17 ·				
f	Investment management fees · · · · · · · · · · · .				
9	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	63,810	34,158	14,392	15,260
12	Advertising and promotion	3,001		21	2,980
13	Office expenses	41,552	29,044	5,542	6,966
14	Information technology	17,357	12,497	1,910	2,950
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	60,061	43,244	6,607	10,210
17	Travel	110,759	66,786	3,844	40,129
18	Payments of travel or entertainment expenses	110,733	00,700	3,011	40,123
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest · · · · · · · · · · · · · · · · · · ·			+	<u> </u>
21	Payments to affiliates				
22	_ ·				
	Depreciation, depletion, and amortization	40.000	2 225		0.004
23	h	12,258	8,826	1,348	2,084
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	Mile III			
	line 24e amount exceeds 10% of line 25, column			WEST ENGINEERS	
	(A) amount, list line 24e expenses on Schedule O.)				
a	Indigenous Crafts Bazaars	633,854	633,854		
b	Direct Support Projects	288,436	288,436		
C	Printing and reproduction	23,554	14,402	872	8,280
d	Equipment Lease	8,803	6,338	968	1,497
0	All other expenses	17,207	12,389	1,893	2,925
25	Total functional expenses. Add lines 1 through 24e ·	2,661,224	2,309,138	127,414	224,672
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		I		

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
	1	Cash - non-interest-bearing	366,571	1	260,112
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	50,000	3	177,350
	4	Accounts receivable, net	•	4	
	5	Loans and other receivables from current and former officers, directors,		120	
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	7	5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
10	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Asi	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		10c	
	11	Investments - publicly traded securities	33,706	11	53,032
	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	4,120	15	4,120
	16	Total assets. Add lines 1 through 15 (must equal line 34)	454,397	16	494,614
	17	Accounts payable and accrued expenses	44,182	17	79,285
	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	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
dei		disqualified persons. Complete Part II of Schedule L		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		25	
	26	Total liabilities. Add lines 17 through 25	44,182	26	79,285
w		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
ğ		complete lines 27 through 29, and lines 33 and 34.			
į	27	Unrestricted net assets	11,006	27	188,763
B	28	Temporarily restricted net assets	372,923	28	193,092
PL	29	Permanently restricted net assets	26,286	29	33,474
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
Ö		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
etin.	33	Total net assets or fund balances	410,215	33	415,329
	34	Total liabilities and net assets/fund balances	454,397	34	494,614

Form	990 (2018) CULTURAL SURVIVAL INC 23	-718259	3	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\underline{\cdot}\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,0	63,	467
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,6	61,	224
3	Revenue less expenses. Subtract line 2 from line 1	3		2,:	243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	10,2	215
5	Net unrealized gains (losses) on investments	5		2,8	871
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			ii 0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4	115,3	329
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			- 22	- X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other	_	200	1000	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		. 5		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both:				186
	Separate basis Consolidated basis Both consolidated and separate basis				W.
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:		1		
				1	
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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				15
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			100000000000000000000000000000000000000	
	the Single Audit Act and OMB Circular A-133?		3a		Х
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 in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

### **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

2018

**Open to Public** Inspection

Internal Revenue Service Name of the organization **Employer identification number** 23-7182593 CULTURAL SURVIVAL INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part ! 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 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 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type 1. 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. 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. 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 ItI 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (I) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see Instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) 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.)

Sec	tion A. Public Support					,	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						el ^e
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					-11	
4	Total. Add lines 1 through 3 · · · · · ·						35
5	The portion of total contributions by						
	each person (other than a						1
	governmental unit or publicly	Meson St.					
	supported organization) included on					THE STATE OF	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	walls sales					
6	Public support. Subtract line 5 from line 4 · ·						
-	tion B. Total Support			1	1		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4						
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		150 - 1 - 31		1-33-10 tys		
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			or fifth tax year as	a section 501(c)(3)		
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2018 (line 6,					14	%
15	Public support percentage from 2017 Scheo						
16a	33 1/3% support test - 2018. If the organiza		•		*		
	box and stop here. The organization qualified						▶ ⊔
Ь	33 1/3% support test - 2017. If the organiza				·		
	this box and stop here. The organization qu						▶ ⊔
17a	10%-facts-and-circumstances test - 2018	•				s	
	10% or more, and if the organization meets to				• •		
	Part VI how the organization meets the "fact		_				, n
	organization · · · · · · · · · · · · · · · · · · ·						
D	10%-facts-and-circumstances test - 2017	-				3	
	15 is 10% or more, and if the organization m				•	h.,	
	Explain in Part VI how the organization mee supported organization					•	, n
10	Private foundation. If the organization did n						
18	instructions						
	manucuuna ***********************************	<del> </del>		<del> </del>			· · · · · /

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.)

Se	ction A. Public Support						
Cak	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Glits, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,109,777	1,308,902	1,544,893	1,986,908	2,025,996	7,976,476
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	399,557	374,896	476,031	584,089	636,704	2,471,277
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •			70			
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	1,509,334	1,683,798	2,020,924	2,570,997	2,662,700	10,447,753
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • • •	350,000	200,000	200,000	330,000	115,000	1,195,000
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	390					390
C	Add lines 7a and 7b · · · · · · · · · · ·	350,390	200,000	200,000	330,000	115,000	1,195,390
8	Public support. (Subtract line 7c from line 6.)						9,252,363
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 • • • • • • • • • • • •	1,509,334	1,683,798	2,020,924	2,570,997	2,662,700	10,447,753
10a	Gross income from interest, dividends, payments received on securities loans, rents, royaltles, and income from similar sources	1,691	316	64	86	767	2,924
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	i					
C	Add lines 10a and 10b · · · · · · · · · · ·	1,691	316	64	86	767	2,924
11	Net income from unrelated business activities not included in 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.)	1,511,025	1,684,114	2,020,988	2,571,083	2,663,467	10,450,677
14	organization, check this box and stop here						▶ □
	ction C. Computation of Public Su	• •				1	
15	Public support percentage for 2018 (line 8, or					15	88.53 %
16	Public support percentage from 2017 Scheduction D. Computation of Investment					16	58.70 %
17	Investment income percentage for 2018 (line			(f)		17	0.00 %
18	Investment income percentage from 2017 Sci	* -			1	18	0.00 %
	33 1/3% support tests - 2018. If the organiza	ation did not check t	he box on line 14, a	and line 15 is more	than 33 1/3%, and	line	
b	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2017. If the organization	ation did not check a	a box on line 14 or l	ine 19a, and line 1	6 is more than 33 1	/3%, and	▶ 🖾
20	line 18 is not more than 33 1/3%, check this be Private foundation. If the organization did no	•			•		=

