Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

TODRES & COMPANY, LLP. CERTIFIED PUBLIC ACCOUNTANTS 400 POST AVENUE SUITE 205 WESTBURY, NEW YORK 11590

UNCOMMON.ORG INC. PO BOX 2281 AMAGANSETT, NY 11930 ATTENTION: PETER KAZICKAS

DEAR PETER:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2022 FORM 990

2022 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

STEVE COOPERBERG, CPA PARTNER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	
	UNCOMMON.ORG INC. PO BOX 2281
	AMAGANSETT, NY 11930
Prepared by	TODRES & COMPANY, LLP. 400 POST AVENUE, SUITE 205 WESTBURY, NY 11590
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 8879-TE		IRS e-file Signature A for a Tax Exempt	t Entity	• –	OMB No. 1545-0047
	For calendar year	2022, or fiscal year beginning, 202		, 20	2022
Department of the Treasury		Do not send to the IRS. Keep fo			2022
ternal Revenue Service		Go to www.irs.gov/Form8879TE for th	he latest information		
lame of filer		20		EIN or SSN	
	ION.ORG I			83-098	36671
lame and title of officer or pe	erson subject to ta	<pre> PETER KAZICKAS CEO</pre>			
Part I Type of	Return and	Return Information			
		are using this Form 8879-TE and enter the	applicable amount if	any from the return	Form 9029 CD and
orm 5330 filers may entern r 10a below, and the am	er dollars and ce ount on that line	for the return being filed with this form was er -0-). But, if you entered -0- on the return, i	only. If you check the s blank, then leave line	box on line 1a, 2a, 3 a 1b, 2b, 3b, 4b, 5b, 6	i, 4a, 5a, 6a, 7a, 8a, b, 7b, 8b, 9b, or 10k
1a Form 990 check	here X	b Total revenue, if any (Form 990, P	Part VIII. column (A). lin	e 12) 1	ь 490,051
2a Form 990-EZ che		b Total revenue, if any (Form 990-E2	Z. line 9)	2	b
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)			b
4a Form 990-PF che		b Tax based on investment income			b
5a Form 8868 check		b Balance due (Form 8868, line 3c)			b
6a Form 990-T chec		b Total tax (Form 990-T, Part III, line			b
7a Form 4720 check		b Total tax (Form 4720, Part III, line			
8a Form 5227 check		b FMV of assets at end of tax year			b
9a Form 5330 check		b Tax due (Form 5330, Part II, line 19			b
10a Form 8038-CP c		b Amount of credit payment reque	sted (Form 8038-CP, I	Part III, line 22) 1	0b
Part II Declara	tion and Sig	nature Authorization of Officer o	r Person Subject	t to Tax	
Inder penalties of perjury	/, I declare that	${\tt X}$ I am an officer of the above entity or ${\tt L}$	I am a person sub	ject to tax with respe	ct to (name
f entity)		, (EII	N)	and that I have e	xamined a copy of t
022 electronic return and omplete. I further declard termediate service provick nowledgement of rece f any refund. If applicabl ntry to the financial instit nancial institution to dec ater than 2 business day	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in the entry to th s prior to the pay	schedules and statements, and, to the best in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- rment (settlement) date. I also authorize the	he copy of the electron d the return to the IRS n for any delay in proc I Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions	nic return. I consent to s and to receive from sessing the return or r lectronic funds withdr al taxes owed on this i ry Financial Agent at involved in the process	o allow my the IRS (a) an efund, and (c) the d awal (direct debit) return, and the 1.888-353-4537 no sing of the electron
2022 electronic return and complete. I further declara- thermediate service prov tocknowledgement of rece- of any refund. If applicabl intry to the financial institu- inancial institution to deb ater than 2 business day- payment of taxes to recei- personal identification numerical	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in bit the entry to th s prior to the pay ve confidential in mber (PIN) as m	schedules and statements, and, to the best in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment. I must cc	he copy of the electron d the return to the IRS n for any delay in proo l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions nd resolve issues relat	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this r ry Financial Agent at involved in the processed to the payment. If	o allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a
2022 electronic return and complete. I further declara- ntermediate service provick nowledgement of rece- of any refund. If applicable intry to the financial institu- inancial institution to deb atter than 2 business days ayment of taxes to recei- personal identification nui- PIN: check one box only	e that the amour ider, transmitter, eipt or reason for e, I authorize the tution account in bit the entry to th s prior to the pay ve confidential in mber (PIN) as m	schedules and statements, and, to the best in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- yment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a	he copy of the electron d the return to the IRS n for any delay in proo l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions nd resolve issues relat	nic return. I consent to s and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this i ry Financial Agent at involved in the proces ed to the payment. I h t to electronic funds v	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) eturn, and the 1-888-353-4537 no sing of the electroni nave selected a vithdrawal.
2022 electronic return and complete. I further declara- ntermediate service provick nowledgement of rece- of any refund. If applicable intry to the financial institu- inancial institution to deb atter than 2 business days ayment of taxes to recei- personal identification nui- PIN: check one box only	e that the amour ider, transmitter, eipt or reason for e, I authorize the tution account in bit the entry to th s prior to the pay ve confidential in mber (PIN) as m	schedules and statements, and, to the best tin Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso b U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- yment (settlement) date. I also authorize the formation necessary to answer inquiries ar	he copy of the electron d the return to the IRS n for any delay in proo l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions nd resolve issues relat	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this r ry Financial Agent at involved in the processed to the payment. If	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no sing of the electroni save selected a vithdrawal.
2022 electronic return and complete. I further declard ntermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days bayment of taxes to recei bersonal identification nu PIN: check one box only X I authorize <u>TC</u>	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to th s prior to the pay ve confidential in mber (PIN) as my	schedules and statements, and, to the best tin Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- rment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a	he copy of the electron d the return to the IRS n for any delay in proc l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions nd resolve issues relat applicable, the consen	nic return. I consent to S and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this i ry Financial Agent at involved in the process ed to the payment. I h t to electronic funds of to enter my PIN	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a withdrawal. 11590 Enter five numbers, to do not enter all zeros
2022 electronic return and complete. I further declard ntermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days bayment of taxes to recei bersonal identification nur PIN: check one box only X I authorize T as my signature with a state age on the return's	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in bit the entry to the s prior to the pay ve confidential in mber (PIN) as my DDRES & C DORES & C e on the tax year ency(ies) regulati disclosure conse	schedules and statements, and, to the best tin Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pr ent screen.	he copy of the electron d the return to the IRS n for any delay in proc I Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions i nd resolve issues relat applicable, the consen	nic return. I consent to s and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this i ry Financial Agent at involved in the process ed to the payment. I h t to electronic funds w to enter my PIN to enter my PIN m that a copy of the i	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no ising of the electroni have selected a withdrawal. 11590 Enter five numbers, b do not enter all zeros return is being filed ERO to enter my PII
2022 electronic return and complete. I further declard intermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days bayment of taxes to recei- bersonal identification nur PIN: check one box only X I authorize T as my signature with a state age on the return's As an officer or return. If I have	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DDRES & C on the tax year ency(ies) regulati disclosure conset person subject indicated within	schedules and statements, and, to the best tin Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso b U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pr	he copy of the electron d the return to the IRS n for any delay in proc I Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions i nd resolve issues relat applicable, the consen dicated within this return ogram, I also authoriz my PIN as my signatu g filed with a state age	nic return. I consent to s and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this in ry Financial Agent at involved in the process ed to the payment. I h t to electronic funds w to enter my PIN to enter my PIN in that a copy of the in e the aforementioned re on the tax year 202	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no ising of the electroni have selected a withdrawal. 11590 Enter five numbers, t do not enter all zeros return is being filed ERO to enter my PII
2022 electronic return and complete. I further declard netermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days advent of taxes to recei bersonal identification nu PIN: check one box only X I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to th s prior to the pay ve confidential in mber (PIN) as my DRES & C on the tax year ency(ies) regulati disclosure conse person subject to indicated within program, I will en	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso of U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pr ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being	he copy of the electron d the return to the IRS n for any delay in proc I Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions i nd resolve issues relat applicable, the consen dicated within this return ogram, I also authoriz my PIN as my signatu g filed with a state age	nic return. I consent to s and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this in ry Financial Agent at involved in the process ed to the payment. I h t to electronic funds w to enter my PIN to enter my PIN in that a copy of the in e the aforementioned re on the tax year 202	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no ising of the electroni have selected a withdrawal. 11590 Enter five numbers, t do not enter all zeros return is being filed ERO to enter my PII
