efile Public Visual Render ObjectId: 202331249349300643 - Submission: 2023-05-04

**TIN: 47-4687196**OMB No. 1545-0047

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

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

2021

of the Treasury

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

Open to Public

	Revenue Service					Inspection
A F	or the 2021 c	alendar year, or tax year beginning 07-01-2021    , and ending 06-3	0-2022			
○ Add	ck if applicable: dress change me change	C Name of organization THE EAST CUT COMMUNITY BENEFIT DISTRICT		<b>D Employer io</b> 47-468719		ation number
_	tial return al return/terminated	Doing business as				
_	ai return/terminated iended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone nu	ımber	
ОАр	plication pending	160 SPEAR STREET 415		(415) 536-	5880	
		City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94105		<b>G</b> Gross receip	ts \$ 4,7	03,671
 <b>I</b> Ta>	x-exempt status:	F Name and address of principal officer: ANDREW ROBINSON 160 SPEAR STREET 415 SAN FRANCISCO, CA 94105	subord <b>H(b)</b> Are all include			☐Yes ☑No☐Yes ☐No
		✓ 501(c)(3) □ 501(c)( ) ◀ (insert no.) □ 4947(a)(1) or □ 527  /W.THEEASTCUT.ORG		" attach a list. exemption nur		
<b>K</b> Forn	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 2015 <b>M</b>	State of	f legal domicile: CA
Pa		mary scribe the organization's mission or most significant activities:		•		
nance	THE EAST DISTRICT	CUT COMMUNITY BENEFIT DISTRICT WILL ADVANCE THE QUALITY OF LIF BY FOSTERING A SAFER AND MORE SECURE COMMUNITY, ENHANCING EN LING THE VIABILITY OF THE AREA'S ECONOMIC BASE.				
s & Governance	3 Number	is box ▶□ of voting members of the governing body (Part VI, line 1a)			3	19
Œ		of independent voting members of the governing body (Part VI, line 1b)			4	19
Activities		nber of individuals employed in calendar year 2021 (Part V, line 2a)			5 6	50
Ă		nber of volunteers (estimate if necessary)		•	7a	0
		lated business taxable income from Form 990-T, Part I, line 11			7a 7b	0
	<b>D</b> Net unit	dated business taxable income from 1 offin 550 1, Fare 1, line 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		or Year	1	Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)		193,904		232,060
Revenue	<b>9</b> Program	service revenue (Part VIII, line 2g)		4,316,674		4,461,134
ave.	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )		19,704		3,594
ш.	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,272		6,883
	12 Total rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,536,554		4,703,671
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	<b>14</b> Benefits	paid to or for members (Part IX, column (A), line 4)		0		0
88	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		727,980		787,766
Expenses	<b>16a</b> Professio	onal fundraising fees (Part IX, column (A), line 11e)		0		0
ф	<b>b</b> Total fundi	raising expenses (Part IX, column (D), line 25) •9,603				
Ω	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,090,904		3,727,065
	<b>18</b> Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,818,884		4,514,831
	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12		717,670		188,840
Net Assets or Fund Balances			Beginning (	of Current Year		End of Year
SSe	20 Total ass	ets (Part X, line 16)		5,881,818		6,228,089
A P	21 Total liab	ilities (Part X, line 26)		582,707		762,153
žŽ	22 Net asse	ts or fund balances. Subtract line 21 from line 20		5,299,111		5,465,936

