			EXTENDED TO MAY 15, 2023		
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		s) <b>2021</b>
-			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					
AF	or th	e 2021 calend	ar year, or tax year beginning $JUL \ 1$ , $\ 2021$ and ending	JUN 30, 2022	
B a	heck if pplicab	le: <b>C</b> Name o	forganization	D Employer identifica	ation number
	Addre	THE	CONVERSATION US, INC.		
	 Name		usiness as THE CONVERSATION	**-***677	4
		v	and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number	
	Final	303	WYMAN STREET, SUITE 300 300	857-305-8	674
	termii ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,991,773.
	Amer returr	WALT	HAM, MA 02451	H(a) Is this a group ret	urn
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: ELIZABETH DALEY	for subordinates?	
	pend	<sup>ing</sup> 101 S	UMMIT AVENUE, UNIT C, BROOKLINE, MA	02 H(b) Are all subordinates inc	uded? Yes No
11	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 5	527 If "No," attach a li	st. See instructions
			ONVERSATION.COM/US	H(c) Group exemption	
			X Corporation I Trust Association Other ► L Y	ear of formation: 2012 M	State of legal domicile: MA
Pa	art I	Summary			
Ð	1	Briefly describ	e the organization's mission or most significant activities: THE CONV	ERSATION (TC)	IS A
Activities & Governance		UNIQUE	FORM OF GLOBAL, BORDERLESS AND INDEPE	NDENT JOURNALI	SM THAT
ernä	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	
Ň	3	Number of vo	ting members of the governing body (Part VI, line 1a)		15
ي م	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		15
es	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)		42
viti	6	Total number	of volunteers (estimate if necessary)	6	0
Acti	7a		d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	8,963,034.	1,763,464.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	2,080,339.	2,227,833.
ě	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	5,369.	476.
	11	Other revenue	e (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)	11,048,742.	3,991,773.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	6,572,482.	0.
		•	to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	3,153,298.	3,617,601.
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)   412,739.	0.	0.
ďx	b	Total fundrais	ing expenses (Part IX, column (D), line 25)      412,739.		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	904,766.	1,421,494.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,630,546.	5,039,095.
	19	Revenue less	expenses. Subtract line 18 from line 12	418,196.	-1,047,322.
s or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (I		7,286,639.	3,433,236.
at As	21		(Part X, line 26)	5,305,906.	2,499,825.
			fund balances. Subtract line 21 from line 20	1,980,733.	933,411.
	art II				
			I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepared	arer has any knowledge.	
			a fa ffisar	D_++-	
Sig	n	Signatur	e of officer	Date	

Sign	Signature of officer		[	Date					
Here		OR OF OPERATIONS							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	HOWARD NEWBURG			self-employed P00020281					
Preparer	Firm's name 🕨 NEWBURG & COMPAN		F	irm's EIN 🕨 **-**5993					
Use Only	Firm's address 95 SAWYER ROAD,	SUITE 120							
WALTHAM, MA 02453 Phone no.781-884-4100									
May the I	May the IRS discuss this return with the preparer shown above? See instructions IV Pes IV No								
132001 12-0	I32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2021) THE CONVERSATION US, INC. **-**6774 Pa	age <b>2</b>
-	rt III Statement of Program Service Accomplishments	- <u>J</u> -
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	EXPERT KNOWLEDGE FOR THE PUBLIC GOOD	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		3.)
	TO CREATE AN INDEPENDENT SOURCE OF NEWS AND VIEWS, SOURCED FROM THE	′
	ACADEMIC AND RESEARCH COMMUNITY AND DELIVERED DIRECT TO THE PUBLIC.	
4b	(Code: ) (Expenses \$ 504,852 · including grants of \$ ) (Revenue \$	)
	THE ORGANIZATION ACTED AS A FISCAL SPONSOR OF A GLOBAL RELIGON	·
	JOURNALISM COLLOBORATION AND A PHILANTHROPY JOURNALISM COLLABORATION.	
	THESE PROJECTS WILL EDUCATE THE GENERAL PUBLIC AND IMPROVE THE	
	UNDERSTANDING OF RELIGON AND PHILANTHROPY BY THE PROJECTS BROADLY	
	DISTRIBUTED AND WELL RESEARCHED JOURNALISTIC ARTICLES.	
4c	(Code:         ) (Expenses \$	)
14	Other program services (Describe on Schedule O.)	
<del>4</del> 0		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ►       4,586,558.	
		0004

Form	990	(2021)