2022 electronic return and complete. I further declard ntermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi financial institution to deb ater than 2 business days bayment of taxes to recei bersonal identification nu PIN: check one box only I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to th s prior to the pay ve confidential in mber (PIN) as my DRES & C on the tax year ency(ies) regulati disclosure conse person subject to indicated within program, I will en	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso b U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- rement (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pre- ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conse	he copy of the electron d the return to the IRS n for any delay in proc I Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions i nd resolve issues relat applicable, the consen dicated within this return ogram, I also authoriz my PIN as my signatu g filed with a state age	nic return. I consent to S and to receive from i cessing the return or r lectronic funds withdr al taxes owed on this involved in the process of the payment. I h t to electronic funds we to enter my PIN t to enter my PIN t to enter my PIN t to enter my PIN t that a copy of the in the the aforementioned re on the tax year 202 ency(ies) regulating ch	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no ising of the electroni nave selected a withdrawal. 11590 Enter five numbers, t do not enter all zeros return is being filed ERO to enter my PII
2022 electronic return and complete. I further declard intermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days bayment of taxes to recei- bersonal identification nur PIN: check one box only X I authorize T as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p Signature of officer or person subj Part III Certifica ERO's EFIN/PIN. Enter y	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DDRES & C DORES & C DORES & C e on the tax year ency(ies) regulati disclosure conset person subject indicated within program, I will en ect to tax ation and Au our six-digit elect	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso of U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pr ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conse thentication tronic filing identification	he copy of the electron d the return to the IRS n for any delay in prod l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions i nd resolve issues relat applicable, the consen dicated within this retu- rogram, I also authoriz my PIN as my signatu g filed with a state age ent screen. 1245161	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this in ry Financial Agent at involved in the process ed to the payment. I h t to electronic funds w to enter my PIN in that a copy of the f e the aforementioned re on the tax year 202 ency(ies) regulating ch Date	a allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no ising of the electroninave selected a withdrawal. 11590 Enter five numbers, I do not enter all zeros return is being filed ERO to enter my PII
2022 electronic return and complete. I further declard ntermediate service prov acknowledgement of rece of any refund. If applicable entry to the financial institi inancial institution to det ater than 2 business days bayment of taxes to recei bersonal identification nu PIN: check one box only I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p Signature of officer or person subj Part III Certifica ERO's EFIN/PIN. Enter y number (EFIN) followed b certify that the above nu submitting this return in a	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DRES & C e on the tax year ency(ies) regulati disclosure conse person subject indicated within program, I will en ect to tax ation and Au our six-digit elect y your five-digit s	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso of U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pr ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conse thentication tronic filing identification	he copy of the electron d the return to the IRS n for any delay in prod l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions ind resolve issues relat applicable, the consen dicated within this return ogram, I also authorized my PIN as my signatu g filed with a state age ent screen.	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this involved in the process ed to the payment. I h t to electronic funds w to enter my PIN rm that a copy of the in the the aforementioned re on the tax year 202 ency(ies) regulating ch Date 	o allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a withdrawal.
2022 electronic return and complete. I further declard netermediate service prov acknowledgement of rece- of any refund. If applicable entry to the financial institi inancial institution to deb ater than 2 business days bayment of taxes to recei- bersonal identification nur- PIN: check one box only X I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p Signature of officer or person subj Part III Certifica ERO's EFIN/PIN. Enter y humber (EFIN) followed by certify that the above nu submitting this return in a Business Returns.	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DRES & C e on the tax year ency(ies) regulati disclosure conse person subject indicated within program, I will en ect to tax ation and Au our six-digit elect y your five-digit s	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso of U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- rement (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pre- ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conse thentication tronic filing identification self-selected PIN. y PIN, which is my signature on the 2022 electronical self-selected PIN.	he copy of the electron d the return to the IRS n for any delay in prod l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions ind resolve issues relat applicable, the consen dicated within this return ogram, I also authorized my PIN as my signatu g filed with a state age ent screen.	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this involved in the process ed to the payment. I h t to electronic funds w to enter my PIN rm that a copy of the in the the aforementioned re on the tax year 202 ency(ies) regulating ch Date 	o allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a withdrawal.
2022 electronic return and complete. I further declard ntermediate service prov acknowledgement of recec- of any refund. If applicable entry to the financial institi financial institution to deb ater than 2 business days bayment of taxes to recei- bersonal identification nur- PIN: check one box only I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p Signature of officer or person subj Part III Certifica ERO's EFIN/PIN. Enter yn number (EFIN) followed b certify that the above nu submitting this return in a Business Returns.	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DRES & C e on the tax year ency(ies) regulati disclosure conse person subject indicated within program, I will en ect to tax ation and Au our six-digit elect y your five-digit s	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso of U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- rement (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a COMPANY, LLP. ERO firm name 2022 electronically filed return. If I have inco- ng charities as part of the IRS Fed/State pre- ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conse thentication tronic filing identification self-selected PIN. y PIN, which is my signature on the 2022 electronical self-selected PIN.	he copy of the electron d the return to the IRS n for any delay in proc l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions ind resolve issues relat applicable, the consen dicated within this return ogram, I also authoriz my PIN as my signatu g filed with a state age ent screen.	nic return. I consent to S and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this is ry Financial Agent at involved in the process ed to the payment. If t to electronic funds of t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter a payment. If t to electronic funds of t to enter my PIN in that a copy of the is t to enter a payment. If t to electronic funds of t to enter my PIN in that a copy of the is t to enter a payment. If t to electronic funds of t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN in that a copy of the is t to enter my PIN is	o allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a withdrawal.
2022 electronic return and complete. I further declard intermediate service prov acknowledgement of recei- of any refund. If applicable entry to the financial institi financial institution to deb later than 2 business days payment of taxes to recei- personal identification nui- PIN: check one box only I authorize TC as my signature with a state age on the return's As an officer or return. If I have IRS Fed/State p Signature of officer or person subj Part III Certifica ERO's EFIN/PIN. Enter y- number (EFIN) followed b	e that the amour ider, transmitter, sipt or reason for e, I authorize the tution account in it the entry to the s prior to the pay ve confidential in mber (PIN) as my DRES & C e on the tax year ency(ies) regulati disclosure conset person subject indicated within program, I will en ect to tax ation and Au our six-digit elect y your five-digit s meric entry is m ccordance with	schedules and statements, and, to the best the in Part I above is the amount shown on the or electronic return originator (ERO) to sen rejection of the transmission, (b) the reaso e U.S. Treasury and its designated Financia dicated in the tax preparation software for is account. To revoke a payment, I must co- ment (settlement) date. I also authorize the formation necessary to answer inquiries ar y signature for the electronic return and, if a 2022 electronically filed return. If I have inco- ing charities as part of the IRS Fed/State pre- ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is being ter my PIN on the return's disclosure conset thentication terf-selected PIN. y PIN, which is my signature on the 2022 ele- the requirements of Pub. 4163, Modernized	he copy of the electron d the return to the IRS n for any delay in prod l Agent to initiate an e payment of the federa ontact the U.S. Treasu e financial institutions ind resolve issues relat applicable, the consen dicated within this retur ogram, I also authoriz my PIN as my signatu g filed with a state age ent screen. 1245161 Do not enter a lectronically filed retur d e-File (MeF) Informat Date See Instructions	nic return. I consent to s and to receive from ' cessing the return or r lectronic funds withdr al taxes owed on this involved in the process ed to the payment. I h t to electronic funds w 	o allow my the IRS (a) an efund, and (c) the da awal (direct debit) return, and the 1-888-353-4537 no issing of the electroni nave selected a withdrawal.