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations	Section A.	All S	upporting	Organizations
-----------------------------------------	------------	-------	-----------	---------------

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a	(S250)	
	4b		
	4c	rinasia.	(1 to 1)
	33		
	5a		
	5b 5c		
	100		
	6		
		1000 A	March 1
	7		-
	8		101
	9a	Cartina	
	9b		
	9c		
		2	5
	10a		
	10b	4	
A (En	m 990 /	or 990-E	7) 2018

	dule A (Form 990 or 990-EZ) 2018 CULTURAL SURVIVAL INC 23-71825	<u> </u>	F	age :
Pa	rt IV Supporting Organizations (continued)	1.00	V	_ aa_
11	Has the organization accepted a gift or contribution from any of the following persons?	200	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	3		12 9
a	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ction B. Type I Supporting Organizations	1110		!
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Mary Control	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			3.1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	- 13		- 3
	controlled the organization's activities. If the organization had more than one supported organization,	1000	1 3	
	describe how the powers to appoint and/or remove 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		-3	
	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,	252	40	
	supervised, or controlled the supporting organization.	2	200	1000
Sec	ction 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	1 3		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	2 1	-37	
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
<u> </u>	tion D. All Type III Supporting Organizations		Yes	Ma
1	Did the empiration provide to each of its supported empirations, but he lost dou of the fifth mosth of the	00000	res	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		- 8	
	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		1000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	10000	(medica)	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		H(0)	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		3	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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			51
	supported organizations played in this regard.	3	-	Approximate to
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		see instru	ictions	s).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	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,		199	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	- 21	m =
b	Did the activities described in (a) 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			. 1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported progressions? If "Vos." describe in Part VI the role played by the organization in this report	35	, )	

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 organiza	tions n	nust complete Sections	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		24
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			(8)
CO	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Average monthly value of securities				
b Average monthly cash balances				
c Fair market value of other non-exempt-use assets				
d Total (add lines 1a, 1b, and 1c)		1d		
	Discount claimed for blockage or other	10230	VIII WAS IN COLUMN	
fa	actors (explain in detail in Part VI):			
	Acquisition Indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4				
se	e instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6		6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount	Semilaris		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5		5		
6		ı		
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting	organization (see
	instructions).			

Sched	ule A (Form 990 or 990-EZ) 2018 CULTURAL SURVIVAL INC	Supporting Organiz	23-718	12593 Page 7
	ction D - Distributions	, ozphorana organia		Current Year
1	Amounts paid to supported organizations to accomplish exen	not nurnoses	5.4	
2				
-	organizations, in excess of income from activity	. parposos or capportou		
3		s of supported omanizati	ons	
4		o or copportor organizati	5110	
5				
6				<u> </u>
	Total annual distributions. Add lines 1 through 6.	<del></del> -		ya
8	Distributions to attentive supported organizations to which the	omanization is responsi	ive	31
•	(provide details in Part VI). See instructions.	o organization is respons	146	
9				
	Line 8 amount divided by Line 9 amount			
10	Line 6 amount divided by Line 9 amount	1	(ii)	(iii)
,	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014		UNIX DO SO (S)	
C	From 2015		O CONTROL OF DERVI	
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
$\frac{}{}$				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
•	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		=	
_	Remaining underdistributions for 2018. Subtract lines 3h			
0	5			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2019. Add lines 3j			
- 1	•			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2014 · · · ·			
	Excess from 2015 · · · ·			
	Excess from 2016			
	Excess from 2017 · · · ·			Western Co.
е	Excess from 2018			

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Employer identification number

CULT	URAL SURVIVAL INC		23-7182593				
Organ	nization type (check one):						
Filers	of:	Section:					
Form 990 or 990-EZ 🔀 501(c		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 cover	ed by the General Rule or a Special Rule.					
Note: instruc		, or (10) organization can check boxes for both the General Rule and a Special	Rule. See				
Gener	ral Rule						
X		Form 990, 990-EZ, or 990-PF that received, during the year, contributions total erty) from any one contributor. Complete Parts I and II. See instructions for det tions.	• • •				
Specia	al Rules						
	regulations under sections 13, 16a, or 16b, and that r	ibed in section $501(c)(3)$ filing Form $990$ or $990$ -EZ that met the $331/3\%$ supposes $509(a)(1)$ and $170(b)(1)(A)(vi)$ , that checked Schedule A (Form $990$ or $990$ -EZ eccived from any one contributor, during the year, total contributions of the greamount on (i) Form $990$ , Part VIII, line $1h$ ; or (ii) Form $990$ -EZ, line $1$ . Complete P	Z), Part II, line ater of (1)				
	contributor, during the yea literary, or educational pur	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for r, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, so poses, or for the prevention of cruelty to children or animals. Complete Parts I d of the contributor name and address), II, and III.	lentific,				
	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						
990-E	Z, or 990-PF), but it <b>must</b> an	covered by the General Rule and/or the Special Rules doesn't file Schedule B ( swer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Fo fy that it doesn't meet the filing requirements of Schedule B (Form 990, 990-E2	rm 990-EZ or on its				

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

CULTURAL SURVIVAL INC 23-7182593 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements 2¢ Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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. If the organization elected, as permitted under SFAS 116 (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. If the organization elected, as permitted under SFAS 116 (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 · · · · · · · · · · · · · · · · · ▶ \$ 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 SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 

	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			
8	Other						
Tota	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form	990) 2018 <b>CULTURAL S</b> U	URVIVAL INC	23-7182593 Pa
Part VII	Investments - Other Securities	5.	84
1000	Complete if the organization ans	swered "Yes" on Form 990, Pa	art 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 o	lerivatives · · · · · · · · · · · · · · · · · · ·		
(2) Closely-he	ld equity interests	• • •	

(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)		7
(D)		
(E)		
(F)		
(G)		6.75
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
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 valua
(1)		
(2)		
_(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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) Security Deposit	4,120
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,120

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 tax	kes			
(2)				
(3)				
(4)				
(5)				
(6)			ist to the	
(7)				
(8)				
(9)				
Total. (Column (b) must equal F	Form 990, Part X, col. (B) line 25.) ▶			

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII . . . . . .

1

3

3

# SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

2018

**Employer identification number** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

2018

OMB No. 1545-0047

Department of the Treasury internal Revenue Service Name of the organization

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

Open to Public Inspection

CULTURAL SURVIVAL INC 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. 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 (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in employees. region (by type) (such as, expenditures for a program service, the region agents, and fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region located in the region). contractors In the region Central America and (1) the Caribbean Program services Fraining & workshops 117,409 North America (Not (2) the United States) 3 Program services Training & workshops 57,232 (3) South Asia Training & workshops 11,206 Program services (4)Sub-Saharan Africa Program services Training & workshops 11,913 (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)Sub-total · · · · · · · · 197,760 11 Total from continuation sheets to Part I . . . . . . . Totals (add lines 3a and 3b) 197,760

CULTURAL SURVIVAL INC

Schedule F (Form 990) 2018

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. Part II

Page 2

23-7182593

(I) Method of valuation (book, FMV, appraisaf, other) 16 16 (h) Description of noncash assistance (g) Amount of noncash assistance Wire Trans (f) Manner of cash disbursement Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 15,000 183,560 9,800 150,701 55,156 29,918 147,550 (e) Amount of cash grant raining & ø ø ø (d) Purpose of grant Fraining Training Training Training Training Training by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Central America and (Not Sub-Saharan Africa the United States) East Asia and the Middle East and the Caribbean Worth America South America Worth Africa South Asia Pacific Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization 12) (13) 3 (3) N ന E (16) 9 EEA E € 3 ව 3 9 3 9 9

Schedule F (Form 990) 2018

CULTURAL SURVIVAL INC

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. Schedule F (Form 990) 2018 Part III

23-7182593

Schedule F (Form 990) 2018 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (10) (1) (12) (13) (14) (15) (18) (17) (18) € 2 **®** 6 0 3 9 9 Ε EEA

Part	art IV Foreign Forms			
1	Was the organization a U.S. transferor of property to a fore	eign 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 Instructions for Form 926)		X	No
2	Did the organization have an interest in a foreign trust duri	ng the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To	o Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Ann	ual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A;	don't file with Form 990) Yes	X	No
3	Did the organization have an ownership interest in a foreig	n corporation during the tax year? # "Yes,"		
	the organization may be required to file Form 5471, Inform	ation Return of U.S. Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 54	(771) Yes	X	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 org	panization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign	Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)		X	No
5	Did the organization have an ownership interest in a foreig	n partnership during the tax year? // "Yes."		
	the organization may be required to file Form 8865, Return			
	Foreign Partnerships (see Instructions for Form 8865)		X	No
6	Did the organization have any operations in or related to a	ny boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file F	Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)		X	No

Schedule F (Form 990) 2018 CULTURAL SURVIVAL INC	23-7182593	Page 5
Part V Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting Part III, column (c) (estimated number of recipients), as applicable. Also complet information. See instructions.	method); Part III (accounting method	); and
01. Use of grant monitoring procedures (Part I, lin	e 2)	
Grant budgets are required for all activities outside of the United	l States. Each grantee	
submits expenditures reports which are reviewed by a committee and	the final approval of	<u> </u>
the Deputy Executive Director.		
	<u> </u>	
	***************************************	Va. 3

SCHEDULEI	ָסׁ פֿ	Grants and Other	Assistance to	and Other Assistance to Organizations,	ທົ່		OMB No. 1545-0047
(Form 990)		Complete if the organization answered "Yes" on Form 890, Part IV line 21 or 22	Mared "Yes" on Form	ne United Star	les or 22		2018
Department of the Treasury		<b>A</b>	► Attach to Form 990.			0	Open to Public
Internat Revenue Service		► Go to www.irs.go	Go to www.irs.gov/Form990 for the latest information.	est information.			Inspection
Name of the organization						Employer Identification number	number
CULTURAL SURVIVAL INC						23-7182593	
Part I General Information on Grants and Assistance	<b>Srants and Assi</b>	stance					
1 Does the organization maintain records to substantiate the amount of th	substantiate the amo	unt of the grants or assist	ance, the grantees' elig	e grants or assistance, the grantees' eligibility for the grants or assistance, and	assistance, and		
the selection criteria used to award the grants or assistance?	ints or assistance?	•					. X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures 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,	e to Domestic Or	ganizations and Dome	estic Governments	. Complete if the org	janization answered "Y	es" 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.	ent that received m	ore than \$5,000. Part I	can be duplicated	if additional space is	s 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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HIP HOP CAUCUS EDUCATION FU	!				ourer		5.5
345 PARK AVENUE							EDUCATIONAL
New York, NY 10154	13-1922622	501(C)(3)	1,000		CASH	0	NORKSHOP
(2) WOPANAA LANGUAGE AND CULTUR P.O. BOX 2241							RDUCATIONAL
Mashpee, MA 02649	41-2221825	501(C)(3)	5,000		CASH		WORKSHOPS
(3) SOUTHWEST ALASKA INDIGENOUS						Š	
ani I							EDUCATIONAL
Sitka, AK 99835	92-0162721	501(C) (3)	5,000		CASH		MORKSHOPS
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							

Schedule I (Form 990) (2018)

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

8

(30)

3 Enter total number of other organizations listed in the line 1 lable For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(f) Description of noncash assistance Each grantee submits expenditures reports which Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) are reviewed by a committee and the final approval of the Deputy Executive Director. noncash assistance (d) Amount of Grant budgets are required for all activities inside of the United States. (c) Amount of cash grant 01. Monitoring procedures (Part I, line 2) Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III N ന 4 ın φ

Page 2

23-7182593

CULTURAL SURVIVAL INC

Schedule I (Form 990) (2018)

Schedule | (Form 990) (2018)

#### SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Open to Public** Inspection

Employer Identification number

Name of the organization CULTURAL SURVIVAL INC 23-7182593 01. Form 990 governing body review (Part VI, line 11) The Deputy Executive Director, along with the Board of directors' Finance Committee, review the 990 Form before this form is filed. 02. Conflict of interest policy compliance (Part VI, line 12c) The organization requires each new 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. Additionally, each key employee, officer or director, annually complete a disclusure 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. 03. CEO, executive director, top management comp (Part VI, 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. 04. Form 990 availability to public (Part VI, line 18) Form 990 is available for public inspection, upon request, at 2067 Massachusetts Avenue, Cambridge, MA 02140 05. Governing documents, etc, available to public (Part VI, line 19) All governing documents, conflict of interest policy and financial statements are <u>available for public inspection, upon request, at 2067 Massachusetts Avenue, Cambridge, MA</u>

02140

Form 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

► Attach to your tax return. Department of the Treasury Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number CULTURAL SURVIVAL INC FORM 990 23-7182593 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 . . . . . . . 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-, If married filing 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . . . . . Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 12,380 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery placed in (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction only-see Instructions) 19a 3-year property 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property S/L 25 yrs. h Residential rental 27.5 yrs. MM S/L MM 27.5 yrs. S/L property Nonresidential real 39 yrs. MM S/L MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life 20a b 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the

Listed property. Enter amount from line 28

12,380

21

22

# Form 8868

(Rev. January 2019)

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

► File a separate application for each return.