Form 990 (2021) THE CONVERSATION US, INC. 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)?		v	
•	If "Yes," complete Schedule A	1	X X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	Z	~~~	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	5		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	- 23	
5	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	Form 990 (2	2021)	THE	CONVERSATION	U
Ì	Part IV	Checklist	of Require	d Schedules (continue	ed)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
•••	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
<b>L</b>	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	17
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	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	30		
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 21			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990	(2021)	THE	CONVERSAT	TION US	, INC.	
Part V	Staten	nents Regardi	ng Other IRS	Filings and	d Tax Coi	mpliance (continued)

			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 42				
b	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.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v	
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			
C Go	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x	
h	any contributions that were not tax deductible as charitable contributions?	6a		- 23	
D		6b			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	do			
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15			
Ŭ	to file Form 8282?	7c		x	
d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders 11a				
D	Gross income from other sources. (Do not net amounts due or paid to other sources against				
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	Tou			
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				
с	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes " complete Form 6069				

Form 990	(2021)
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#### THE CONVERSATION US, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 15			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERNEST CROWDER - 857-305-8674			
	303 WYMAN STREET, SUITE 300, WALTHAM, MA 02451			

Part VII	Compensation of Office	rs, Directors,	, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepe	ndent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box,	box, unless per officer and a di			is bot	h an	compensation	compensation	amount of
	week			luau	recio	n/uus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	idual	nstitutional trustee	er	Key employee	est cc loyee	ler			organizations
	line)	Indiv	Insti	Officer	Key e	Highest compensated employee	Former			
(1) BRUCE WILSON	50.00									
DIRECTOR		х						239,887.	0.	0.
(2) ELIZABETH DALEY	60.00									
PRESIDENT/DIRECTOR		Х		Х				210,959.	0.	0.
(3) ERIC ZACK	40.00									
UNIVERSITY RELATIONS						Х		131,053.	0.	0.
(4) MARTIN LAMONICA	40.00									
DEPUTY EDITOR						Х		107,855.	0.	0.
(5) ERNEST CROWDER	40.00									
DIRECTOR OF OPERATIONS						Х		104,831.	0.	0.
(6) THOMAS FEIDLER	1.50									
DIRECTOR		Х						0.	0.	0.
(7) MARGARET DRAIN	1.50							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) BENJAMIN TAYLOR	4.00								_	_
CHAIR/DIRECTOR		Х		х				0.	0.	0.
(9) TINA CASSIDY	1.50									_
CLERK/DIRECTOR		Х		х				0.	0.	0.
(10) ERNEST WILSON	1.50									-
DIRECTOR		Х						0.	0.	0.
(11) SAMUAL THOMPSON	1.50							_	_	_
TREASURER/DIRECTOR		Х		Х				0.	0.	0.
(12) ELIZABETH RITVO	1.50									-
DIRECTOR		Х						0.	0.	0.
(13) ALVIN HALL	1.50									_
DIRECTOR		Х						0.	0.	0.
(14) W. MICHAEL MCKENNA	1.50									_
DIRECTOR		Х						0.	0.	0.
(15) MICHELLE OZUMBA	1.50									
DIRECTOR		Х						0.	0.	0.
(16) ALEXIA HUDSON WARD	1.50								•	•
DIRECTOR		X						0.	0.	0.

	990 (2021)	THE CO	NVERSATION	ι	JS,	, ]	N	2.			**_**	*6	774	Pa	age <b>8</b>
Par	t VII Sect	tion A. Officers, Directors,		ploy	ees,			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title			<b>(B)</b> Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estimated amount of other		
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		orga and	oensa om the nizati relate nizatio	e ion ed
. <u> </u>															
												_			
с		continuation sheets to Pa	art VII, Section A							794,585. 0. 794,585.		0.0.0.			0. 0. 0.
2	Total num	lines 1b and 1c) ber of individuals (including to tion from the organization	but not limited to th								,000 of reportable	-			5
	•	~												Yes	No
3		janization list any <b>former</b> of "Yes," complete Schedule J			2	•	•	-		gnest compensated emp	5		3		х
4		lividual listed on line 1a, is t d organizations greater than		le co	ompe	ensa	tior	n and	d ot	her compensation from			4	X	
5	Did any pe	rson listed on line 1a receive o the organization? <i>If</i> "Yes,"	e or accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv			5		x
Sec		ependent Contractors	complete concaux		0/ 30		00/0						<u> </u>		
1	-	this table for your five highe zation. Report compensatior	-	-								pensa	ation fr	om	
		(A) Name and busi	)		ONE					(B) Description of s		C	(C) ompen		า
2		per of independent contract		ot li	mite	d to		se lis )	stec	d above) who received m	nore than				

