EXTENDED TO NOVEMBER 15, 2021

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

ΑF	or the	e 2020 calendar year, or tax year beginning	and ending		
B (Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	CORTICO CORPORATION]	
	Name chang	Doing business as		81-39756	30
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	177 HUNTINGTON AVENUE #83158	1703	617-404-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	521,424.
	Ameno return	BOSION, MA 02113		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DEB ROY		for subordinates	? Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u></u>	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)	(1) or 527	If "No," attach a	list. See instructions
		te: > WWW.CORTICO.AI		H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2016 N	M State of legal domicile: MA
Pa	art I	Summary			
4	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	FOSTER	CONSTRUCTIVI	E PUBLIC
Governance		CONVERSATION TO IMPROVE OUR UNDERSTANDI	NG OF O	NE ANOTHER.	
rna	2	Check this box if the organization discontinued its operations or dis	sposed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
	4	Number of independent voting members of the governing body (Part VI, line 1)	b)		3
S S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	23
viţi	6	Total number of volunteers (estimate if necessary)		6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
Ð				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,418,000.	384,162.
nu.	9	Program service revenue (Part VIII, line 2g)		9,178.	134,577.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25,920.	2,685.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)	2,453,098.	521,424.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	0)	1,487,675.	1,268,532.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		30,023.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	,301.		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		726,349.	543,537.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,244,047.	1,812,069.
		Revenue less expenses. Subtract line 18 from line 12		209,051.	-1,290,645.
t Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,436,117.	4,449,846.
t As	21	Total liabilities (Part X, line 26)		10,066.	349,565.
Net		Net assets or fund balances. Subtract line 21 from line 20		1,426,051.	4,100,281.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying sched			/ knowledge and belief, it is
true	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information o	f which preparer	has any knowledge.	
		Cianatura of officer		Doto	
Sig	n	Signature of officer		Date	
Her	е	DEB ROY, ACTING CEO			
		Type or print name and title		Date Check	
		Print/Type preparer's name Preparer's signature		ig	PTIN
Paid		SCOTT W. EICHAR SCOTT W. EICHA	vk]	1/15/21 self-employ	
	arer	Firm's name		Firm's EIN ▶	20-2122306
Use	Only	Firm's address 230 WEST STREET, SUITE 700			14\ 001 1100
_		COLUMBUS, OH 43215		Phone no. (6	
May	/ the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

4d Other program services (Des	scribe on Schedule O.)
--------------------------------	------------------------

(Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ► 1,419,454.

81-3975630 Page **3**

Form 990 (2020) CORTICO CORPORATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		37
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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	_		х
_	similar amounts as defined in Revenue Procedure 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			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>			
8	,	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
40	If "Yes," complete Schedule D, Part IV	9		
10		10		х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	, , ,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 I a		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			7.7
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X

81-3975630

Page 4

	Continued Continued			Г
00	Did the averagination was sit as an thought 000 of average as other assistance to as few demonstriction in dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			X
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	· · ·	23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 7a	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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			- v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
U- T		34		X
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2020) CORTICO CORPORATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 81-3975630

	Continued)			Na					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
Za	filed for the calendar year ending with or within the year covered by this return 2a 23								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.5							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
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 payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
e 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-C?									
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?									
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	0.5							
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
c Enter the amount of reserves on hand 13c									
14a Did the organization receive any payments for indoor tanning services during the tax year?									
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

81-3975630

6 ane

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										
			1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		5							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b];	3							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other								
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, ste	ockho	lders, or								
	persons other than the governing body?			7b		X					
8	$ \ Did the organization contemporaneously document the meetings held or written actions undertaken during the year action of the property of the proper$	-	-								
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached in Part VII, Section A, who cannot be reached in Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, which is the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, who cannot be reached and the Part VIII, Section A, w	hed a	t the								
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>/enue</u>	Code.)		•						
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.										
	· · · · · · · · · · · · · · · · · · ·			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ "	,									
	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent								
	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		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4	مالان								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the active decision the contribute assets to.			40-		Х					
	taxable entity during the year?			16a							
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial and the organization to evaluate in initial and the organization to evaluate the organization or organization to evaluate the organization to evaluate the organization or organization to evaluate the organization or organization to evaluate the organization or organization organizati		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h							
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		l					
17	List the states with which a copy of this Form 990 is required to be filed ►MA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ין מסר	I-T (Section 501(c)(3)s only)	availa	hle					
10	for public inspection. Indicate how you made these available. Check all that apply.	u 336	7 (060:1011 30 1(0)(3	, o orny)	avalla	DIC.					
19	(* p										
.5	statements available to the public during the tax year.		or interest policy, ar	.a man	Jiui						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records								
	DAVID VAN DOKKUM - 617-404-9812	ui i									
	177 HUNTINGTON AVENUE, STE 1703, BOSTON, MA 02115										