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

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

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print CULTURAL SURVIVAL INC 23-7182593 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the due date for 2067 Massachusetts Avenue filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions Cambridge, MA 02140 . . . . . . . . . . . . . . . . 0 | 1 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return ls For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 The books are in the care of Sophia Flynn, 2067 Massachusetts Avenue, Cambridge, MA 02140 FAX No. 🕨 Telephone No. ► 617-441-5400 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) 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 EINs of all members the extension is for. I request an automatic 6-month extension of time until 07-15 , 20 20 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or X tax year beginning 09-01 , 20 18 , and ending 08-31 ,20 19. Initial return Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 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. 3Ь 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 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

### Form 8879-EC

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning	09-01-2018	, and ending 08-31-2019

► Do not send to the IRS. Keep for your records.

0010

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

2018

OMB No. 1545-1878

Name of exempt organization	Employer identification number
CULTURAL SURVIVAL INC	23-7182593
Name and title of officer	
Duane Champagne, President and Chair of the Board  Part I Type of Return and Return Information (Whole Dollars Only)	<u> </u>
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	from the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this for	· ·
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return the retur	m, then enter -0- on
the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b2,663,467
2a Form 990-EZ check here D 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 VI, line 5)	· · · · · · 4b
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · ·	· · · · · · · · 5b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a cop	
organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowled are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy	
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reas	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct de	• • • • • • • • • • • • • • • • • • • •
financial institution account indicated in the tax preparation software for payment of the organization's federal tax	
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 involved in the processing of the electronic payment of taxes to receive confidential information necessary to ansi	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	
Officer's PIN: check one box only	
X lauthorize John M Monticone CPA to enter my PIN 82593	as my signature
ERO tirm name Enter five numbers, but do not enter all zeros	•
on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a co	opy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program, I also authors as a state of the IRS Fed/State program	rize the aforementioned
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018	electronically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulati	
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	07-15-2020
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. 040	434 66565
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the	
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Model Information for Authorized IRS e-file Providers for Business Returns.	mized e-rile (Mer)
ERO's signature Date	07-14-2020
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To I	Do So

# CULTURAL SURVIVAL, INC.

# AUDITED FINANCIAL STATEMENTS FOR THE YEARS ENDED AUGUST 31, 2019 AND 2018

JOHN M. MONTICONE
Certified Public Accountant

5 High Street - Suite 207 Medford, MA 02155 Email: <u>Info@monticonecpa.com</u>

# CULTURAL SURVIVAL, INC. AUGUST 31, 2019 AND 2018

# **CONTENTS**

INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS:	
Statements of Financial Position	3
Statements of Activities and Changes in Net Assets	4
Statements of Functional Expenses YE Aug 31, 2019	5
Statements of Functional Expenses YE Aug 31, 2018	6
Statements of Cash Flows	7
Notes to Financial Statements	8- 18

# JOHN M. MONTICONE Certified Public Accountant

5 High Street, Suite 207 Medford, Massachusetts 02155

Email: info@monticonecpa.com

Telephone: (781) 395-0024

Fax: (781) 391-6097

# **Independent Auditor's Report**

To the Board of Directors Cultural Survival Inc. Cambridge, Massachusetts

I have audited the accompanying financial statements of the Cultural Survival, Inc. (a non-profit organization) which comprise the statement of financial position as of August 31, 2019 and 2018, and the related statement of Revenues, Expenses and changes in net assets, cash flows and functional expenses for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

My responsibility is to express an opinion of these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the

reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit.

## **Opinion**

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Cultural Survival, Inc. as of August 31, 2019, and 2018, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

# **Emphasis of Matter**

As discussed in Note 16 Subsequent Event, effective March 13, 2020, the Organization closed all its Educational and Cultural programs in response to COVID-19. At this point, the Organization cannot reasonably estimate the duration and severity of this pandemic, which could have a material adverse impact on the Organization's financial statements in the year ending August 31, 2019. Our opinion is not modified with respect to this matter.

# **Effect of Adopting New Accounting Standard**

As discussed in Note 14, Cultural Survival, Inc. adopted the provisions of Financial Accounting Standards Board Accounting Standards Update (ASU) 2016-14, Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities as of and for the year ended August 31, 2019. The requirements of ASU 2016-14 have been applied to current period presented. Our opinion is not modified with respect to this matter.