					AT	ION US,	INC.		**-**6	774 Page 9
Pa	rt V	/111								
			Check if Schedule O co	ontains a respo	nse	or note to any lir		(B)	(C)	
							<b>(A)</b> Total revenue	Related or exempt function revenue	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b						
Am C		с	Fundraising events	1c						
lar Gift		d	Related organizations	1d						
imi,		е	Government grants (contrib	outions) 1e		242,923.				
er S		f	All other contributions, gifts, gr							
Ę			similar amounts not included al			520,541.				
ont of C		-	Noncash contributions included in lin							
ភីប័		h	Total. Add lines 1a-1f				1,763,464.			
						Business Code		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Program Service Revenue	2		MEMBERSHIP FEE				2,037,833.	2,037,833.		
ue v		b	FISCAL SPONSOR	CSHIP		517000	190,000.	190,000.		
ven S		С								
Ber		d								
õ		e	<u></u>			541900				
-			All other program service re				2,227,833.			
	3	g	Total. Add lines 2a-2f				2,227,055.			
	3						476.	476.		
	other similar amounts) 4 Income from investment of tax-exempt bond pro									
	5		Royalties	-	-					
	Ŭ			(i) Real		(ii) Personal				
	6	а	Gross rents	6a						
			····· -	6b						
			· ···	6c						
			Net rental income or (loss)							
			Gross amount from sales of	(i) Securit		(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
venue			and sales expenses	7b						
ver		с	Gain or (loss)	7c						
å		d	Net gain or (loss)		. <u></u>	►				
Other R	8	а	Gross income from fundraising	events (not						
ō			including \$	of						
			contributions reported on lin							
			Part IV, line 18		8a					
			Less: direct expenses		8b					
			Net income or (loss) from fu	-		<b>&gt;</b>				
	9	a	Gross income from gaming							
		<b>h</b>	Part IV, line 19		9a 9b					
			Less: direct expenses							
			Net income or (loss) from ga Gross sales of inventory, les		,	····· 🚩				
		a	and allowances		10a					
		h	Less: cost of goods sold		10a					
			Net income or (loss) from sa							
		-			<i></i>	Business Code				
sno	11	а								
ane		b			_					
sell: eve		c								
Miscellaneous Revenue		d	All other revenue							
~			Total. Add lines 11a-11d			►				
	12		Total revenue. See instructions				3,9 <u>91,</u> 773.	2,228,309.	0.	0.

THE CONVERSATION US, INC. Part IX Statement of Functional Expenses

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

Check if Schedule O contains a respon- Do not include amounts reported on lines 6b,	(A)	<b>(B)</b> Program service	(C) Management and	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21 $\dots$				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> 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				
<b>5</b> Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	2 040 602			211 662
7 Other salaries and wages	3,049,602.	2,732,459.	5,590.	311,553
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	328,998.	303,379.		25,619
9 Other employee benefits	239,001.	215,616.		23,385
IO Payroll taxes	239,001.	215,010.		23,303
<b>I1</b> Fees for services (nonemployees):				
a Management	191,981.	191,981.		
b Legal	17,864.	191,901.	17,864.	
c Accounting	17,004.		17,004.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25,				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	233,873.	233,873.		
	45,323.	45,291.	32.	
Advertising and promotion	23,716.	19,144.	955.	3,617
I3       Office expenses         I4       Information technology	2377200			57017
IS Royalties				
I6 Occupancy I7 Travel	96,798.	87,563.	148.	9,087
8 Payments of travel or entertainment expenses	5077500			57007
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	19,171.	18,672.		499
20 Interest	.,	- ,		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,810.		1,810.	
23 Insurance	15,736.	9,414.	6,322.	
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.)				
a SUBCONTRACTORS	473,914.	462,297.		11,617
b PAYROLL PROCESSING	93,451.	84,637.	1,501.	7,313
c COMPUTER AND SOFTWARE	45,970.	45,752.	191.	27
d PHOTOGRAPHY	41,173.	41,173.		
e All other expenses	120,714.	95,307.	5,385.	20,022
25 Total functional expenses. Add lines 1 through 24e	5,039,095.	4,586,558.	39,798.	412,739
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)				

THE CONVERSATION US, INC.
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\*\*-\*\*\*6774 Page 11