Form 990 (2020) CORTICO CORPORATION 81-3975630 Page 7

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	r
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do not check more th		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated		
	hours per	box	, unles cer an	ss per id a d	rson i: irecto	s both	n an tee)	compensation	compensation	amount of
	week (list any						<u> </u>	from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** = ** * * * * * * * * * * * * * * * *	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		,		and related
	below	vidua	itution	ser	empl	hest c	Former			organizations
-	line)	<u>l</u>	Inst	Officer	Key	E Hig	For			
(1) PARISA PARSA	40.00	ļ						125 050	•	
CHIEF EXECUTIVE OFFICER	40.00	Х		Х				135,970.	0.	0.
(2) DAVID VAN DOKKUM	40.00	4		,,				100 565		
CHIEF OPERATING OFFICER	1 20 00			Х				129,565.	0.	0.
(3) WESLEY CHOW	20.00	1				37		115 650	_	_
TECHNICAL ADVISOR (4) ALLISON KING	40.00					Х		115,659.	0.	0.
ENGINEERING TEAM LEAD	40.00	1				Х		107,517.	0.	0.
(5) LILA CONLEE	40.00					Δ		107,317.	<u></u>	<u></u>
SOFTWARE ENGINEER	40.00	1				x		104,738.	0.	0.
(6) RUSSELL STEVENS	5.00							101//301	•	
TREASURER	3133	1		x				24,960.	0.	0.
(7) EUGENE YI	0.50							,	-	-
DIRECTOR		Х						3,009.	0.	0.
(8) DEB ROY	5.00									
DIRECTOR		Х						0.	0.	0.
(9) ALI ROWGHANI	0.50									
DIRECTOR		Х						0.	0.	0.
(10) YAT SUI	0.50]						_	_	_
DIRECTOR		Х						0.	0.	0.
		1								
		4								
	+	<u> </u>								
		┨								
	+	 	\vdash		 					
		1								
		\vdash								
		1								
	1									
		1								
		1		1	l	l	l	l		

032007 12-23-20 Form **990** (2020)

	CVII Section A. Officers, Directors, Trus (A)	(B)			(0	C)			(D)	(E)	(E)			
	Name and title	Average hours per week (list any	box	not c , unle:	Posi heck r ss per nd a di	more son i	than is boti	n an	Reportable compensation from the	Reportable compensation from related organization	on d	an	(F) stimate nount o other pensa	of
		hours for related organizations below line)	tee or	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	org an	om the anizati d relate anizatio	ion ed
		illey	Jul	<u>su</u>	100	Key	High	Fo						
			•											
с d	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						<u> </u>	621,418. 0. 621,418.		0. 0.			0. 0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	ceived more than \$100,	000 of reportabl	e		Yes	5 N o
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." contion B. Independent Contractors	•				-			ed organization or individ			5		X
1	Complete this table for your five highest co										pensa	tion fro	om	
	the organization. Report compensation for (A) Name and business			ONE		itri C	Jr Wi		(B) Description of s			(Compe	C) nsatior	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati		ot lir	nited	d to t	thos		ted	above) who received mo	ore than				

Page 9

		Check if School Is O contains a response	or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response	or note to any line	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
				Total Tovolido		business revenue	from tax under
							sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
an ni	b	Membership dues 1b					
اع ق	c	Fundraising events 1c					
fts, r A	4	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	u						
ns,	e	Government grants (contributions) 1e					
ë	t	All other contributions, gifts, grants, and	204 160				
g		similar amounts not included above 1f	384,162.				
nt O	g	Noncash contributions included in lines 1a-1f 1g \$					
<u>පි</u>	h	Total. Add lines 1a-1f		384,162.			
			Business Code				
o l	2 a	PROGRAM SERVICE FEES	541900	134,577.	134,577.		
Š	b						
je n							
n S	С						
g Za	d						
Program Service Revenue	е						
ď	f	All other program service revenue					
	g	Total. Add lines 2a-2f	>	134,577.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		2,685.			2,685.
	4	Income from investment of tax-exempt bond p					•
	5						
	3	Royalties(i) Real	(ii) Personal				
	_		(II) Fersorial				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	h	Less: cost or other basis					
a	D						
Revenue		and sales expenses	+				
Š		. ,					
		Net gain or (loss)					
her	8 a	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	,				
	h	Less: direct expenses					
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b)				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	_				
	U	THE INCOME OF GOSS/ HOME SAIRS OF HIVEHOLY .	Business Code				
SI	4.4		Dusiness Code				
eor e	11 a						
Miscellaneous Revenue	b						
le k	С						
Ais	d	All other revenue					
_	е	Total. Add lines 11a-11d	>				
		Total revenue. See instructions	•	521.424.	134,577.	0.	2,685.