JhM Montre

Medford, Massachusetts June 20, 2020

# CULTURAL SURVIVAL, INC. STATEMENTS OF FINANCIAL POSITION AUGUST 31, 2019 AND 2018

S		5	Without Donor Restrictions	3	2019	petrictions		\$ "	Without Donor	3	20	2018		!
\$ 67,020 \$ 193,092 \$ \$ 260,112 \$ 1,066 \$ 365,503 \$ \$ 3	vs.	ار ا	Jndesignated	Pur	pose	Endowment Fund	Total	*  =	Restrictions	Pur Rest	ose icted	Endowment Fund		Total
S   288,046   S   193,092   S   33,474   S   494,614   S   55,188   S   372,923   S   26,286   S   44		<del>()</del>			C)			₩		8		26,286	€9	366,571 33,706 50,000 4,120
19,720		 ⊌>	1 1	119	1 1	1 1		 •	55,188		121	26,286	₩	454,397
SSETS  Ned Expensis \$ 79,285 \$ \$ 79,285 \$ 44,182 \$ 372,923 \$ 26,286 \$ 4  Indices 79,285 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ 79,285 \$ 44,182 \$ \$ \$ \$ 79,285 \$ 44,182 \$ \$ \$ \$ 79,285 \$ 44,182 \$ \$ \$ \$ 79,285 \$ 11,006 \$ \$ \$ \$ 79,285 \$ \$ 79,285 \$ 11,006 \$ \$ 70,2923 \$ 26,286 \$ 44,182 \$ 183,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$ 44,182 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 1	IPMENT: iture Depreciation		23,752 19,720 43,472 43,472		.		23,752 19,720 43,472 43,472		23,752 19,720 43,472 43,472					23,752 19,720 43,472 43,472
T9,285 \$ - \$ 79,285 \$ 44,182 \$ - \$ 5 79,285 \$ 44,182 \$ - \$ 5 79,285 \$ 44,182 \$ - \$ 5 79,285 \$ 44,182 \$ - \$ 5 79,285 \$ 44,182 \$ - \$ 5 79,285 \$ 111,006 \$ - 5 79,285 \$ 111,006 \$ 193,092 \$ 33,474 \$ 193,092 \$ 33,474 \$ 415,329 \$ 111,006 \$ 372,923 \$ 26,286 \$ 4 4 15,329 \$ 193,092 \$ 33,474 \$ 415,329 \$ 111,006 \$ 372,923 \$ 26,286 \$ 4 4 15,329 \$ 193,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$ 4 4 15,329 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$ 193,092 \$		 ⊮	1 11	19		1 10		 	55,188	1	1 11	26,286	<b>₩</b>	454,397
rued Expensis         79,285         \$         -         \$         79,285         \$         44,182         \$         -         \$         -         \$           nillities         79,285         -         79,285         44,182         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         -         <	NET ASSETS													
188,763 - 193,092 - 193,092 - 193,092 - 372,923 - 26,286	d Accrued Expense	₩						↔		€9		e s	€	44,182
188,763 193,092 - 193,092 - 33,474 \$ 33,474 \$ 33,474 \$ 268,048 \$ 193,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$ 4	nt Liabilities	1 1	79,285				79,285		44,182		.	,		44,182
Its \$ 188,763 \$ 193,092 \$ 33,474 \$ 415,329 \$ 11,006 \$ 372,923 \$ 26,286 \$ 4 end Net Assets \$ 268,048 \$ 193,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$ 4	ctions		188,763				188,763		11,006		•	,		11,006
\$ 188,763 \$ 193,092 \$ 33,474 \$ 415,329 \$ 11,006 \$ 372,923 \$ 26,286 \$ \$ 268,048 \$ 193,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$	2			16	13,092	33,474	193,092 33,474		1	37.	2,923	26,286		372,923 26,286
\$ 268,048 \$ 193,092 \$ 33,474 \$ 494,614 \$ 55,188 \$ 372,923 \$ 26,286 \$		 	1 1	18	1 21	1 1		 			1 1	26,286	₩	410,215
		# ₩	11	19	11	- 11		₩ •	11	I	11	26,286	€9	454,397

The accompanying notes are an integral part of these financial statements

CULTURAL SURVIVAL, INC. STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED AUGUST 31, 2019 AND 2018

		20	2019		²		2018		
	Without Donor				>	Without Donor			
	Restrictions	With Dono	With Donor Restrictions	1	_	Restrictions	With Donor Restrictions	Restrictions	
		Purpose	Endowment	یدا			Purpose	Endowment	
REVENUES	Undesignated	Restrictions	Fund	Total	~  	Undesignated	Restrictions	Fund	Total
Contributions and Subscriptions \$	1,052,130	\$ 91,192	\$ 5,000	1,148,322	2	956,441	\$ 135,281	\$ 5,000	\$ 1.096.722
Grant Revenue	117,500	760,174	•		4	172.500	717.685	Ē	890.185
Indigenous Crafts Bazaar Income	634,499	•		634,499	6	580,712			580,712
Investment Income	306		461		7	86		•	86
Realized and Unrealized Gain (Loss) on Investments	1,144	i i	1,727	2,871	_	(61)	1	222	161
Sales of Publications	2,205			2,205	2	3,377			3,377
Total Support and Other Income	1,807,784	851,366	7,188	2,666,338	[  ∞	1,713,055	852,966	5,222	2,571,243
Net Assets Refeased from Restrictions	1,031,197	(1,031,197)	•	•		695,136	(695,136)	•	•
Total Revenues	2,838,981	(179,831)	7,188	2,666,338	  ∞	2,408,191	157,830	5,222	2,571,243
EXPENSES									
Programs and Publications	2,309,138			2,309,138	<b>&amp;</b> (	2,012,810			2,012,810
rundialsing General Administrative	127,414			224,672	N 4	127.024			236,480
Total Operating Expenses	2,661,224			2,661,224	 	2,376,315	1		2,376,315
INCREASE IN NET ASSETS	177,757	(179,831)	7,188	5,114	4	31,876	157,830	5,222	194,928
NET ASSETS, BEGINNING OF YEAR	11,006	372,923	26,286	410,215	ام	(20,870)	215,093	21,064	215,287
NET ASSETS, END OF YEAR	188,763 \$	\$ 193,092	\$ 33,474	\$ 415,329	ا ا	11,006	\$ 372,923	26,286	\$ 410,215

The accompanying notes are an integral part of these financial statements

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# CULTURAL SURVIVAL INC. STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED AUGUST 31, 2019

		Programs			
		and		General and	
		Publications	Fundraising	<u>Administrative</u>	Total
Direct Support, including Grants	€>	683,644	, \$	<del>\$</del>	683,644
Indigenous Crafts Bazaar		633,854	•	1	633,854
Payroll		424,691	100,274	64,883	589,848
Payroll Taxes and Benefits		131,788	31,117	20,134	183,039
Consultants		207,477	7,195	14,173	228,845
Postages and Shipping		5,991	1,522	2,020	9,533
Printing and Copying		14,402	8,280	872	23,554
Bank and Credit Card Fees		8,056	1,902	1,231	11,189
Dues and Subscriptions		2,632	622	402	3,656
Office Expenses		20,421	4,822	3,120	28,362
Professional Fees		34,158	8,065	5,219	47,442
Equipment Lease Expense		6,338	1,497	896	8,803
Repairs and Maintenance		4,333	1,023	662	6,018
Telephone		10,006	2,362	1,529	13,897
Marketing Expenses		,	2,980	21	3,001
Travel, Meals and Entertaiment		982'99	40,129	3,844	110,759
Utilities and Internet		2,491	588	381	3,460
Insurance		8,826	2,084	1,348	12,259
Rent expense		43,244	10,210	6,607	60,061
	<del>⇔</del>	2,309,138	\$ 224,672	\$ 127,414 \$	2,661,224
,					
Percentage of Total Expenses		86.77%	8.44%	4.79%	100.00%