		Check if Schedule O contains a response or no	to to or	w line in this Part V			
		Check if Schedule O contains a response or no			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,227,547.	1	3,079,388.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	75,008.
	4	Accounts receivable, net		46,000.	4	244,800.	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	sons		5	
	6	Loans and other receivables from other disqual	ified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
Ÿ	9				8,023.	9	10,694.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,725.			
	b	Less: accumulated depreciation			3,116.	10c	16,876.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,953.	15	6,470.
	16	Total assets. Add lines 1 through 15 (must equ	al line :	33)	7,286,639.	16	3,433,236.
	17	Accounts payable and accrued expenses			281,372.	17	395,688.
	18	Grants payable			3,805,076.	18	885,413.
	19	Deferred revenue	1,219,458.	19	1,218,724.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or forr	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
iab		controlled entity or family member of any of the	se pers	sons		22	
	23	Secured mortgages and notes payable to unrel	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 17-24	). Complete Part X			
		of Schedule D				25	0 400 005
	26	Total liabilities. Add lines 17 through 25			5,305,906.	26	2,499,825.
ş		Organizations that follow FASB ASC 958, che	eck he	re 🕨 👗			
nce		and complete lines 27, 28, 32, and 33.			202 075		21 044
ala	27				202,075.	27	21,844. 911,567.
ар	28			· · · · · · · · · · · · · · · · · · ·	1,778,658.	28	911,307.
'n		Organizations that do not follow FASB ASC 9	958, ch	eck here 🕨 📖			
د ۲		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed		F		30	
∋t A	31	Retained earnings, endowment, accumulated ir			1 000 722	31	
ž	32	Total net assets or fund balances			1,980,733.	32	933,411.
	33	Total liabilities and net assets/fund balances			7,286,639.	33	3,433,236.

Form **990** (2021)

# Form 990 (2021) Part X Balance Sheet

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	1 990 (2021) THE CONVERSATION US, INC.	**_	-***67	74	Pag	ge <b>12</b>		
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		991		73. 95.		
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10								
	column (B))							
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: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis	,					
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the							
	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 Sch							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	dit					
	Act and OMB Circular A-133?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			F	orm 9	<b>990</b> ()	2021)		

Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

► Go

			CONVERSATI	ON US	TNC				*	*-***6774			
Pa	rt I	Reason for Public (				omplete th	nis part.) S	See instruction:		0774			
		ization is not a private found											
1		•				•							
2	$\square$	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b> A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)											
3	$\square$	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>											
4	$\square$	A medical research organiz						-	(iii). Enter	the hospital's name.			
•		city, and state:		· · · · · · · · · · · · · · · · · · ·					().	·····,			
5		An organization operated for	or the benefit of a col	leae or unive	ersitv owned	d or operat	ted by a g	overnmental u	nit descrik	bed in			
		section 170(b)(1)(A)(iv). (C		0	,	·	, ,						
6		A federal, state, or local gov		nental unit de	escribed in s	section 17	70(b)(1)(A)	(v).					
7	Χ								ne general	public described in			
		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe		1)(A)(vi). (Co	mplete Parl	t II.)							
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:											
10		An organization that norma	Ily receives (1) more	than 33 1/3%	6 of its sup	port from a	contributio	ons, membersh	nip fees, a	nd gross receipts fron	n		
		activities related to its exen	npt functions, subjec	t to certain e	exceptions;	and (2) no	more than	n 33 1/3% of it	ts support	from gross investmer	nt		
		income and unrelated busir	ness taxable income	(less section	n 511 tax) fro	om busine	sses acqu	uired by the org	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test f	or public sa	fety. See <b>:</b>	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the t	penefit of, to	perform t	the functio	ons of, or to ca	rry out the	e purposes of one or			
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on											
	_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		<b>Type I.</b> A supporting orga	anization operated, si	upervised, o	r controlled	by its sup	ported org	ganization(s), t	ypically by	' giving			
		the supported organization				a majority o	of the dire	ctors or truste	es of the s	supporting			
	_	organization. <b>You must c</b>	-										
b		<b>Type II.</b> A supporting org	-					-		-			
		control or management o				ame perso	ons that co	ontrol or manag	ge the sup	ported			
		organization(s). You mus	-										
С		☐ Type III functionally inte			-				ly integrate	ed with,			
-		its supported organization			-								
d		Type III non-functionally that is not functionally int			-				-				
		that is not functionally int requirement (see instruct		-	-	•		-	analleni	iveness			
е		Check this box if the orga		•	-								
C	L	functionally integrated, or						а турет, туре	п, туре п				
f	Ente	er the number of supported of		nany integrat		ing organiz	Lation.						
a		vide the following information	•	d organizatio						· .			
		i) Name of supported	(ii) EIN	(iii) Type of o	rganization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described or above (see in		Yes	No	support (see ins	structions)	support (see instruction	ıs)		
Tota													

THE CONVERSATION US, INC.