09211109 794078 UNCOMMON

2022.05000 UNCOMMON.ORG INC.

UNCOMMO1

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	or Name of exempt organization or other filer, see instructions.			Taxpayer	ridentificatior	n number (TIN)
print	UNCOMMON.ORG INC.				83-098	36671
File by the due date for filing your	PO BOX 2281	ee instruc	tions.			
return. See instruction						
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) PETER KAZICKAS	07				
Telep If the If this box 1 Ir th 2 If (books are in the care of PO BOX 2281 - 2 books are in the care of PO BOX 2281 - 2 books are in the care of 631-495-1990 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box equest an automatic 6-month extension of time until e organization named above. The extension is for the organization the tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Ur Group Exe and atta NOVEI anization's , an heck reas	Fax No. ▶ nited States, check this box	f this is fo f all memb	r the whole g eers the exten npt organizati	roup, check this sion is for.
	this application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			-
es	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			-
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 8879	-TE for payment
I HA	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 8	368 (Rev. 1-2022)

223841 04-01-22

Department of the Treasury

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Inte	rnal Rever	nue Service	Go to www.irs.gov/Form990 for instruction	ns and	the latest	information.	Inspection
A For the 2022 calendar year, or tax year beginning and ending							
В	Check if applicable	e: C Name o	forganization			D Employer identific	ation number
	Addres		MMON.ORG INC.				
	Name change		usiness as			83-09866'	71
	Initial return	Numbe	and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number	
	Final return/ termin-	-	BOX 2281			631-495-3	1990
_	ated	City or	cown, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$	512,911.
F	Amend return		ANSETT, NY 11930			H(a) Is this a group re	
	Applica tion pendin		nd address of principal officer: PETER KAZICKAS			for subordinates	
-			X 2281, AMAGANSETT, NY 11930			H(b) Are all subordinates in	
			X 501(c)(3) 501(c) (insert no.) 494 UNCOMMON • ORG	47(a)(1)	or 527	,,	list. See instructions
	Websit					H(c) Group exemption	
	art I				L Year		State of legal domicile: NY
		Summary		200	מכטשהט		
e	1 1	Briefly descri	be the organization's mission or most significant activities:	ظظر	BCIIED		
Governance		Obeels this he				a these OF0(of its part as	t-
veri	2	Check this bo	5	•			SetS.
ĝ	3		ting members of the governing body (Part VI, line 1a)				<u> </u>
<u>م</u>			dependent voting members of the governing body (Part VI, li			······	0
itie	5		of individuals employed in calendar year 2022 (Part V, line 2				10
Activities &	6		of volunteers (estimate if necessary)				0.
¥			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11 .				0.
						Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		-	330,581.	463,892.
nue	9		ice revenue (Part VIII, line 2g)			0.	0.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
Ť	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			3,615.	26,159.
			- add lines 8 through 11 (must equal Part VIII, column (A), lin			334,196.	490,051.
			milar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
			to or for members (Part IX, column (A), line 4)			0.	0.
s	I		r compensation, employee benefits (Part IX, column (A), line			116,169.	226,346.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)			0.	0.
bei	b		ing expenses (Part IX, column (D), line 25)		0.		
ŵ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)			98,431.	170,416.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)			214,600.	396,762.
	19	Revenue less	expenses. Subtract line 18 from line 12			119,596.	93,289.
or Solution	Ş		•		В	eginning of Current Year	End of Year
Net Assets or	20 ·	Total assets (Part X, line 16)			221,952.	315,241.
ASS	21		s (Part X, line 26)			0.	0.
Net	22		fund balances. Subtract line 21 from line 20			221,952.	315,241.
Ρ	art II	Signatur					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date		
	PETER KAZICKAS, CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	S COOPERBERG CPA	S COOPERBERG CPA	11/09			
Preparer	Firm's name TODRES & COMPANY,	LLP.		Firm's EIN 11-3382843		
Use Only	Firm's address 400 POST AVENUE,	SUITE 205				
	WESTBURY, NY 1159	0		Phone no. 516 - 997 - 3232		
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2022)		

Form	UNCOMMON.ORG INC.	83-0986671 _F	age 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: UNCOMMON.ORG, INC. WAS ESTABLISHED TO HELP UNEM		
	FROM LOW INCOME COMMUNITIES LAUNCH THEIR CAREER		
	INDUSTRY BY PROVIDING INSTRUCTIONAL WORKSHOPS A		
	AT NO CHARGE TO THOSE WHO ATTEND.		
2	Did the organization undertake any significant program services during the year which were no	ot listed on the	
	prior Form 990 or 990-EZ?	Yes 🛽	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any provide the organization cease conducting of the significant changes in how it conducts and provide the significant changes in how it conduc	rogram services? Yes 🛽	No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a		
	revenue, if any, for each program service reported.	inocations to others, the total expenses, and	1
4a	(Code:) (Expenses \$ 281,955. including grants of \$) (Revenue \$)
	PROVIDED FREE COMPUTER CODING, DIGITAL DESIGN A	ND DÍGITAL MARKETING	/
	LESSONS TO YOUNG ADULTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
4 0	(Expenses \$ including grants of \$) (Reven	ue\$)	
4e	Total program service expenses 281,955.		
		Form 990	(2022)
232002	2 12-13-22		
011			v o 1

09211109 794078 UNCOMMON 2022.05000 UNCOMMON.ORG INC.