Part II Signature Block

knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Page 2   Page 3   Page 4   Page 4   Page 5   Page 6   Page 7		N_								2023-05	-03					
Here    Paid Proparer   Date   Propagation	Sign	Signature of officer								Date	Date					
Protection   Protection   Protection   Properties Sentative   Date   Check	_	AN	IDREW ROBINSO	N EXECUTIVE DI	RECTOR											
Paid Preparer Use Only Prim's address ▶ MONTONERY STREET SUITE 1700 Prim's Address No. 11282Y Prim's Prim's Address No. 11282Y Prim's Prim's Address No. 11282Y Prim's		Ту	pe or print name	and title												
Preparer   Use Only	Paid	ı	Print/Type pre	eparer's name		Preparer's	signature		Date							
May the IRS discuss this return with the preparer shown above? (see instructions).  Page 2  Form 990 (2021)  Page 2  Page 3  Page 4  Page 5  Page 5  Page 6  Page 6  Page 7  Page 7  Page 8  Page 9  Page 8  Page 9  Pag	Prep	oarer	Firm's name	MARCUM LLF	)				ı			1-1986323				
May the IRS discuss this return with the preparer shown above? (see instructions)  Page 2  Form 990 (2021)  Page 19  Form 990 (2021)  Page 2  Form 990 (2021)  Page 3  Check if Schedule O contains a response or note to any line in this Part III .  District Gescribe the organization's mission:  The EAST CUT COMMUNITY BEREIT DISTRICT WILL ADVANCE THE QUALITY OF LIFE FOR RESIDENTS, WORKERS, AND VISITORS IN THE DISTRICT BY FOSTERING A SAFER AND MORE SECURE COMMUNITY, ENHANCING ENVIRONMENTAL QUALITY AND REINFORCING THE VIABILITY OF THE REAT'S ECONOMIC BASE.  Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services were services?  If "Yes," describe these changes on Schedule O.  Describe the organization cease conducting, or make significant changes in how it conducts, any program services services?  If "Yes," describe these changes on Schedule O.  Describe the organization program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(C)(5) 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.  Describe the organization program service reported.  Describe the organizations program service reported.  Describe the	use	Only	Firm's address	s 1 MONTGOM	ERY STREET	SUITE 1700	)			Phone no	. (415	) 432-6200				
Form 990 (2021)  Page 2  Form 990 (2021)  Form 990				SAN FRANCIS	SCO, CA 94	4104										
Page 2  Part III Statement of Program Service Accomplishments Check If Schedule C contains a response or note to any line in this Part III .	•					•		ns)				. 🗸 Yes 🗌 No				
Page 2  Part III Statement of Program Service Accomplishments  Check If Schedule O contains a response or note to any line in this Part III	For P	aperwork	Reduction Ac	ct Notice, see	the sepa	rate instr	uctions.		Ca	t. No. 1128	2Y	Form <b>990</b> (2021)				
The Last Cut Community Benefit District Will. Abovance The Quality of Life For RESIDENTS, WORKERS, AND VISITORS IN THE DISTRICT WILL ADVANCE THE QUALITY OF LIFE FOR RESIDENTS, WORKERS, AND VISITORS IN THE DISTRICT OF THE AREA'S ECONOMIC BASE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.  1 If "Yes," describe these new services on Schedule O.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.  1 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?  1 If "Yes," describe these changes on Schedule O.  2 Did the organization 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 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 accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services.  4 Code: (Expenses \$ 917,959 including grants of \$ ) (Revenue \$ 1,229,661)  THE CLEAN TEAM MORKET TO INCER MONTION SIDEWALK SWEEPING AND TRASH CAN TOPPING. THEY ALSO REMOVE GRAFTITI ON AN ON-CALL							— Page 2									