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,311,957.	2,481,039.	4,922,615.	3,228,590.	3,986,645.	16,930,846.
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	2,311,957.	2,481,039.	4,922,615.	3,228,590.	3,986,645.	16,930,846.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,332,517.
6	Public support. Subtract line 5 from line 4.						14,598,329.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,311,957.	2,481,039.	4,922,615.	3,228,590.	3,986,645.	16,930,846.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,320.	10,101.	21,011.	7,415.	476.	56,323.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16,987,169.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11, o	olumn (f))		14	85.94 %
	Public support percentage from 2020					15	78.50 %
<b>16</b> a	1 33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	<b>33 1/3% support test - 2020.</b> If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	blicly supported o	rganization		▶□
k	0 10% -facts-and-circumstances test	t - 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and <b>sto</b>	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s <b>&gt;</b>

Schedule A (Form 990) 2021

Schedule A (	Form 9	990)	2021

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(0) 2017	(6) 2010	(0) 2010	(0) 2020	(0) 2021	(1) 10121
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(	$\bigcirc$				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)		1				
	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third	fourth. or fifth tax	vear as a section	501(c)(3) orda	nization.
	check this box and stop here	•		•			
Sec	ction C. Computation of Publi	c Support Pe	ercentage				<b>F</b>
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Invest						/0
17				ne 13 column (fi)	1	17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
190	more than 33 1/3%, check this box ar						
۲.	<b>33 1/3% support tests - 2020.</b> If the						▶∟
D D							
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	T ulu not check a	LUOX OF IME 14, 19	a, or 190, check t	uns pox and see In	SUUCIONS	

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

	Yes	No
1		
2		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
90		
9c		
30		
10a		
10b		

Schedule A (Form 990) 2021

# of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

No Yes

## 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 yea(see instructions). 1

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

3b Schedule A (Form 990) 2021

2a

2b

3a

- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

Did the governing body, members of the governing body, officers acting in their official capa 1 more supported organizations have the power to regularly appoint or elect at least a majority directors, or trustees at all times during the tax year? If "No," describe in Part VI how the su effectively operated, supervised, or controlled the organization's activities. If the organization organization, describe how the powers to appoint and/or remove officers, directors, or truste supported organizations and what conditions or restrictions, if any, applied to such powers d 2 Did the organization operate for the benefit of any supported organization other than the su

VERSATION US, INC.

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

### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

	Yes	No	
1			
2			
	1	1	1

11a

11b

11c

Yes No

Yes

No

Schedule A	(Form 990)	2021	THE	CONVER
Part IV	Suppor	ting O	rganizations	(continued)

	(Form 990) 2021
Part V	Type III Non-Func

1

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

THE CONVERSATION US, INC.

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

n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
ncome tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Distributat emergency	<b>le Amount.</b> Subtract line 5 from line 4, unless subject to temporary reduction (see instructions).	<b>ble Amount.</b> Subtract line 5 from line 4, unless subject to         temporary reduction (see instructions).	ble Amount. Subtract line 5 from line 4, unless subject to

instructions).

Schedule A (Form 990) 2021

_	dule A (Form 990) 2021 THE CONVERSAT			**	-***6774 Page7
Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<b></b>		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
-	From 2017				
-	From 2018				
-	From 2019				
-	From 2020				
-	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
-	line 7: \$				
a	Applied to underdistributions of prior years			_	
-	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, <i>explain in</i> <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				

7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021 Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	THE (	CONVERSATI	ON US,	INC.	**-***6774 Page 8
Part VI	Supplemental Infor	mation.	Provide the explana	ations require	ed by Part II, line 1	0; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1 line 1: Part IV. Section D.	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9 3: Part IV. Section	b, 9c, 11a, 1 E. lines 1c. 2	1b, and 11c; Part I 2a. 2b. 3a. and 3b:	V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and	8; and Par	t V, Section E, lines	2, 5, and 6.	Also complete this	part for any additional information.
	(See instructions.)					
					A	

### Schedule B

(Form 990)

### Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

2021

Name of the	e organization	Employer identification number				
	THE CONVERSATION US, INC.	**-**6774				
Organizat	on type (check one):					
Filers of:	Section:					
Form 990	or 990-EZ 3 01(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-	PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	ur organization is covered by the General Rule or a Special Rule.					
Note: Only	a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General R	ule					
F	or an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir	g \$5,000 or more (in money or				
р	operty) from any one contributor. Complete Parts I and II. See instructions for determining a contributo	r's total contributions.				
Special R	lles					
XF	or an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor	t test of the regulations under				
s	ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a	and that received from any one				
	ontributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) (ii) Form 990-EZ, line 1. Complete Parts I and II.	Form 990, Part VIII, line 1h;				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one						
	portributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, s					
	erary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I I/A" in column (b) instead of the contributor name and address), II, and III.	entering				
	or an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from					
	ear, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled r checked, enter here the total contributions that were received during the year for an exclusively religiou					
	urpose. Don't complete any of the parts unless the General Rule applies to this organization because if					
	ligious, charitable, etc., contributions totaling \$5,000 or more during the year					

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

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

Name of organization

Employer identification number

\*\*-\*\*\*6774

#### THE CONVERSATION US, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SPENCER FOUNDATION 625 N MICHIGAN AVE, SUITE 1600 CHICAGO, IL 60611	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BURROUGHS WELCOME FUND PO BOX 13901 RESEARCH TRIANGLE PARK, NC 27709-3901	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LUMINA FOUNDATION 30 S. MERIDIAN ST., SUITE 700 INDIANAPOLIS, IN 46204	\$ <u>365,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

\*\*-\*\*\*6774

THE CONVERSATION US, INC.

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

(b) Description of noncash property given	(c) FMV (or estimate)	(d)
	(See instructions.)	Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	- - - - \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given	(b)     (c)       Description of noncash property given     (c)       (b)     (c)       (b)     (c)       (b)     (c)       (c)     FMV (or estimate)       (c)     FMV (or estimate)

Schedule B (Form 990) (2021)

Sche	dule B	(Forr	m 990) (2021)	

Name of or	rganization		Employer identification numbe
THE CO	ONVERSATION US, INC.		**-**6774
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns ( completing Part III, enter the total of exclusively religious	(a) through (e) and the following line ent s, charitable, etc., contributions of <b>\$1,000 or l</b>	ection 501(c)(7), (8), or (10) that total more than $1,000$ for the y
(a) No.	Use duplicate copies of Part III if additionation		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address,	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
`fŕom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	[
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(a) No. from			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	 t
-	Transferee's name, address,	Relationship of transferor to transferee	

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.

OMB No. 1545-0047 Open to Public Inspection

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

Employer identification number

Nam	e of the organization THE CONVERSATION U	S, INC.	Employer identification number **-***6774
Pa			ds or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		'
		(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		vised funds
	are the organization's property, subject to the organization's	5	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Pa			
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	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 quali	ified conservation contribution in the for	m 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		
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located 🕨	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling c	of
	violations, and enforcement of the conservation easements	it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing co	onservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conser	vation easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abo	, ,	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial state	ments that describes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or	Other Similar Access
Fai	Complete if the organization answered "Yes" on Forn		Other Similar Assets.
10			t and balance aboat works
Id	If the organization elected, as permitted under FASB ASC 99 of art, historical treasures, or other similar assets held for pu	· ·	
	service, provide in Part XIII the text of the footnote to its fina	, ,	
h	If the organization elected, as permitted under FASB ASC 9		
b			
	art, historical treasures, or other similar assets held for public	e exhibition, equeation, or research in tu	
	provide the following amounts relating to these items:		*
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asuros, or other similar assots for financ	
2			אמוו, אוטאוטב
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	÷	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice. see the Instruction		Schedule D (Form 990) 2021