Form 990 (2022) Part IV Checklist of Required Schedules

UNCOMMON.ORG INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	10-	х	
h	· · · · · · · · · · · · · · · · · · ·	12a	- 11	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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	0.4		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	A (2022)
232003	3 12-13-22	LOUU	220	(2022)

09211109 794078 UNCOMMON

Form 990 (2022)	UNCOMMON.ORG	INC.
Part IV	Checklist of	f Required Schedules (d	continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	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	25		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	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			v
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22		990	(2022)
	5			. 7

09211109 794078 UNCOMMON

2022.05000 UNCOMMON.ORG INC.

UNCOMM01

Form	990 (2022) UNCOMMON.ORG INC. 83-09	<u>36671</u>	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	···		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
Ha	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	10		х
h		<u>4a</u>		
a	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).			v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?			х
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
		70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0	?? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	_		
~	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
	,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(0000)
232005	5 12-13-22	Form	1990	(2022)

232005 12-13-22

09211109 794078 UNCOMMON

UNCOMMON.ORG INC.

⁶ 2022.05000 UNCOMMON.ORG INC.

Form	990	(2022)
I UIIII	330	(2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			37
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		x
	more members of the governing body?	7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0-	х	
	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	uo	- 23	
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Х
	taxable entity during the year?	16a		
a	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	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed NY			
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	3)s onlv) avail:	able
-	for public inspection. Indicate how you made these available. Check all that apply.	, ,	,	-
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finai	ncial	
	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 PETER KAZICKAS - 631-495-1990			

PO BOX 2281, AMAGANSETT, NY 11930

232006 12-13-22

09211109 794078 UNCOMMON

7 2022.05000 UNCOMMON.ORG INC.

UNCOMM01

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos		l than	one	Reportable	Reportable	Estimated
	hours per	box	. unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d T	lirecto	or/trus	itee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or din				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			ien sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		lo ye	e comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	Ins	Offi	Key	en Hig	Бŗ			
(1) PETER KAZICKAS	10.00									0
PRESIDENT	10.00			X				0.	52,000.	0.
(2) RICHARD TANTILLO	10.00									
TREASURER				Х				0.	0.	0.
(3) HYDE PATTERSON	10.00									
SECRETARY				х				0.	0.	0.
(4) THOMAS ABRAHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CYRUS BOGA	1.00									
DIRECTOR		Х						0.	0.	0.
				-		-				
							<u> </u>			
			-	-	\vdash	-	<u> </u>			
	1	L	L	L	L	L	L			Form 990 (2022)
232007 12-13-22										FUILI JJU (2022)

8

	990 (2022) UNCOMMON	ORG INC								83-098	6671	. P	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C		es (continued)			
	(A) Name and title	(B) Average hours per week	box,	not cl , unle:	ss pe	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimate amount other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npensa rom th ganizat nd relat anizati	e ion ed
	Subtotal Total from continuation sheets to Part VI								0.00.	52,000 0	•		0.
d	Total (add lines 1b and 1c)								0.	52,000	•		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wł	no re	eceived more than \$100),000 of reportable		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	•			•	-		Ŭ	hest compensated emp	-	3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		e co	ompe	ensa	ation	n and	d oth	her compensation from	the organization	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors					-			-		5		Х
1	Complete this table for your five highest co	mpensated inc	lepe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of compe	nsation	from	
	the organization. Report compensation for t	the calendar y	ear e	endi	ng v	vith	or w	ithir	the organization's tax	year.			
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	(Compe	C) ensatio	n
								_					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	mite	d to		se lis)	sted	l above) who received n	nore than	Form	990 (

232008 12-13-22

09211109 794078 UNCOMMON

Form **990** (2022)

Pa	rt VII								
		Check if Schedule O	contains a respo	nse c	r note to any lin	e in this Part VIII	(5)		
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue		from tax under
									sections 512 - 514
nts		Federated campaigns							
Gra	b				- 1 2 2				
Ån,	с	Fundraising events			54,139.				
ilar İlar	d								
Sin's,	е	5 (
er (f	All other contributions, gifts,							
ið f		similar amounts not included			109,753.				
Contributions, Gifts, Grants and Other Similar Amounts	g					462 002			
<u>a O</u>	h	Total. Add lines 1a-1f				463,892.			
				ł	Business Code				
vice	2 a			—					
ue l	b			—					
с Кел	C			—					
gra Re	d			—					
Program Service Revenue	e f		10100110	—					
_	f a	All other program service Total. Add lines 2a-2f							
	3	Investment income (includ							
	ľ				-				
	4	Income from investment of							
	5	Royalties			F				
		,	(i) Real		(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	c	Rental income or (loss)	6c						
	d	Net rental income or (loss))						
	7 a	Gross amount from sales of	(i) Securiti	es	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
Revenue		Gain or (loss)	7c						
		Net gain or (loss)							
Other	8 a	Gross income from fundraisin							
0			.,139. _{of}						
		contributions reported on			21 770				
	Ι.	Part IV, line 18		8a	34,778. 22,860.				
		Less: direct expenses		8b		11,918.			11,918.
		Net income or (loss) from				11,910.			11,910.
	9 a	Gross income from gamin	-						
	h	Part IV, line 19		9a 9b					
		Net income or (loss) from							
		Gross sales of inventory, I							
		and allowances		10a					
	b	Less: cost of goods sold		10b					
_		Net income or (loss) from		<u>у</u>					
s					Business Code				
Miscellaneous Revenue	11 a	OTHER		_ [812900	14,241.	14,241.		
lane enu	b			_ [
Sell Seve	с			_ [
Mis	d	All other revenue		[
_		Total. Add lines 11a-11d				14,241.			
	12	Total revenue. See instruction	ons			490,051.	14,241.	0.	11,918.
23200	9 12-13	3-22							Form 990 (2022)

232009 12-13-22

Form 990 (2022)

09211109 794078 UNCOMMON

UNCOMM01

83-0986671

Page **9**

¹⁰ 2022.05000 UNCOMMON.ORG INC.