The List of Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III .	Form	990 (2021)	)									Page 2				
1 Briefly describe the organization's mission:  THE EAST CLIC COMMUNITY BENEFIT DISTRICT WILL ADVANCE THE QUALITY OF LIFE FOR RESIDENTS, WORKERS, AND VISITORS IN THE DISTRICT BY FOSTERING A SAFE AND MORE SECURE COMMUNITY, ENHANCING ENVIRONMENTAL QUALITY AND BEAUTY, AND REINFORCING THE VIABILITY OF THE AREA'S ECONOMIC BASE.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?	Par	t III St	atement of	Program Se	rvice Ac	complis	hments					. 3.				
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the prior Form 990 or 990-E2?  If "Yes," describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule 0.  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 (Code: ) (Expenses \$ 917,959 including grants of \$ ) (Revenue \$ 985,961)  THE CLEAN TEAM WORKS TO IMPROVE THE APPEARANCE AND CLEANLINESS OF THE DISTRICT DAILY FROM \$:30AM TO 10:00PM. THE CLEAN TEAM STEAMS CLEAN ALL SIDEWALKS IN THE DISTRICT ONCE A MONTH, WORK DAILY ON SIDEWALK SWEEPING AND TRASH CAN TOPPING. THEY ALSO REMOVE GRAFFITI ON AN ON-CALL BASIS, DAILY.  4b (Code: ) (Expenses \$ 1,144,854 including grants of \$ ) (Revenue \$ 1,229,664)  THE DAYTHE SECURITY COMMUNITY GUIDES MONITOR STREET CONDITIONS, PROVIDE CRIME DETERRENCE, AND EVALUATE QUALITY OF LIFE ISSUES. COMMUNITY GUIDES MAY PATROL. THE DISTRICT ON FOOT OR BICYCLE, DEPENDING ON PEDESTRIAN TRADECTER AS DETERRENCE TO PLANTING SECURITY WILL BE PROVIDED BY PRIVATE REGIGNORHOOD SECURITY PRATOL. WORKING THR RUGUHOUT THE REPRENCE TO A DETERRENCE TO A DETERRENCE AND ENVALUATE QUALITY OF LIFE ISSUES. COMMUNITY GUIDES MAY PATROL. THE DISTRICT ON FOOT OR BICYCLE, DEPENDING ON PEDESTRIAN TRADECTION AND ADAILY OF LIFE ISSUES. COMMUNITY GUIDES MAY PATROL. THE DISTRICT ON FOOT OR BICYCLE, DEPENDING ON PEDESTRIAN TRADECTION AND ADAILY OF LIFE CRIMES, AND CONNECTS TO THE SAN FRANCISCO POLICE DEPARTMENT FOR MORE SERIOUS MATTERS. THEY WILL BE PROVIDING CRIME DETERRENCE AND ENVALOATE DETERRENCE AND ENVALOATE AND ADAILY OF LIFE CRIMES AND ADAILY OF	OF TH	E AREA'S E	CONOMIC BAS	SE.												
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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 (Code: )(Expenses \$ 917.959 including grants of \$ )(Revenue \$ 985.961)  THE CLEAN TEAM WORKS TO IMPROVE THE APPEARANCE AND CLEANLINESS OF THE DISTRICT DAILY FROM 5:30AM TO 10:00PM. THE CLEAN TEAM STEAMS CLEAN ALL SIDEWALKS IN THE DISTRICT ONCE A MONTH, WORK DAILY ON SIDEWALK SWEEPING AND TRASH CAN TOPPING. THEY ALSO REMOVE GRAFFITI ON AN ON-CALL BASIS, DAILY.  4b (Code: )(Expenses \$ 1,144,654 including grants of \$ )(Revenue \$ 1,229,664)  THE DAYTIME SECURITY COMMUNITY GUIDES MONITOR STREET CONDITIONS, PROVIDE CRIME DETERRENCE, AND EVALUATE QUALITY OF LIFE ISSUES. COMMUNITY GUIDES MAY PATROL THE DISTRICT AS A DETERRENCE TO QUALITY OF LIFE CRIMES, AND CONNECTS TO THE SAN FRANCISCO POLICE DEPARTMENT FOR MORE SERIOUS MATTERS. THEY WILL BE PROVIDING CRIME DETERRENCE AND ENFORCEMENT FROM 4:00PM TO 7:00AM, DAILY.  4c (Code: )(Expenses \$ 1,902,480 including grants of \$ )(Revenue \$ 2,043,415)  THE PARKS AND GREENSPACE PROGRAM INCLUDES IRRIGATION SYSTEMS MANAGEMENT AND REPAIR; PEST CONTROL; TREE, SHBUB, AND GROUND MAINTENANCE; GARDENING AND WEEDING; ARBORIST AND HORTICULTURAL CONSULTATION; SEASONAL FIRE FULL REPULCTION; TRASH OFF-HAUL; PAVEMENT AND PATHWAY REPAIRS AND CARE; SMALL CAPITAL IMPROVEMENTS SUCH AS REPLACEMENT OF PURIL REPULCTION; TRASH OFF-HAUL; PAVEMENT AND PATHWAY REPAIRS AND CARE; SMALL CAPITAL IMPROVEMENTS SUCH AS REPLACEMENT OF PURIL REPULCTION; TRASH OFF-HAUL; PAVEMENT AND PATHWAY REPAIRS AND CARE; SMALL CAPITAL IMPROVEMENTS SUCH AS REPLACEMENT OF PURIL REPULCTION; TRASH OFF-HAUL; PAVEMENT AND PATHWAY REPAIRS AND CARE; SMALL CAPITAL IMPROVEMENTS SUCH AS REPLACEMENT OF PURIL REPULCTION, TRASH OFF-HAUL; PAVEMENT AND PROPERTY ON AND	3			se conducting,	or make s	significant	cnanges in no	w it conduc	ts, any pro	gram		☐ Ves 🗸 No				