81-3975630 Page **10**

Form 990 (2020) CORTICO CORPORATION
Part IX Statement of Functional Expenses

sect	ion 501(c)(3) and 501(c)(4) organizations must completed from 501(c)(4) organizations arespons			іріете соіитп (А).	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,	601 417	406 777	110 105	15 525
	trustees, and key employees	621,417.	486,777.	119,105.	15,535.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	410 040	201 205	70 502	10 051
7	Other salaries and wages	410,049.	321,205.	78,593.	10,251.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	130,412.	102,156.	24 006	2 260
9	Other employee benefits	106,654.	83,546.	24,996.	3,260. 2,666.
10	Payroll taxes	100,034.	03,340.	20,442.	2,000.
11	Fees for services (nonemployees):				
	Management	8,671.	6,792.	1,662.	217.
	Legal	22,303.	17,471.	4,275.	557.
	Accounting	22,303.	11, 11.	4,273	337•
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	210,915.	165,217.	40,425.	5,273.
12	Advertising and promotion			20,2201	0,2.00
13	Office expenses	8,245.	6,459.	1,580.	206.
14	Information technology	95,757.	75,010.	18,353.	2,394.
15	Royalties	,	,		•
16	Occupancy	42,027.	32,921.	8,055.	1,051.
17	Travel	20,961.	16,419.	4,018.	524.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,763.	3,731.	913.	119.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,547.	43,511.	10,647.	1,389.
23	Insurance	4,480.	3,509.	859.	112.
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.) PROGRAM EXPENSES	40,387.	31,636.	7,741.	1,010.
a b	OTHER EXPENSES	23,887.	18,712.	4,578.	597.
ט	EQUIPMENT	4,299.	3,368.	824.	107.
d	MISCELLANEOUS EXPENSES	1,038.	813.	199.	26.
-	All other expenses	257.	201.	49.	7.
25 25	Total functional expenses. Add lines 1 through 24e	1,812,069.	1,419,454.	347,314.	45,301.
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)				

81-3975630 Page **11**

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,273,335.	1	1,134,986		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	0.	3	2,630,692		
	4	Accounts receivable, net	0.	4	63,344		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10a	16,530.			
	b	Less: accumulated depreciation	10b	12,335.	5,660.	10c	4,195
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets	150,122.	14	609,629		
	15	Other assets. See Part IV, line 11			7,000.	15	7,000
	16	Total assets. Add lines 1 through 15 (must e			1,436,117.	16	4,449,846
	17	Accounts payable and accrued expenses			0.	17	15,526
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ပ္သ	22	Loans and other payables to any current or for	ormer offi	cer, director,			
ii l		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	hese per	ons		22	
=	23	Secured mortgages and notes payable to uni	related th	rd parties	0.	23	292,900
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
		of Schedule D			10,066.		41,139
	26	Total liabilities. Add lines 17 through 25			10,066.	26	349,565
		Organizations that follow FASB ASC 958, or	check he	e ▶ X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,426,051.	27	4,100,281
Ba	28	Net assets with donor restrictions				28	
ᄪ		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 🔛			
ř		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Ne	32	Total net assets or fund balances		1,426,051.	32	4,100,281	
	33	Total liabilities and net assets/fund balances		<u>.</u>	1,436,117.	33	4,449,846.

Form **990** (2020)

<u>Form</u>	1990 (2020) CORTICO CORPORATION	81-39	<u> 75630</u>	Pag	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		L,4:			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,812				
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,426	5,0	<u>51.</u>		
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	3,964	1,8	75 .		
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	4,100),2	81 .		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit		7			
	Act and OMB Circular A-133?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit					

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CORTICO CORPORATION 81-3975630 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other i vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Total

