## Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

| A   | or the                 | 2021 calendar year, or tax year beginning April 16 , 2021, and ending                     |                                     | April 15 ,20  | 22       |
|---|------------------------|---|-------------------------------------|---|----------|
| B Check if applicable:  |                        | oplicable: C Name of organization   | Employ                              | yer identification numbe  | er       |
|   | Address c              | change Covid Networks Inc. a.k.a. See Schedule O  | 85-3242955                          |   |          |
|   | Name cha               | ge Number and street (or P.O. box if mail is not delivered to street address) Room/suite  |                                     | one number  |          |
| _   | Initial retur          |   |                                     |   |          |
|   | Final retur<br>Amended | City or town, state or province, country, and ZIP or foreign postal code                  | F Group Exemption                   |   |          |
|   |                        | on pending  | Number ▶                            |   |          |
|   |                        |   | Check ►  if the organization is not |   |          |
|   | Vebsite                |   |                                     | o attach Schedule B   | namanea. |
| J Tax-exempt status (check only one) —  |                        |   |                                     |   |          |
| K Form of organization:  Corporation  Trust  Association  Other   |                        |   |                                     |   |          |
| L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets |                        |   |                                     |   |          |
| (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ   |                        |   |                                     |   |          |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)                        |                        |   |                                     |   |          |
| 89  |                        | Check if the organization used Schedule O to respond to any question in this Part I.      |                                     |   | . 🔽      |
| 89  | 1                      | Contributions, gifts, grants, and similar amounts received                                |                                     |   | 6,292    |
| Revenue   | 2                      | Program service revenue including government fees and contracts                           | 20                                  | 2   | 0        |
|   | 3                      | Membership dues and assessments   | 01 10                               | 3   | 0        |
|   | 4                      | Investment income   | 61 20                               | 4   | 0        |
|   | 5a                     | Gross amount from sale of assets other than inventory                                     | . 0                                 | -   |          |
|   | b                      | Less: cost or other basis and sales expenses  |                                     |   |          |
|   | C                      | Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)   | -                                   | 5c  | 0        |
|   | 6                      | Gaming and fundraising events:  |                                     | 50  |          |
|   | a                      | Gross income from gaming (attach Schedule G if greater than                               |                                     |   |          |
|   | a                      | \$15,000)   |                                     |   |          |
|   | b                      | Gross income from fundraising events (not including \$ 0 of contributions                 |                                     |   |          |
|   |                        | from fundraising events reported on line 1) (attach Schedule G if the                     |                                     |   |          |
|   |                        | sum of such gross income and contributions exceeds \$15,000)   6b                         | 0                                   |   |          |
|   | С                      | Less: direct expenses from gaming and fundraising events 6c                               | 0                                   |   |          |
|   | d                      | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr    | act                                 |   |          |
|   |                        | line 6c)  | 33 436                              | 6d  | 0        |
|   | 7a                     | Gross sales of inventory, less returns and allowances                                     | 0                                   | ou .  |          |
|   | b                      | Less: cost of goods sold  | 0                                   |   |          |
|   | c                      | Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)            |                                     | 7c  | 0        |
|   | 8                      | Other revenue (describe in Schedule O)  | 200                                 | 8   | 0        |
|   | 9                      | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8                             | 91 10 3                             | Total Control of the | 6,292    |
|   | 10                     | Grants and similar amounts paid (list in Schedule O)                                      |                                     | 10  | 0,232    |
| Expenses  | 11                     | Benefits paid to or for members   |                                     | 11  | 0        |
|   | 12                     | Salaries, other compensation, and employee benefits                                       | 100                                 | 12  | 0        |
|   | 13                     | Professional fees and other payments to independent contractors                           | 01 20                               | 13  | 0        |
|   | 14                     | Occupancy, rent, utilities, and maintenance   | 90                                  | 14  | 650      |
|   | 15                     | Printing, publications, postage, and shipping   | 91                                  | 15  | 140      |
|   | 16                     | Other expenses (describe in Schedule O)   | 90                                  | 32 1  | 9,223    |
|   | 17                     |   |                                     | 792 H   | 0,013    |
|   | 18                     | <b>Total expenses.</b> Add lines 10 through 16  | -                                   | - St. 1   | 6,279    |
| Net Assets  | 19                     | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w |                                     | 10 3  | 0,213    |
|   | 13                     | end-of-year figure reported on prior year's return)                                       | 2020000                             | 19  | 0        |
|   | 20                     |   |                                     | 353/2   | 0        |
|   | 20                     | Other changes in net assets or fund balances (explain in Schedule O)                      |                                     | 20  |          |
| 3   | 41                     | ivet assets of furid balances at end of year. Combine lines to through 20                 |                                     | 21 3  | 6,279    |