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EMERGENCY REPAIR PROJECTS. PROJECTS THAT THE ECCBD IS INVOLVED IN THE CURRENT YEAR ARE: EMERALD PARK, TRANSBAY PARK, AND UNDER-RAMP PARK, AS WELL AS OTHER PUBLIC REALM PROJECTS.  (Code: ) (Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977)  THE COMMUNICATION AND DEVELOPMENT PROGRAM'S MISSION IS TO COMMUNICATE THE CHANGES TAKING PLACE IN ECCBD AND REINFORCE THE PUBLIC'S POSITIVE PERCEPTION OF THE DISTRICT'S PARCELS. THIS PROGRAM WILL INCLUDE NEWSLETTERS, MARKETING MATERIALS, WEBSITE DEVELOPMENT, PROPERTY OWNER AND MERCHANT OUTREACH PROGRAMS, COMMUNITY LIAISON ACTIVITIES, SPECIAL EVENTS, BUSINESS RETENTION AND RECRUITMENT, MEDIA RELATIONS, ADVERTISING, PROPERTY MANAGER OUTREACH, AND PROPERTY DATABASE DEVELOPMENT AND UPDATE.  4d Other program services (Describe in Schedule O.)  (Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977)  4 Total program service expenses) 4,159,857																
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THE COMMUNICATION AND DEVELOPMENT PROGRAM'S MISSION IS TO COMMUNICATE THE CHANGES TAKING PLACE IN ECCBD AND REINFORCE THE PUBLIC'S POSITIVE PERCEPTION OF THE DISTRICT'S PARCELS. THIS PROGRAM WILL INCLUDE NEWSLETTERS, MARKETING MATERIALS, WEBSITE DEVELOPMENT, PROPERTY OWNER AND MERCHANT OUTREACH PROGRAMS, COMMUNITY LIAISON ACTIVITIES, SPECIAL EVENTS, BUSINESS RETENTION AND RECRUITMENT, MEDIA RELATIONS, ADVERTISING, PROPERTY MANAGER OUTREACH, AND PROPERTY DATABASE DEVELOPMENT AND UPDATE.  4d Other program services (Describe in Schedule O.)  (Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977)  4e Total program service expenses 4,159,857												, , , , , , , , , , , , , , , , , , ,				
THE COMMUNICATION AND DEVELOPMENT PROGRAM'S MISSION IS TO COMMUNICATE THE CHANGES TAKING PLACE IN ECCBD AND REINFORCE THE PUBLIC'S POSITIVE PERCEPTION OF THE DISTRICT'S PARCELS. THIS PROGRAM WILL INCLUDE NEWSLETTERS, MARKETING MATERIALS, WEBSITE DEVELOPMENT, PROPERTY OWNER AND MERCHANT OUTREACH PROGRAMS, COMMUNITY LIAISON ACTIVITIES, SPECIAL EVENTS, BUSINESS RETENTION AND RECRUITMENT, MEDIA RELATIONS, ADVERTISING, PROPERTY MANAGER OUTREACH, AND PROPERTY DATABASE DEVELOPMENT AND UPDATE.  4d Other program services (Describe in Schedule O.)  (Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977)  4e Total program service expenses 4,159,857		(Code:		) (Expenses \$		194.564	including gra	nts of \$		) (Reveni	ıe \$	208.977 )				
OWNER AND MERCHANT OUTREACH PROGRAMS, COMMUNITY LIAISON ACTIVITIES, SPECIAL EVENTS, BUSINESS RETENTION AND RECRUITMENT, MEDIA RELATIONS, ADVERTISING, PROPERTY MANAGER OUTREACH, AND PROPERTY DATABASE DEVELOPMENT AND UPDATE.  4d Other program services (Describe in Schedule O.) (Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977)  4e Total program service expenses 4,159,857		THE COMMU		DEVELOPMENT PI		MISSION IS	TO COMMUNIC	ATE THE CHAN		PLACE IN EC	CBD AI	ND REINFORCE THE PUBLIC'S				
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(Expenses \$ 194,564 including grants of \$ ) (Revenue \$ 208,977 )  4e Total program service expenses 4,159,857	4d	Other pro	ram services	(Describe in Sc	hedule ∩	)										
			-	•		•	\$		) (Revenu	ıe \$		208,977 )				
	4e	Total pro	gram service	expenses <b>&gt;</b>		4,159,8	57									