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	226,346.	150,346.	76,000.	
8	Pension plan accruals and contributions (include	- , • •		.,	
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	-				
11	Payroll taxes Fees for services (nonemployees):				
	-				
a b	Management				
b					
	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	9,625.		9,625.	
12	Advertising and promotion	907.		907.	
13	Office expenses	3,500.		3,500.	
14	Information technology				
15	Royalties				
16	Occupancy	15,025.	15,025.		
17	Travel	12,031.	7,665.	4,366.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,083.		6,083.	
23	Insurance	1,298.		1,298.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	EQUIPMENT AND CONTAINER	23,982.	23,982.		
b	TECHNOLOGY EXPENSES	23,298.	23,298.		
с	MISCELLANEOUS	19,119.	19,119.		
d	SUPPLIES	12,069.	12,069.		
е	All other expenses SEE SCH O	43,479.	30,451.	13,028.	
25	Total functional expenses. Add lines 1 through 24e	396,762.	281,955.	114,807.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Corm 000 (2022)

232010 12-13-22

09211109 794078 UNCOMMON

UNCOMM01

Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			210,255.	2	266,398.
	3	Pledges and grants receivable, net				3	
4		Accounts receivable, net	36.	4	2,127.		
5	5	Loans and other receivables from any current or	forme	officer, director,			
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of these	se perso	ons		5	
6	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
t it	7	Notes and loans receivable, net			1,000.	7	1,470.
Assets	8	Inventories for sale or use				8	
< ₀		Prepaid expenses and deferred charges				9	
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,477.			
	b	Less: accumulated depreciation	10b	7,231.	10,661.	10c	45,246.
1.		Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1	1			12	
13	3	Investments - program-related. See Part IV, line	11			13	
14	4	Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must equa			221,952.	16	315,241.
17	7	Accounts payable and accrued expenses				17	
18	8	Grants payable				18	
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2		Escrow or custodial account liability. Complete I				21	
v 22	2	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
abi		controlled entity or family member of any of thes				22	
<u>ت</u> 23	3	Secured mortgages and notes payable to unrela		F		23	
24		Unsecured notes and loans payable to unrelated				24	
25		Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
<u>n</u> 27	7	Net assets without donor restrictions			221,952.	27	295,241.
8 28	8	Net assets with donor restrictions				28	20,000.
pu		Organizations that do not follow FASB ASC 9					
щ		and complete lines 29 through 33.					
້ _ທ 29	9	Capital stock or trust principal, or current funds				29	
30 St		Paid-in or capital surplus, or land, building, or eq				30	
¥ 3		Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances		Total net assets or fund balances			221,952.	32	315,241.
33		Total liabilities and net assets/fund balances			221,952.	33	315,241.
					•		Form 990 (2022)

Form **990** (2022)

Form	1990 (2022) UNCOMMON.ORG INC.	83-098	<u>6671</u>	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			51.
2	Total expenses (must equal Part IX, column (A), line 25)	2			62.
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	221	L,9	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	315	5,2	41.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
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 separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		L

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

1

Name of the o	rganization
---------------	-------------

Nam	ie of	the organization	MMON.ORG I	NC					identification number $3 - 0986671$
Pa	rt I	Reason for Public (omplete ti	nis nart) S	ee instruction		5 0500071
		nization is not a private found						5.	
1	l ga	A church, convention of ch		. .	•	•			
2	H	A school described in secti					·//A/(I)·		
2	H	A hospital or a cooperative				V6V1VAVii			
3 4	\square	A medical research organiz						(iiii) Enter	the hospital's name
-		city, and state:							the hospital s hame,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmentalı	init descrit	ped in
•		section 170(b)(1)(A)(iv). (C			a er epera				
6		A federal, state, or local gov	• •	mental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	-					he general	public described in
•		section 170(b)(1)(A)(vi). (C			. en a ger			general	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	•			-		-	-
		university:							
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	-	•	-				
12		An organization organized a							
		more publicly supported or							Check the box on
		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga							
		the supported organization		• • • •	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o							
b		Type II. A supporting org	-				•		-
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported
-		organization(s). You mus					and from attacks		
С		Type III functionally inte						ly integrate	ed with,
d	Г	its supported organization						tod organi	zation(s)
u		that is not functionally int						-	
		requirement (see instruct	•	e ,	•		•	anation	TVCHC33
e		Check this box if the orga		-				II Type III	
-		functionally integrated, or						, . , pe	
f	Ent	er the number of supported of	<i></i>						
		vide the following informatior	•						
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Γota	l I								

Schedule A	(Form	aan	202
Schedule A		990	1202

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4							
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						·
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
	First 5 years. If the Form 990 is for th						
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (-	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2021. If the o						
-	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances tes	-				17a and line 1	
N.	more, and if the organization meets the	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		• •	-			
10		in all not oneon a		a, 100, 17a, 01 17			e Λ (Form 990) 2022

Schedule A (Form 990) 2022

232022 12-09-22

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	52,500.	139,179.	194,893.	330,581.	463,892.	1181045.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				3,615.	14,241.	17,856.
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	52,500.	139,179.	194,893.	334,196.	478,133.	1198901.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					70,000.	70,000.
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					50,000.	50,000.
c Add lines 7a and 7b					120,000.	120,000.
8 Public support. (Subtract line 7c from line 6.)						1078901.
Section B. Total Support	·					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	52,500.	139,179.	194,893.	334,196.	478,133.	1198901.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	52,500.	139,179.	194,893.	334,196.	478,133.	1198901.
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
check this box and stop here	<u></u>			<u></u>		X
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve						
17 Investment income percentage for 20)22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the					3 1/3% , and line 1	7 is not
more than 33 1/3% , check this box a						
b 33 1/3% support tests - 2021. If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22						(Form 990) 2022
			16			-

09211109 794078 UNCOMMON

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

09211109 794078 UNCOMMON

	(Form 990) 2022	UNCOMMON.ORG	INC
Part IV	Supporting O	rganizations (continued)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	bla the gevenning beay, membere et the gevenning beay, emeere deting in their emetal expansion, or membere in the effect of
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during	a the	veafsee instruction	າຣ).

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes 2a 2b За 3b

No

232025 12-09-22

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	~	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	0	, , ,	Part VI). See instruction	
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
ect	ion A - Adjusted Net Income		(A) Prior Year (B) Current Y (optional)		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
с	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
ect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
	Check here if the current year is the organization's first as a non-function	ally intogra	tod Type III supporting or	anization (soo	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity	2	2			
3	Administrative expenses paid to accomplish exempt purpose	ns 3	•			
4	Amounts paid to acquire exempt-use assets	·· · ·	4	+		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	5		
6	Other distributions (describe in Part VI). See instructions.		6	;		
7	Total annual distributions. Add lines 1 through 6.		7	,		
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions.	-	8			
9	Distributable amount for 2022 from Section C, line 6		g)		
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
c	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2018					
b	Excess from 2019					
	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Section (See inst	D, lines 5, 6, and 8; and Part \ ructions.)	/, Section E, lines 2, 5, and 6. Also complete this	s part for any additional information.
32028 12-09-22			Schedule A (Form 990
		21	
LIIU9 7940'	78 UNCOMMON	2022.05000 UNCOMMON.OR	RG INC. UNCOM