81-3975630 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0.	1318232.	1712500.	2418000.	384,162.	5832894.
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	Total. Add lines 1 through 3		1318232.	1712500.	2418000.	384,162.	5832894.
	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.						5832894.
	etion B. Total Support						30020311
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	1318232.	1712500.	2418000.	384,162.	5832894.
	Gross income from interest.					001,101	00020021
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	27.	5,157.	13,953.	25,920.	2,685.	47,742.
0	Net income from unrelated business	27.	3,137.	13,333.	23,320.	2,005	17,7126
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	•						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						5880636.
	Total support. Add lines 7 through 10	ata (aga inatu satia	ma)			12	3000030.
	Gross receipts from related activities, e First 5 years. If the Form 990 is for the			ourth or fifth town			
ıs							> X
Sec	organization, check this box and stop tion C. Computation of Public						
	Public support percentage for 2020 (lin			olumn (fl)		14	%
	Public support percentage from 2019		•	***		15	/ 0 %
	33 1/3% support test - 2020. If the or						
IUa	stop here. The organization qualifies a						
h	33 1/3% support test - 2019. If the or		-		lino 15 is 22 1/20/		
b							
17^	and stop here. The organization qualit 10% -facts-and-circumstances test						
11 d							
	and if the organization meets the facts		•	-	•	viriow trie organiz	au∪⊓ ⊾ □
L-	meets the facts-and-circumstances test	-				70 and line 15 :- :	P L
a	10% -facts-and-circumstances test	ū				•	1U% OF
	more, and if the organization meets the				•		. —
40	organization meets the facts-and-circu		-	-			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	······

81-3975630 Page 3

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	oelow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(6) 2017	(0) 2010	(4) 2010	(6) 2020	(1) 10141
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4) 2010	(3) 2311	(0) 2010	(4) 2010	(0) 2020	(i) rotal
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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	:he organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2020	(line 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 201	9 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2	.020 (line 10c, colu	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2020. If th	e organization did ı	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
10b		
990 or 99	0-EZ)	2020

Schedule A (Form 990 or 990-EZ) 2020 CORTICO CORPORATION 81-3975630 Page 5 Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 1 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, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in 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 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С Yes No 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 2a that these activities constituted substantially all of its activities. b Did the activities described in 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. 2h 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. За 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

	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi		11-39/3030 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructions.
•	All other Type III non-functionally integrated supporting organizations mu		•	at t vi). Coo inou douchor
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 CORTICO CORPORATION 81-3975630 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 **c** From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-EZ) 2020 CORTICO CORPORATION	81-3975630 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additic (See instructions.)	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(OCC INSTRUCTIONS.)	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

2020

Name of the organization Employer identification number

CORTICO CORPORATION 81-3975630

Organization type (check one):								
Filers of:		Section:						
Form 990 or 990-EZ		\boxed{X} 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
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 or 990-EZ), 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.							
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year						
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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						

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CORTICO CORPORATION

Employer identification number 81-3975630

Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	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		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	ents that describes the
Do	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	har Similar Assats
Pa			iler Sillillar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		L
_			
2	If the organization received or held works of art, historical trea		gain, provide
_	the following amounts required to be reported under FASB AS	G	•
a L	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
1,1			

Sche		CORPORATIO						81-39		
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	make sig	nificant ι	use of its		
	collection items (check all that apply):									
а	Public exhibition	c			nange progra					
b	Scholarly research	e	, (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	e organizatio	n's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	ures, or othe	er similar a	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on F	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custodi		•						7	
	on Form 990, Part X?							L	Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		7	
	Did the organization include an amount on Fo						y?	L	Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII.									
rai	T V Endowment Funds. Complete i								() [bl.
	5	(a) Current year	(b) P	rior year	(c) Two year	rs dack (a) Inree y	ears back	(e) Four	years back
	Beginning of year balance									
b	Contributions									
С.	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance		//: 4		\					
2	Provide the estimated percentage of the curr	rent year end balance	` •	j, column (a)) neid as:					
_	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment									
С		%								
2-	The percentages on lines 2a, 2b, and 2c sho	•		سد ادادها دید ا	al a aluainiata.			-4:		
3 a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neid an	a administer	ed for the	organiza	ation	Г	Vaa Na
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
L	(ii) Related organizations	ations listed as reserve	od on C	shodula DO					3a(ii)	+
4									30	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment it	unus.						
	Complete if the organization answere) Dart IV	lina 11a S	000 Earm	Dart Y li	ne 10			
	Description of property	(a) Cost or o		(b) Cost			cumulate	-d	(d) Book	value
	Description of property	basis (investr		basis (. ,	reciation		(u) Dook	value
10	Land	<u> </u>		223.0 (,	236				
	Buildings									
	Leasehold improvements									
	Equipment	l l		1	6,530.		12,3	35.	4	,195.
	Other				-,		,			,
	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 10	Oc.)			ightharpoonup	4	,195.