Schedule	D (Form	990) 2021
onoaaro	<b>D</b> (1 01 111	

		VERSATION			<u> </u>			4 Page 2
Pai	rt III Organizations Maintaining C							nued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of	the following that m	nake significa	int use of its		
	collection items (check all that apply):							
а	Public exhibition	c		exchange program				
b	Scholarly research	e	• U Other					
С	Preservation for future generations							
4	Provide a description of the organization's c						t XIII.	
5	During the year, did the organization solicit of						-	
	to be sold to raise funds rather than to be m						Yes	└── No
Pa	reported an amount on Form 990, Pa		ete if the organiz	ation answered "Ye	es" on Form 9	990, Part IV,	line 9, or	
			dian (far aantrih)	tions or other seed	to pot ipoluda			
Ia	Is the organization an agent, trustee, custod						Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					····· L		
b	in res, explain the arrangement in Part XIII	and complete the id	nowing table.				Amount	•
~	Paginning balance				10		/ moun	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
t 20	Ending balance Did the organization include an amount on F						Yes	No
						L		
Pa	If "Yes," explain the arrangement in Part XIII rt V Endowment Funds. Complete							
		(a) Current year	(b) Prior yea			e vears back	(e) Four	years back
10	Reginning of year balance	(u) ourione your	(b) Horyou		(4)	jouro suon	(0) / 001	jouro suon
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
е	Other expenditures for facilities			, 				
	and programs							
	Administrative expenses							
g	End of year balance Provide the estimated percentage of the cur		ling 1 g. oolun					
2	Board designated or quasi-endowment	rent year end balant	%	in (a)) neiù as.				
	•	%						
	Permanent endowment	%						
с	· · · · · · · · · · · · · · · · · · ·	· -						
20	The percentages on lines 2a, 2b, and 2c sho	•	ation that are he	ld and administers	tor the eree	nization		
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are ne	iu anu auministeret	a for the orga	Inzation	Г	Yes No
	by:						20(1)	
	(i) Unrelated organizations						3a(i)	
h	(ii) Related organizations	tiona liatad aa ragui	rad on Cabadula				3a(ii)	
				н. 			3b	
4 Par	Describe in Part XIII the intended uses of the transformed transformed to the transformed to the transformation of transformation of transformation of the transformation of trans		Swittent lunds.					
1 0	Complete if the organization answere		0 Part IV line 1-	a See Form 990 F	Part X line 10			
	Description of property	(a) Cost or c basis (investr	. ,	Cost or other Isis (other)	(c) Accumula depreciatio		(d) Bool	k value
	Land	· · · · ·						
	Land							
	Buildings							
	Leasehold improvements	4.0	725.		1	849.	1	6,876.
	Equipment		143.		±,	047.	Τ.	0,070.
	Other						1	6,876.
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must</i> e	equal Form 990, Part	∧, coiumn (B), li	ne IUC.)		🕨 📘	Ľ ل	0,0/0.

Schedule D (Form 990) 2021

	ATION US, INC	**	-***6774 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 en	d-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)	<b></b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of lightly			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII
organization's nability for uncertain tax positions Under	1 AOD AOU 740. UNECK NO		rovided in Part XIII L nedule D (Form 990) 2

Sche	dule D (Form 990) 2021 THE CONVERSATION US, I	NC.	**_	***6774 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Reve	nue per Returr	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,991,773.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			3,991,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		3,991,773.	
Par	t XII Reconciliation of Expenses per Audited Financial S	•	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	5,039,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	·····		5,039,095.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5,039,095.
Par	t XIII Supplemental Information.	7		

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

SCI	HEDULE J	Compensation Information	OMB No.	1545-00	)47		
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	2021			
•		Compensated Employees			1		
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.	Open t				
Interna	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	•	ection			
Nam	e of the organization		oyer identificat		mber		
			*-***677	4			
Pa	rt I Questions I	Regarding Compensation					
	<b>a</b>			Yes	No		
<b>1</b> a	••••	e box(es) if the organization provided any of the following to or for a person listed on Form 990,					
		e 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or cha	°					
	Travel for compar		e				
		ion and gross-up payments Health or social club dues or initiation fees	0				
	Discretionary spe	ending account Personal services (such as maid, chauffeur, chef	)				
h.	If any of the haves are	ling to are absolved, did the experization follow a written policy respecting neumant or					
a	•	line 1a are checked, did the organization follow a written policy regarding payment or vision of all of the expenses described above? If "No," complete Part III to explain	16				
2		equire substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		-		
2	•	including the CEO/Executive Director, regarding the items checked on line 1a?	2				
	trustees, and oncers,						
3	Indicate which if any	of the following the organization used to establish the compensation of the organization's					
Ū		or. Check all that apply. Do not check any boxes for methods used by a related organization to					
		on of the CEO/Executive Director, but explain in Part III.					
	X Compensation co						
		npensation consultant Compensation survey or study					
	Form 990 of othe		tee				
4	During the year, did ar	ny person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a relate						
а	Receive a severance p	payment or change-of-control payment?	4a		X		
b	Participate in or receiv	ve payment from a supplemental nonqualified retirement plan?	4b		Х		
с	Participate in or receiv	e payment from an equity-based compensation arrangement?	4c		X		
	If "Yes" to any of lines	s 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only section 501(c)(3	3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on I	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the reve	enues of:					
				—	X		
b	Any related organization	on?	<u>5</u> b	$\square$	X		
	If "Yes" on line 5a or 5						
6	-	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the net						
а	The organization?		<u>6a</u>	<u> </u>	X		
b		on?	6b		X		
_	If "Yes" on line 6a or 6						
7		Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v		
		s 5 and 6? If "Yes," describe in Part III	7	-	X		
	•	ported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-		v		
		ion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		-	X		
9		the organization also follow the rebuttable presumption procedure described in					
		3.4958-6(c)?					
LHA	For Paperwork Redu	uction Act Notice, see the Instructions for Form 990. S	Schedule J (For	m 990	) 2021		