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2022

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

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
CYRUS & SHERAZ BOGA	0.	0.	0.	0.	10,000
DAN FIELDING	0.	0.	0.	0.	5,000
JEFFREY SOHM	0.	0.	0.	0.	5,000
JOCELYN GOLDFEIN	0.	0.	0.	0.	5,000
PAULINA KESZLER	0.	0.	0.	0.	10,000
SISSI BOHLEN	0.	0.	0.	0.	35,000
Total to Schedule A, Part III, Line 7a					70,000

223172 04-01-22

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2022

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

Payer's Name	2018 Amount	2019 Amount	2020 Amount	2021 Amount	2022 Amount
RANT FAMILY TRUST	0.	0.	0.	0.	50,000
otal to Schedule A, art III, Line 7b					50,000

223173 04-01-22

Schedule A

232251 04-01-22

Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

2022

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

Payer's Name	Amount Received in 2022	2022 Excess Payments
RANT FAMILY TRUST	55,000.	50,000
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		50,000

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

83-	- 0 9	86	671
03-	-03	00	0/1

UNCOMMON	• ORG	INC
----------	-------	-----

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

UNCOMMON.ORG_INC.

Name of organization

Employer identification number

83-0986671

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRANT FAMILY TRUST PO BOX 2281 AMAGANSETT, NY 11930	\$55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAI FAMILY FOUNDATION 500 5TH AVE FL 37 NEW YORK, NY 10022	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	OAK FOUNDATION INTERNATIONAL 55 VILCOM CENTER DRIVE, SUITE 340 CHAPEL HILL, NC 27514	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DAN FIELDING VIA HAMILTON COLLEGE 198 COLLEGE HILL RD CLINTON, NY 13323	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KAZICKAS FAMILY FOUNDATION 511 AVE. OF THE AMERICAS, #4076 NEW YORK, NY 10011	\$56,950.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1	ANDREW SABIN FAMILY FOUNDATION 300 PANTIGO PLACE, SUITE 102 EAST HAMPTON, NY 11937	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
220402 11-1	23		Schedule D (FUIII 990) (2022)

Schedule B (Form 990) (2022)

UNCOMMON.ORG INC.

Name of organization

Employer identification number

83-0986671

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CYRUS & SHERAZ BOGA C/O PO BOX 2281 AMAGANSETT, NY 11930	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	HUBSPIRE CORP 580 5TH AVE #820 NEW YORK, NY 10036	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JEFFREY SOHM C/O PO BOX 2281 AMAGANSETT, NY 11930	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOCELYN GOLDFEIN C/O PO BOX 2281 AMAGANSETT, NY 11930	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	LISA & EDWARD WILLIAMS FAMILY FOUNDATION 2185 OLD MONROVIA RD NW HUNTSVILLE, AL 35806-1553	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 223452 11-1	PATTERSON FAMILY FOUNDATION 209 W 47TH ST KANSAS CITY, MO 64112	\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
220402 11-1	24		Schedule D (FUIII 990) (2022)

09211109 794078 UNCOMMON

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

No.

Employer identification number

UNCOMMON.ORG INC.

ON.ORG INC.	83-0986671					
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(b)	(c)	(d)				
Name, address, and ZIP + 4	Total contributions	S Type of contribution				
PAIII.TNA KESZLER		Dereen X				

13	PAULINA KESZLER		Person X
	C/O PO BOX 2281	\$10,000.	Payroll Noncash
	AMAGANSETT, NY 11930		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	SISSI BOHLEN		Person X Payroll
	<u>C/O PO BOX 2281</u>	\$35,000.	Noncash (Complete Part II for
	AMAGANSETT, NY 11930		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-1		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.)

UNCOMM01

JNCOM	MON.ORG INC.		83-0986671	
Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
—		\$	_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
3453 11-15	5-22		Schedule B (Form 990) (2	

Schedule B (Form 990) (2022) Name of organization

> 26 2022.05000 UNCOMMON.ORG INC.

. , , ,

Page 3

Employer identification number

Schedule	B (Form 990) (2022)			Page 4	
Name of o	organization			Employer identification number	
UNCOM	MON.ORG INC.			83-0986671	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	 through (e) and the following line er charitable, etc., contributions of \$1,000 or 	ntry For organizations		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
Part I					
		(e) Transfer of g	 ift		
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
		(e) Transfer of gi	ift		
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
		(e) Transfer of gi	 		
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
(-) N-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held	
		(e) Transfer of gi	er of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee	
223454 11-1	5-22	0.7		Schedule B (Form 990) (2022)	

09211109 794078 UNCOMMON

UNCOMMO1

²⁷ 2022.05000 UNCOMMON.ORG INC.

SCHEDULE D)
------------	---

Department of the Treasury Internal Revenue Service

(Form	990)
-------	------

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.



Name of the organization

Employer identification number

	UNCOMMON.ORG INC.		83-0986671		
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
-	Aggregate value of contributions to (during year)				
2					
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	0			
	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	e used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring		
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (for example, recrea	ation or education) 🗌 Preservation of	of a historically important land area		
	Protection of natural habitat	Preservation of	of a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the forr	n of a conservation easement on the last		
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
ک اہ	Number of conservation easements included in (c) acquired				
u			2d		
2	historic structure listed in the National Register				
3		leased, exclinguished, or terminated by th	ne organization during the tax		
4	year	coment is located			
4	Number of states where property subject to conservation ea		-		
5					
•	-				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year		
-					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year		
•					
8	Does each conservation easement reported on line 2(d) abov				
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservat				
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the		
	organization's accounting for conservation easements.				
Pai	t III Organizations Maintaining Collections o		Other Similar Assets.		
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in	furtherance of public		
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these ite	ems.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	d balance sheet works of		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fu	therance of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		\$		
	AND A A A A A A A A A A		•		
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1		\$		
	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 202		

232051 09-01-22

	28	
2022.05000	UNCOMMON.ORG	INC.