Schedule D (Form 990) 2020

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

	RPORATION	81-3975630 Page
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F) (G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11a Soo Form 000 Part V lina 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	(-, 250 70.00	(,
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
TOTAL TOUR TO THUSE GOOD TO THE SECOND FOR A COLUMN TOUR TOUR TOUR TOUR TOUR TOUR TOUR TOUR		
Part IX Other Assets.		
Part IX Other Assets.		I 11d. See Form 990, Part X, line 15.
Part IX Other Assets. Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	on Form 990, Part IV, line Description	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	on Form 990, Part IV, line Description	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	on Form 990, Part IV, line Description	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line Description	(b) Book value The or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4)	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4) (5)	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4) (5) (6)	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4) (5) (6) (7)	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4) (5) (6) (7) (8)	on Form 990, Part IV, line Description	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL (3) OTHER ACCRUED EXPENSES (4) (5) (6) (7)	on Form 990, Part IV, line Description	(b) Book value

Schedule D (Form 990) 2020

81-3975630 Page 4 Schedule D (Form 990) 2020 CORTICO CORPORATION Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 528,802. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a 7,378. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 7,378. Add lines 2a through 2d 2e Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,819,447. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 7,378. a Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses Other (Describe in Part XIII.) 2d 7,378. 2e Add lines 2a through 2d 1,812,069. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII | Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20 Schedule D (Form 990) 2020

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CORTICO CORPORATION

Employer identification number 81-3975630

Schedule O (Form 990 or 990-EZ) 2020

0111100 0011111111111111111111111111111
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY CONVERSATIONS IN PERSON OR ONLINE THAT INVITE PEOPLE TO SPEAK
AND BE HEARD. CONVERSATIONS ARE RECORDED AND TRANSCRIBED WITH THE GOAL
OF OFFERING MEDIA, LOCAL LEADERSHIP, AND THE GREATER PUBLIC A NEW
WINDOW INTO THE MOST IMPORTANT COMMUNITY CONCERNS AND IDEAS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THEIR CONVERSATION AND FROM OTHER CONVERSATIONS IN THE NETWORK.
POWERFUL MACHINE LEARNING TECHNOLOGY AND AN INNOVATIVE DIGITAL PLATFORM
COMBINE TO SUPPORT LVN'S COLLECTION, CURATION AND DISTRIBUTION OF
AUTHENTIC VOICES AT A NATIONWIDE SCALE.
BEGINNING IN MARCH 2020 CORTICO PAUSED IN-PERSON CONVERSATIONS AND
TRANSITIONED TO SUPPORTING VIRTUAL SMALL GROUP DIALOGUES, SUPPORTING
THE WORK OF 20+ NEW PARTNERS NATIONWIDE ACROSS MEDIA, GOVERNMENT,
EDUCATION, AND OTHER NON-PROFIT SECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE CEO, COO, AND ACCOUNTANT WILL REVIEW THE 990 AND UPON SUCCESSFUL REVIEW
FORWARD TO THE BOARD CHAIR, TREASURER AND DIRECTORS FOR REVIEW AND
APPROVAL. UPON EMAIL APPROVAL OF THE 990, IT WILL BE SIGNED BY THE
DESIGNATED PARTIES.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THE
CONFLICT OF INTEREST POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE

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

Page 2

Name of the organization **Employer identification number** 81-3975630 CORTICO CORPORATION HAS DONE SO. EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF, OR CONSULTANT TO, A NOT-FOR-PROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO CORTICO. EACH RESPONSIBLE PERSON SHOULD ALSO DISCLOSE TO THE BOARD OF DIRECTORS ANY POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE DURING THE COURSE OF THE YEAR BETWEEN THE SUBMISSION OF ANNUAL DISCLOSURE FORMS. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE CEO, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY. THIS POLICY SHALL BE REVIEWED ANNUALLY BE EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FORM 990 AND 1023 ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION ON ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING EXPENSES: PROGRAM SERVICE EXPENSES 160,815. 39,348. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 5,133.

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization CORTICO CORPORATION	Employer identification number 81-3975630
TOTAL EXPENSES	205,296.
PAYROLL SERVICE FEES:	
PROGRAM SERVICE EXPENSES	4,402.
MANAGEMENT AND GENERAL EXPENSES	1,077.
FUNDRAISING EXPENSES	140.
TOTAL EXPENSES	5,619.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	210,915.