The accompanying notes are an integral part of these financial statements

# CULTURAL SURVIVAL INC. STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED AUGUST 31, 2018

	Proc	Programs and		General and	
	Public	Publications	Fundraising	Administrative	Total
Direct Support, including Grants	\$	440,641 \$	·	1	\$ 440,641
Indigenous Crafts Bazaar	u,	577,744	ı	•	577,744
Payroll	7	475,036	112,161	72,575	659,772
Payroll Taxes and Benefits		140,286	33,123	21,433	194,841
Consultants	•	185,520	2,979	13,109	201,608
Postages and Shipping		6,381	3,823	2,651	12,855
Printing and Copying		19,916	6,644	1	26,560
Bank and Credit Card Fees		6,643	1,568	1,015	9,226
Dues and Subscriptions		3,036	717	464	4,216
Office Expenses		18,589	4,389	2,840	25,818
Professional Fees		3,024	714	462	4,200
Equipment Lease Expense		4,548	1,074	695	6,317
Repairs and Maintenance		5,404	1,276	826	7,505
Telephone		10,853	2,563	1,658	15,074
Marketing Expenses		•	3,264	•	3,264
Travel, Meals and Entertaiment		60,583	49,292	955	110,830
Utilities and Internet		2,469	583	377	3,429
Insurance		8,881	2,097	1,357	12,335
Rent expense		43,258	10,214	609'9	080'09
	\$ 2,0	2,012,810 \$	236,480 \$	127,024 \$	2,376,315
Percentage of Total Expenses	84.	84.70%	9.95%	5.35%	100.00%

The accompanying notes are an integral part of these financial statements

# CULTURAL SURVIVAL, INC. STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED AUGUST 31, 2019 AND 2018

		<u>2019</u>		<u>2018</u>
OPERATING ACTIVITIES				
Decrease in Net Assets	\$	5,114	\$	194,928
Adjustments to reconcile decrease in net assets to net cash used in operating activities:				
Unrealized (Gain) Loss on Investments		(2,871)		(200)
Increase (Decrease) in: Pledges Receivable		(127,350)		147,963
Accrued Expenses		35,103		(1,629)
Net Cock Head to Occuption Activities.	_	(00.004)	-	044.000
Net Cash Used In Operating Activities:	-	(90,004)	-	341,062
INVESTING ACTIVITIES				
Purchases of Investments		(16,455)		(5,475)
Net Cash Provided by Investing Activities	-	(16,455)	-	(5,475)
DECREASE IN NET ASSETS		(106,459)		335,587
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		366,571		30,984
CASH AND CASH EQUIVALENTS, END OF YEAR	\$	260,112	\$_	366,571

# Note 1 - Organization and Nature of Activities

Cultural Survival, Inc., (the "Organization") is a non-profit 501(c) (3) non-governmental organization that was founded in 1972 to promote the rights, voices, and visions of Indigenous Peoples around the world. Through education forums, cutting-edge and widely read publications, research, projects, advocacy, partnerships and an interactive web site. The Organization works towards a world in which Indigenous Peoples are able to determine their own futures on their own lands. It further works as a medium through which Indigenous Peoples can network with other groups facing similar problems and with other organizations that can help to ensure that their human rights, including their right to self-determination, are protected and promoted.

# Note 2 - Summary of Significant Accounting Policies

# Basis of Accounting

These financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America.

# **Basis of Presentation**

As required by the FASB Accounting Standards CodificationTM, the classification of a not-for-profit organization's net assets and its support, revenue and expenses is based on the existence or absence of donor-imposed restrictions. It requires that the amounts for each of the classes of net assets be displayed in the Statements of Financial Position and that the amounts of changes in each of those classes of net assets be displayed in the Statement of Activities.

In accordance, the Organization reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net Assets Without Donor Restrictions – net assets available for general use to support operations. The only limits on the use of the net assets without donor restrictions are broad limits resulting from the nature of the Organization, the environment in which it operates, and the purposes specified in its corporate documents.

Net Assets with Donor Restrictions – net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as

# Note 2 - Summary of Significant Accounting Policies (Continued)

those that will be met by the passage of time or programmatic purposes specified by the donor. Net Assets with donor restrictions are further classified as follows:

- Purpose Restricted Funds represent net assets subject to donorimposed restrictions that will be met by the passage of events specified by the donor.
- Perpetual in Nature represent net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization.

# Cash and Cash Equivalents

The Organization considers all highly liquid instruments with an initial maturity of three months or less to be cash equivalents.

### **Investments**

Short-term investments in marketable securities with readily determinable fair values are carried at their fair value in the statement of financial position based on quoted market prices. Unrealized gains and losses are included in the change in net assets in the accompanying statement of actives.

### Accounts Receivable

Accounts receivables are stated at the amount management expect to collect from outstanding balances. Management provides for probable uncollectible amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Accounts are considered collectible. Interest is not charged on overdue accounts. The organization does not reflect multi-year pledges in accounts receivable beyond the current year. The balance of the outstanding five year pledges amounted to £100,000, equivalent to \$122,230 at the exchange rate as of August 31, 2019.

The outstanding balance of Pledges Receivable as of August 31, 2019 and 2018 was \$177,350 and \$50,000, respectively.

# Note 2 - Summary of Significant Accounting Policies (Continued)

### Functional Allocation of Expenses

The Organization allocates its expenses on a functional basis among its various programs and support services. Expenses that can be identified with a specific program and support service are allocated directly according to their natural expenditure classification. Other expenses that are common to several functions are allocated by various statistical bases. Supporting services are those related to operating and managing the Organization and its programs on a day-to-day basis. Supporting services have been sub-classified below.

Administrative - includes all activities related to the Organization's internal management and accounting for program services.

Fundraising - includes all activities related to maintain contributor information, writing grant proposals, stewardship events and activities, distribution of materials and other similar projects related to the procurement of funds for the Organization's programs.

# **Income Tax Exempt Status**

The Organization is a not-for-profit corporation as described in Section 501 (c) (3) of the United States Internal Revenue Code and is determined to be an Organization which is not a private foundation and, accordingly, does not provide for state and federal income taxes. The Internal Revenue Service classifies the organization as a public charity.

# Recognition of Donor Restrictions

Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restrictions, purpose restricted or endowment fund, depending on the nature of the restriction. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

### Property and Equipment

Property and equipment are stated at cost. Depreciation is computed over the estimated useful lives of the assets using the straight-line method. Major additions are capitalized, while repairs and maintenance are charged to expense as incurred. Depreciation expense for the years ending August 31, 2019 and 2018 was \$-0-.

# Note 2 - Summary of Significant Accounting Policies (Continued)

The estimated useful lives for purposes of computing depreciation are as follows:

<u>Assets</u>	Life in Years
Furniture and equipment	5 years
Software	3 years

# **Use of Estimates and Assumptions**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could vary from the estimates that were used.