		N.ORG INC.						83-09			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	er Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following tha	at make s	significant	use of its			
_	collection items (check all that apply):	_									
a	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c							ose in Par	t XIII.		
5	During the year, did the organization solicit of								7		1
D	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII								1.00		
			liowing	abio.					Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • • • • • • • • • • • • • •]
Par											
		(a) Current year		rior year	(c) Two year			/ears back	(e) Four	vears	back
1a	Beginning of year balance		.,	,			., .				
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f	and programs Administrative expenses										
	End of year balance										
-	Provide the estimated percentage of the cur			a oolump (a					Ĺ		
2		rent year end baland	ا عاران عر %	y, column (a	<i>i))</i> пеій as.						
a h	Board designated or quasi-endowment Permanent endowment	%									
b		70 %									
С	The percentages on lines 2a, 2b, and 2c sho										
20		-	ation the	at are hold a	nd administr	rad for t	ha				
Ja	Are there endowment funds not in the posse	ssion of the organiz	auonina	at are neiù a					Г	Yes	No
	organization by:								20(1)		
	(i) Unrelated organizations										
h	(ii) Related organizations										
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		Swment	tunas.							
Fai	Complete if the organization answere		0 Part IV	/ line 112 S	See Form 990) Part X	line 10				
	· · · ·								(-1) D		
	Description of property	(a) Cost or o basis (investi		(b) Cost basis	or other (other)	.,	ccumulate preciation		(d) Boo	k value	9
1a	Land				-						
	Buildings										
	Leasehold improvements										
	Equipment			4	1,543.		6,2	83.	3	5,2	60.
	Other			1	0,934.			48.		9,9	
	Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	0c.)					5,24	
-	— · · · · · · · · · · · · · · · · · · ·										_

Schedule D (Form 990) 2022

232052 09-01-22

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (I)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	an Fairm 000 Dart IV/ lin	11. Cas Farm 000 Dart V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (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	e 11d. See Form 990, Part X, line 15.	
-	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		25.
(a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

232053 09-01-22

Sche	ulue D (Form 990) 2022 UNCOMMON.ORG INC.		83-09	86671 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	490,051.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			490,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			490,051.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	396,762.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			396,762.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			396,762.
Pa	rt XIII Supplemental Information.			
-	in the second second second from Deat II. Notes C. C. and C. Deat III. Notes A. and A.	David IV (line and the second Obse		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

09211109 794078 UNCOMMON

SCHEDULE G	Suppleme	ental Information Regarding	Fun	drais	ing or Gaming A	Acti	vities	OMB No. 1545-0047		
(Form 990)	Complete if the	2022								
	C		Open to Public							
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Ope Go to www.irs.gov/Form990 for instructions and the latest information. Insp									
Name of the organization	n		entification number							
Part I Fundrais		N.ORG INC.		(in . 1	83-0986			
	complete this par	 Complete if the organization answe t. 	erea "	res" o	n Form 990, Part IV, I	ine i	7. Form 990-E	Z filers are not		
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 1000 	ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv	s f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o sional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye:			
(i) Name and addres	mpensated at least \$5,000 by the organization. ame and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity listed in col.						or retained by)	(vi) Amount paid to (or retained by) organization		
			Yes	No	-					
Total		I		1						
		on is registered or licensed to solicit			s or has been notified	d it is	exempt from	registration		

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

Schedule G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio me on Form 990-F7 lines 1 and 6b. List events with arc n \$5 000 nda nointo -

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			UNCOMMON NEW		NONE	(d) Total events
				SUMMER PARTY	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
			(010	(010111)(00)	(1010111201)	
ובגבוותב	1	Gross receipts	43,735.	45,182.		88,917
	2	Less: Contributions	28,660.	25,479.		54,139
╡	3	Gross income (line 1 minus line 2)	15,075.	19,703.		34,778
	4	Cash prizes				
,	5	Noncash prizes				
200	6	Rent/facility costs				
חוובתו דעהבוואבא	7	Food and beverages				
د	8	Entertainment				
		Other direct expenses		970.		22,860
		Direct expense summary. Add lines 4 through				22,860
- 1		Net income summary. Subtract line 10 from I				11,918
'a	rt I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				•
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1	Gross revenue				
ß	2	Cash prizes				
	3	Noncash prizes				
חוובתו דעהבוואבא	4	Rent/facility costs				
וי		Other direct expenses				
			Yes %	Yes%	Yes %	
╡						
	6	Volunteer labor	No	No I	No	
		Volunteer labor Direct expense summary. Add lines 2 throug		No		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	7		h 5 in column (d)			
	7 8	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	h 5 in column (d)			
	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	·		Yes N
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?		YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?		YesN
а	7 8 Ent	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?		YesN
a b Da	7 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: <u>ere any of the organization's gaming licenses re</u>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?		
a b Oa	7 Ent Is t If "I We	Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain:	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?		
a b Da	7 Ent Is t If "I We	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: <u>ere any of the organization's gaming licenses re</u>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?		
a b)a b	7 8 Entt Is t If "I We If "``	Direct expense summary. Add lines 2 throug <u>Net gaming income summary. Subtract line 7</u> ter the state(s) in which the organization condu- the organization licensed to conduct gaming a No," explain: <u>ere any of the organization's gaming licenses re</u>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these evoked, suspended, or to	states?	/ear?	

Sch	edule G (Form 990) 2022	UNCOMMON.OF	٢G	; I	NC.	83-0	986	671	Page 3
11	Does the organization conduct ga	aming activities with no	nm	nemb	pers?			Yes	No
12					r a member of a partnership or other entity formed				
	to administer charitable gaming?							Yes	L No
	Indicate the percentage of gamin					,	1		
							13a		%
							13b		%
14	Enter the name and address of th	e person who prepares	s th	ne or	rganization's gaming/special events books and record	IS:			
	Nama								
	Name								
	Address								
15a	Does the organization have a con	tract with a third party	fror	m w	hom the organization receives gaming revenue?			Yes	🗌 No
b	If "Yes," enter the amount of gam	ing revenue received b	y tł	he o	organization \$ and the amo	unt			
	of gaming revenue retained by th	e third party \$							
c	If "Yes," enter name and address								
	Name								
	Address								
16	Gaming manager information:								
16	Gaming manager information.								
	Name								
	Gaming manager compensation	\$		_					
				_					
	Description of services provided								
	Director/officer	Employee		Г	Independent contractor				
				L					
17	Mandatory distributions:								
		r state law to make cha	rita	able	distributions from the gaming proceeds to				
								Yes	🗌 No
b	Enter the amount of distributions	required under state la	w t	to be	e distributed to other exempt organizations or spent ir	1 the			
_	organization's own exempt activit			\$					
Pa					ations required by Part I, line 2b, columns (iii) and (v);	and Par	t III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provid	de a	any	additional information. See instructions.				
2320	83 10-27-22					Schedu	le G (Form	990) 2022
					34				

232084 04-01-22 35			
32084 04-01-22 35			
2084 04-01-22 35			
84 04-01-22 35			
4 04-01-22 35			
¹⁴⁻⁰¹⁻²² 35			
04-01-22 35			
¹ 04-01-22 35			
04-01-22 35			
¹ 04-01-22 35			
04-01-22 35			
⁴ 04-01-22 35			
4 04-01-22 35			
¹⁴ 04-01-22 35			
4 04-01-22 35			
⁴ 04-01-22 35			
¹⁴ 04-01-22 35			
34 04-01-22 35			
34 04-01-22 35			
⁸⁴ 04-01-22 35			
84 04-01-22 35			
⁸⁴ 04-01-22 35			
34 04-01-22 35			
84 04-01-22 35			
34 04-01-22 35			
84 04-01-22 35			
⁸⁴ 04-01-22 35			
34 04-01-22 35			
4 04-01-22 35			
4 04-01-22 35			
4 04-01-22 35			
4 04-01-22 35			
4 04-01-22 35			
¹ 04-01-22 35			
¹ 04-01-22 35			
04-01-22 35			
4 04-01-22 35			
4 04-01-22 35			
34 04-01-22 35			
84 04-01-22 35			
84 04-01-22 35			
34 04-01-22 35			
34 04-01-22 35			
34 04-01-22 35			
84 04-01-22 35			
84 04-01-22 35			
⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
N84 04-01-22 35			
084 04-01-22 35			
084 04-01-22 35			
084 04-01-22 35			
⁸⁴ 04-01-22 35			
⁰⁸⁴ 04-01-22 35			
35			Schedule G (Form 990
	084 04-01-22	25	
	1100 704070		TTT70000000
1109 /940/8 UNCOMMON 2022.05000 UNCOMMON.ORG INC. UNCOMMO	1109 794078 UNCOMMON	2022.05000 UNCOMMON.ORG INC.	UNCOMM01