Schedule J (Form 990) 2021

\*\*-\*\*\*6774

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BRUCE WILSON	(i)	239,887.	0.	0.	0.	0.	239,887.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.		
(2) ELIZABETH DALEY	(i)	210,959.	0.	0.	0.	0.	210,959.	0.
PRESIDENT/DIRECTOR	(ii)	0.	0.	0.	0.	0.		
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 3:

#### THE ORGANIZATION USES A COMPENSATION COMMITTEE TO ESTABLISH CEO/EXECUTIVE

#### DIRECTOR COMPENSATION.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



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THE CONVERSATION US, INC.

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

BRINGS TOGETHER ACADEMICS AND JOURNALISTS ACROSS THE US TO ADDRESS

TOPICS OF GLOBAL INTEREST. IT MAKES THE RESEARCH AND SCHOLARLY WORK

FROM THE UNIVERSITY COMMUNITY ACCESSIBLE WORLDWIDE, FOSTERS

COLLABORATION AND PROVIDES READERS WITH HIGH QUALITY, TRUSTED COVERAGE.

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

THE FORM 990 IS GIVEN TO BUSINESS MANAGER WHO SENDS IT TO THE GENERAL

MANAGER AND THE BOARD PRESIDENT AND TREASURER FOR REVIEW. ALL QUESTIONS

ARE GATHERED AND DIRECTED BACK AT THE INDEPENDENT ACCOUNTANT WHO PREPARED

THE RETURN. WHEN ALL QUESTIONS ARE ANSWERED, THE RETURN IS SIGNED AND

FILED.

FORM	990	PART	VΤ	SECTION	C	T.TNE	19.
LOIGI	, 0,	T 771/T	× ± ,	DECITOR	$\sim$ ,		

ALL INFORMATION IS AVAILABLE TO THE PUBLIC UPON THEIR REQUEST.

SCH	EDUL	E R.
		-

#### (Form 990)

Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

\*\*-\*\*6774

Name of the organization

THE CONVERSATION US, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
			b.		

### Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE CONVERSATION MEDIA GROUP							
715 SWANSTON STREET, LEVEL 1			FOREIGN				
PARKVILLE, VIC, AUSTRALIA 3010	JOURNALISM	AUSTRALIA	NON-PROFIT				x
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

#### Schedule R (Form 990) 2021 THE CONVERSATION US, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity entity excluded fro	Predominant income (related, unrelated, excluded from tax under	Direct controlling entity entity excluded from fax under	Predominant income (related, unrelated, excluded from tax under			(related, unrelated, income end	Share of end-of-year assets	Disprop alloca	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	<sup>al or</sup> Percenta <sup>jing</sup> ownersh
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No				
	-														
	-														
	_														
	-														
	-														
IV Identification of Related O organizations treated as a c	rganizations Taxable a orporation or trust durir	as a Corpo	oration or Trust. Co year.	mplete if the organizat	ion answered "Ye	s" on Form 990, P	'art IV,	line 34	4, because it had	one o	r more rela				
(a)		-	/b)	(a) (d)	10				(m)	(h)	(1)				

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	end-of-year	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	i) tion b)(13) rolled ity?
		country)		or trust)		assets			No
									<u> </u>
									<u> </u>
									<u> </u>

#### Schedule R (Form 990) 2021 THE CONVERSATION US, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction	s with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		-		1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
с	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h	Х	
i	Exchange of assets with related organization(s)				<b>1</b> i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
					_		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
Т	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n		X
					10		X
р	Reimbursement paid to related organization(s) for expenses	)			1p		X
	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
	Other transfer of cash or property from related organization(s)				1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on w						
	(a)	(b)	(c)	(d)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE CONVERSATION MEDIA GROUP	н	73,009.	NEGOTIATIONS
(2)			
(3)			
(4)			
(5)			
(6)			

#### Schedule R (Form 990) 2021 THE CONVERSATION US, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3 orgs.? Yes N	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispro tiona allocatio <b>Yes</b>	oor- te ons? <b>No</b>	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti <b>Yes</b>	nal or f aging ner?	<b>(k)</b> Percentage ownership
					>							
			5									

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Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.