### Contributed Goods and Services

The Organization records various types of in-kind support including professional services, volunteer labor, and materials. Contributed professional services are recognized if the services received (a) create or enhance long-lived assets or (b) require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation. Contributions of tangible assets are recognized at fair market value when received. Additionally, the Organization received a significant amount of skilled, contributed time, which does not meet the two (2) recognition criteria described above. Accordingly, the value of this contributed time has not been determined and is not reflected in the accompanying financial statements.

### Note 3 - Investments

Investments consisted of the following at August 31, 2019:

	Fair <u>Value</u>	Cost	Unrealized Gain (Loss)
Marketable Securities	<u>\$ 53,032</u>	<u>\$46,084</u>	<u>\$ 6,948</u>
Investments consisted of the follow	wing at August	31, 2018:	
	Fair <u>Value</u>	Cost	Unrealized Gain (Loss
Marketable Securities	<u>\$ 33,706</u>	<u>\$ 29,629</u>	<u>\$ 4,077</u>

# Note 3 – Investments (continued)

Investment return is summarized as follows:

my obtained rotain to banniarized as follows.	<u>2019</u>	<u>2018</u>
Dividend and interest income Realized gains on investments	\$ 767 -0-	\$ 86 -0-
Net unrealized gain (loss)	2,871	_161
Total unrestricted investment income	<u>\$3,638</u>	\$ 247

Marketable Securities are subject to market fluctuations.

# Note 4 - Donated Services, Goods, and Facilities

The Organization receives donated services from a variety of unpaid volunteers assisting the Organization with administering its indigenous advocacy programs. During the years ended August 31, 2019 and 2018 there were approximately 5,350 and 6,020 total volunteer hours, which the Organization valued at \$80,250 and \$90,300, respectively. None of this has been recognized in the accompanying statement of activities because the volunteer activities do not meet the criteria for recognition of such volunteer effort under auditing standards generally accepted in the United States of America.

# Note 5 - Liquidity and Availability of Financial Assets

The Organization's financial assets available within one year of the balance sheet date for general expenditures are as follows:

	2019	2018
Cash and Cash Equivalents	\$ 260,112	\$ 366,571
Investments	53,032	33,706
Pledges Receivable	177,350	50,000
Other Assets	4,120	4,120
Total Financial Assets	494,614	454,397
Less: Endowment Fund	33,474	26,286
Financial Assets available within one year to meet		
cash needs for general expenditure within one year	\$461,140	\$ 428,111

As part of the liquidity management plan, the Organization invests cash in excess of daily requirements in short term investments and money market funds.

# Note 6 - Net Assets With Donor Restrictions

As of August 31, 2019, and 2018, the Organization had the following endowment and purpose restricted funds:

	2019							
	Be	ginning of						Ending
		Year	Ac	lditions		Releases	I	Balance
Purpose Restricted								
Community Media	\$	100,095	\$ 5	78,674	\$	(628,900)	\$	49,869
Indigenous Rights Radi	(	_		25,000		(25,000)		-
Special Projects		-		85,761		(47,715)		38,046
Advocacy		214,907	1	61,931		(271,661)		105,177
Environment		57,921		-		(57,921)		
	\$	372,923	\$ 8	351,366	\$	(1,031,197)	\$	193,092
Perpetual in Nature								
<b>Endowment Fund</b>	\$	25,300	\$	5,000	\$	-	\$	30,300
Investment Income		986		2,188		-		3,174
	\$	26,286	\$	7,188	\$	-	\$	33,474
Total Net Assets With								
Donor Restrictions		399,209	\$ 8	358,554	\$	(1,031,197)	\$	226,566
	2018							
				2	018			
	Ве	ginning of		2	018		]	Ending
	Be	ginning of Year	Ad	2 Iditions		Releases		Ending Balance
Purpose Restricted	Be		Ad			Releases		_
Purpose Restricted Community Media	Be \$					Releases (349,634)	E	_
•	\$	Year		ditions			E	Balance
Community Media	\$	Year		ditions 146,821		(349,634)	E	Balance
Community Media Indigenous Rights Radio	\$	Year	\$ 4	ditions 46,821 25,010		(349,634) (25,010)	\$	Balance
Community Media Indigenous Rights Radio Special Projects	\$	Year 2,908 - -	\$ 4	ditions 46,821 25,010 35,135		(349,634) (25,010) (35,135)	\$	Balance 100,095 - -
Community Media Indigenous Rights Radio Special Projects Advocacy	\$	Year  2,908  201,871	\$ 4 	ditions 46,821 25,010 35,135		(349,634) (25,010) (35,135) (217,964)	\$ -	3alance 100,095 - - 214,907
Community Media Indigenous Rights Radio Special Projects Advocacy	\$	Year  2,908  201,871 10,314	\$ 4 	ditions 46,821 25,010 35,135 31,000 15,000	\$	(349,634) (25,010) (35,135) (217,964) (67,393)	\$ -	3alance 100,095 - - 214,907 57,921
Community Media Indigenous Rights Radio Special Projects Advocacy Environment	\$	Year  2,908  201,871 10,314	\$ 4 	ditions 46,821 25,010 35,135 31,000 15,000	\$	(349,634) (25,010) (35,135) (217,964) (67,393)	\$ -	3alance 100,095 - - 214,907 57,921
Community Media Indigenous Rights Radio Special Projects Advocacy Environment  Perpetual in Nature	\$	Year  2,908  -  201,871  10,314  215,093	\$ 4 2 1 \$ 8	ditions 46,821 25,010 35,135 31,000 15,000	\$	(349,634) (25,010) (35,135) (217,964) (67,393)	\$ \$	3alance 100,095 214,907 57,921 372,923
Community Media Indigenous Rights Radio Special Projects Advocacy Environment  Perpetual in Nature Endowment Fund Investment Income	\$	Year  2,908  - 201,871 10,314 215,093	\$ 4 2 1 \$ 8	ditions 46,821 25,010 35,135 31,000 15,000 52,966	\$	(349,634) (25,010) (35,135) (217,964) (67,393)	\$ \$	3alance 100,095 - 214,907 57,921 372,923
Community Media Indigenous Rights Radio Special Projects Advocacy Environment  Perpetual in Nature Endowment Fund	\$ \$	Year  2,908  - 201,871 10,314 215,093  20,300 764	\$ 4 2 1 \$ 8 \$	ditions 46,821 25,010 35,135 31,000 15,000 52,966 5,000 222	\$ \$	(349,634) (25,010) (35,135) (217,964) (67,393) (695,136)	\$ \$ \$	3alance 100,095 214,907 57,921 372,923 25,300 986