SCHEDULE O (Form 990)

Name of the organization



83-0986671

UNCOMMON.ORG INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNCOMMON.ORG, INC. WAS ESTABLISHED TO HELP UNEMPLOYED YOUNG ADULTS FROM

LOW INCOME COMMUNITIES LAUNCH THEIR CAREERS IN THE TECHNOLOGY INDUSTRY

BY PROVIDING INSTRUCTIONAL WORKSHOPS AND SEMINARS IN AFRICA AT NO

CHARGE TO THOSE WHO ATTEND.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO

FILING.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, TAX RETURNS, AND FINANCIAL

STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S

OFFICES.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

OPERATING COSTS :

PROGRAM SERVICE EXPENSES	11,852.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,852.

INTERNET :

PROGRAM SERVICE EXPENSES6,499.MANAGEMENT AND GENERAL EXPENSES0.

FUNDRAISING EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

0.

36 2022.05000 UNCOMMON.ORG INC.

Schedule O (Form 990) 2022 Name of the organization UNCOMMON.ORG INC.	Page 2 Employer identification number 83-0986671
TOTAL EXPENSES	6,499.
BANK CHARGES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,904.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,904.
BAD DEBT EXPENSE :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,000.
REPAIRS AND MAINTENANCE :	
PROGRAM SERVICE EXPENSES	4,255.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,255.
SECURITY :	
PROGRAM SERVICE EXPENSES	4,040.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,040.
STIPENDS :	
PROGRAM SERVICE EXPENSES	2,580.
232212 10-28-22	Schedule O (Form 990) 2022

09211109 794078 UNCOMMON

Schedule O (Form 990) 2022 Name of the organization	Page 2
UNCOMMON.ORG INC.	83-0986671
MANAGEMENT AND GENERAL EXPENSES	0 .
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,580.
MISCELLANEOUS :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,124
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,124.
DUES AND SUBSCRIPTIONS :	
PROGRAM SERVICE EXPENSES	1,225
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,225
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 43,479.
PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBI	LTY FOR THE
OVERSIGHT OF THE AUDIT. THIS PROCESS HAS NOT CHANGED FR	OM THE PRIOR
YEAR.	

232212 10-28-22

Schedule O (Form 990) 2022

09211109 794078 UNCOMMON

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

0101 9	90 PAGE 10		_				_	990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	COMPUTER EQUIPMENT	01/01/21	SL	5.00		16	10,640.				10,640.	2,128.		2,128.	4,256.
2	FURNITURE	01/01/21	SL	7.00		16	1,169.				1,169.	167.		167.	334.
3	COMPUTER EQUIPMENT	06/30/22	SL	5.00		16	30,903.				30,903.			3,090.	3,090.
4	FURNITURE	06/30/22	SL	7.00		16	9,765.				9,765.			698.	698.
	* TOTAL 990 PAGE 10 DEPR						52,477.				52,477.	2,295.		6,083.	8,378.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						11,809.			0.	11,809.	2,295.			4,590.
	ACQUISITIONS						40,668.			0.	40,668.	0.			3,788.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						52,477.			0.	52,477.	2,295.			8,378.
	ENDING ACCUM DEPR											8,378.			
	ENDING BOOK VALUE											44,099.			

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	
	UNCOMMON.ORG INC. PO BOX 2281
	AMAGANSETT, NY 11930
Prepared by	TODRES & COMPANY, LLP. 400 POST AVENUE, SUITE 205 WESTBURY, NY 11590
Amount due	
or refund	BALANCE DUE OF \$125.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	THE NEW YORK FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion							
For Fiscal Year Beginnin	g (mm/dd/yy)	/y) 01/01/	2022 and Ending (mm/dd/yyyy) 12/31/2	2022			
Check if Applicable:	Name of Org		Employer Identification Number 83-0986671	⁻ (EIN):				
Name Change	Mailing Add		NY Registration Number: 46-94-48					
Final Filing	Final Filing City / State / ZIP:					990		
Amended Filing AMAGANSE'I'I', NY 11930 Reg ID Pending Website: WWW.UNCOMMON.ORG					631 495 1 Email:	<u> </u>		
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .								
2. Certification								
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.								
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief,								
				of the State of New York a		,		
President or Authorized	Officer	PETER KAZICKAS CEO						
Fresident of Authonzed	Officer.	Signature		Print Name	and Title Date	-		
	_	Signature		RICHARD TAN TREASURER				
Chief Financial Officer o	r Treasurer:	Signature		Print Name	and Title Date	—		
3 Annual Reporting	a Evomnti	on						
3. Annual Reporting Exemption								
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or								
					e exemption, you must file applica			
schedules and attachme	•					1010		
	nto and pay c							
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and Attachments								
		13						
See the following page			ur organization upo o pro	feedings fund rejear fund r		(anturar		
	for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
	schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to								
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filin	g fee:	EPTL filing fee:	Total fee:	Mala a sizela di di			
next page to calculate your			-		Make a single check or money	order		
fee(s). Indicate fee(s) you					payable to:			
are submitting here: \$		25.	\$	\$ <u>125.</u>	"Department of Law"			
CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)								
*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.								

268451 01-24-23 **1019**

09211109 794078 UNCOMMON

Page 1

2 2022.05000 UNCOMMON.ORG INC.



Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Pa	aisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
 Check the financial attachments you must submit with your CHAR500: IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our filing year. We have included an IRS Form 990-EZ for state purposes on the file of the second seco	revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Review Report if you received total revenue and support greater than \$2 Audit Report if you received total revenue and support greater than \$1,0 If the fiscal year begins before that date, an Audit Report is required if to No Review Report or Audit Report is required because total revenue and We are a DUAL filer and checked box 3a, no Review Report or Audit Rep	250,000 and up to \$1,000,000 100,000 and the fiscal year begins on or after July 1, 2021. Ital revenue and support is greater than \$750,000 I support is less than \$250,000
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
	Organizations are assigned a Registration Category upon

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 or more but less than \$50,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

²⁶⁸⁴⁶¹ ⁰¹⁻²⁴⁻²³ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

2022.05000 UNCOMMON.ORG INC.

3