### Note 7 – Endowment Fund

The Organization's endowment fund consists of donations with donor restrictions that are perpetual in nature. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of perpetual donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 ("UPMIFA") as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classified as permanently restricted net assets (a) the original value gifts donated to the permanent endowment, (b) the original value of subsequent gifts donated to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considerers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- a) The duration and preservation of the fund
- b) The purposes of the Organization and the donor-restricted endowment fund
- c) General economic conditions
- d) The possible effect of inflation and deflation
- e) The expected total return from income and the appreciation of investments
- f) Other resources of the organization
- g) The investment policies of the Organization

For the fiscal years ended August 31, 2019 and 2018, the Board of Directors has adopted a policy to allow this fund to grow and decided not to use the endowment income (interest, dividends, realized gains and losses and changes in unrealized appreciation) for the years ended August 31, 2019 and 2018. Appropriations for expenditure from this fund will be subject to Board approval.

# Note 8 - Retirement Arrangement with Staff Employees

The Organization offers staff employees the opportunity for participation in a Simple IRA contributory retirement plan approved by the Internal Revenue Service. The Organization matches employees' contributions at 3% of their regular salary, up to the amount of their contribution. The expense to the Organization under this Plan for the year ended August 31, 2019 and 2018 was \$13,412 and \$16,344, respectively.

## Note 9 - Concentration of Credit Risk

Financial Instruments that potentially subject the Organization to significant concentrations of credit risk consists primarily of cash, cash equivalents and short-term investments.

The Organization maintains its cash and cash equivalents in banks and investment brokerage deposit and money market accounts which, at times, may exceed federally insured limits. The Organization believes it is not exposed to any significant credit risk on cash and cash equivalents.

# Note 10 - Line of Credit

As of August 31, 2019, and 2018, the Organization had available unsecured line of credit with American Express Company to be drawn down upon as needed, with interest rates of 13.24% and 21.24% for purchases and cash advances, respectively. At August 31, 2019 and 2018, no amount has been drawn down. Credit available August 31, 2019 and 2018 was \$38,000.

The organization also had available a \$20,000 unsecured line of credit with Capital One, with an interest rate of 13.9% and 24.9% for purchases and cash advances, respectively. The outstanding balance as of August 31, 2019 was \$14,104, which is disclosed in the accompanying statement of financial position as accounts payable.

# Note 11 - Commitments

The organization currently leases some of its office equipment. Equipment lease expense under these leases are \$8,803 and \$6,317 for the years ended August 31, 2019 and 2018, respectively.

# Note 11 – Commitments (continued)

Future minimum lease payments required as of August 31, 2019:

Year ended	
August 31,	Amount:
2020	\$ 3,940
2021	3,940
2022	3,940
2023	3,940
2024	1,642
	\$ 17,402

## Note 12 - Leases

On April 27, 2018, the Organization signed a new lease for its office in Cambridge with expiration date December 31, 2021. The current annual basic rent is \$38,076, payable in monthly installments of \$3,173.

On February 1st, 2015, the Organization signed a new lease for its storage space with expiration date April 30, 2023. The lease includes annual base rent plus Common Area Maintenance (CAM) escalator of \$1,048 a month.

On May 1st, 2018, the Organization signed a new lease for its office in New Mexico with expiration date November 1, 2018. The Organization didn't renew this lease and closed the office in New Mexico.

Minimum rental payments for both leases are as follows:

Year ended Aug 31,	<u>Amount</u>
2020	\$48,318
2021	48,318
2022	23,710
2023	<u>7,604</u>
Total	\$127,950

For the years ended August 31, 2019 and 2018, the total rent expense was \$60,061 and \$60,080, respectively.

### Note 13 - Assets Measured at Fair Value on a Recurring Basis

In accordance with the Fair Value Measurement and Disclosure topic of the FASB Accounting Standards Codification, the Organization is required to disclose, for its assets and liabilities measured at fair value on a recurring basis, the sources and types of information, known as inputs, used to determine those fair value measurements.

# Note 13 - Assets Measured at Fair Value on a Recurring Basis (continued)

The guidance establishes a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair values into levels 1, 2, and 3.

Level 1: Level 1 inputs are quoted prices in active markets for identical assets and liabilities that an entity has the ability to access at a measurement date.

Level 2: Level 2 inputs are inputs other than quoted prices that are observable for the specific asset or liability, either directly or indirectly.

Level 3: Level 3 inputs are unobservable inputs for the assets or liabilities in which little or no market activity is available for the asset or liability at the measurement date.

For purposes of financial reporting, the Organization has determined that the fair values of its financial instruments, which include cash and cash equivalents, publicly traded domestic mutual funds, approximate the carrying values under Level 1 at August 31, 2019 and 2018, based on their short maturities and/or the terms available to the Organization in financial market.

# Note 14 - New Pronouncements

In August 2016, the FASB issued ASU 2016-14, Presentation of Financial Statements for Not-for-Profit Entities. This ASU intends to make certain improvements to the current reporting requirements for not-for-profit entities. This standard sets forth changes to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance and cash flows. The Organization adopted ASU 2016-14 in its financial statements effective August 31, 2019. The impact of adoption changes the classification of net assets on the balance sheet and statement of activities from three classes of net assets to two classes of net assets.

The Organization added disclosure for the liquidity and availability of financial assets at the balance sheet date to meet cash needs for general expenditures within one year and disaggregated functional expense classifications by their natural expense classification. The impact of adopting ASU 2016-14 had no impact to total unrestricted revenues, excess of revenues over expenses or total net assets.

### Note 15 - Uncertain Tax Positions

Management has evaluated the tax positions taken on returns for open years and those expected to be taken on returns for the year ended August 31, 2019. It is management's belief that such tax positions are more likely than not to be

# Note 15 - Uncertain Tax Positions (continued)

sustained upon examination by tax authorities. Accordingly, no liability for uncertain tax positions has been reflected in these financial statements. Returns for tax years beginning with those filed for the year ended August 31, 2016 are open to examination.

# Note 16 – Subsequent Events

The Organization evaluated subsequent events through June 20, 2020, which is the date the financial statements were available to be issued.

The COVID-19 outbreak in the United States has caused business disruption through mandated and voluntary closings of multiple educational and cultural programs. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of the closings. Therefore, the Organization expects this matter to negatively impact its operating results. However, the related financial impact and duration cannot be reasonably estimated at this time.