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Form 990 (2021) Page **3** 

Is the organization described in section 501(c/3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule 8, 5thedule 6, 5thedule 6 Contributors? See instructions.  Is the organization required to complete Schedule 8, 5thedule of Contributors? See instructions.  Is the organization required to complete Schedule 8, 5thedule of Contributors? See instructions.  It is the organization required to complete Schedule 8, 5thedule of Contributors? See instructions.  It is the organization required to complete Schedule 6, 5thedule 7 (Part II).  Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule 6, Part III.  Is the organization as action 501(c/3), 501(c/3), or 501(c/3) organization that receives membership dies, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule 6, Part III.  Is 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which the distribution or investment or amount funds or accounts to preserve ones pasce, the environment, historic fund reasy or historic accounts in such funds or accounts for which any account in the complete Schedule Operation of the such accounts in such funds or accounts to preserve one pasce, the environment, historic fund remains any accounts or investments or provide advices	Pai	tiv Checklist of Required Schedules	- 1		
Schedule A S. Is the organization required to complete Schedule B, Schedule of Contributors's See instructions. 3.  2 Yes 3.  3 Did the corganization register of indirect political campaign activities on behalf of or in opposition to candidates for public office? If Y'es, Complete Schedule C, Part I .  4 Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) effection in effect during the tax year? If Yes, "complete Schedule C, Part II .  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. 99-1197 If Yes, "complete Schedule C, Part II .  5 No  Did the organization and that any donor advised funds or any similar funds or accounts for which donors have the right schedule C, Part II .  5 No  Did the organization maintain offlections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule C, Part II .  6 No  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule C, Part II .  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule C, Part II .  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes," complete Schedule C, Part II .  10 Did the organization in a mount for land, buildings, and equipment in Part X, line 10? If Yes, complete Schedule C, Part Y II .  11 If the organization in port an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 17 If Yes, complete Schedule C, Part X II .  12 Did the organization in Part X, line 16? If Yes, complete Schedule C, Part X II .  13 No 10 Did the organization is separate, independent audited financial statements for the tax year II Yes, complete Schedule C, Part X II .  14 Did the o		7 11 2 12 12 12 13 14 15 17 19 19 19 19 19 19 19 19 19 19 19 19 19		Yes	No
3 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right problem. Shedule C, Part II "res," complete Schedule C, Part II "res," complete Schedule C, Part II "shedule C, Part II "shed	1		1	Yes	
for public office? If "res," complete Schedule C, Part II  Section 501(C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) dectron in effect during the tax year? If "Yes," complete Schedule C, Part II  No  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 the XP-Proc. 98-1917 "Yes," complete Schedule C, Part IIII.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts II "Yes," complete Schedule C, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation afor amounts not listed in Part X, or provide credit counseling, debt management; or debt negotiation afor amounts not listed in Part X, or provide credit counseling, debt management; or debt negotiation afor amounts not listed in Part X, or provide credit counseling, debt management; or debt negotiation or X, as applicable.  Did the organization shape of the organization have been considered to the pair of the transplaced organization or country of the following questions is "ves," then complete Schedule D, Part XI VIII, VIII, IX, as applicable.  Did the organization shape of an amount for lend, buildings, and equipment in Part X, line 10 II "yes," complete Schedule D, Part XIII  Did the organization shape of the amount for investments—organ related in Part X, line 15 II "Yes," complete Schedule D, Part XIII  Did the organization shape of the amount for lend assets in Part X, line 12 that is 5% or more of its total assets reported	2		2	Yes	
election in effect during the tax year? If "Yes," complete Schedule C, Part II .  Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) or spanization that receives membership dues, assessments, or similar amounts as defined in New, Proc. 96-19? If "Yes," complete Schedule C, Part III .  by the organization maintain any donor advised funds or any similar funds or accounts (If "Yes," complete Schedule O, Part III .  Did the organization receive or hold a conservation easement, including easements to preserve orea space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule O, Part III .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule O, Part III .  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule O, Part III .  Did the organization society or through a related organization, hold assets in temporarity restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part IV .  Did the organization in report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV .  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV .  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV .  Did the organization seport an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV .  Did the organization seport an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part IV .  Did the organization seport an amount for investments—other securities in Part X, line 10? If Yes, "complete Schedule D, Part IV .  Did the organization seport an amount for other labilities in Part X, line 10? If Yes, "complete Schedule D, Part IV .  Did	3		3		No
sasesments, or similar amounts as defined in Rev. Proc. 99-19 / If "Yes," complete Schedule C, Part III   5   No    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 II   5   No    Did the organization celections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II   5   No    Did the organization report an amount for any time of the following destination assets in the properties of the following destination of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II   5   No    Did the organization report an amount for any of the following questions is "Yes," complete Schedule D, Part V   Ves, "complete Schedule D, Part X   Ves, Ves, Ves, Ves, Ves, Ves, Ves, Ves,	4		4		No
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part II	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		No
Bild the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III complete	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	6		No
Did the organization report an amount for land, buildings, and equipment 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 IV "S.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV "S.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  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 VIII.  No  Did the organization report an amount for other assets 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.  No  Did the organization report an amount for other assets in Part X, line 18 is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  No  Did the organization report an amount for other assets in Part X, line 18 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  No  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII is optional in Yes, and if the organization answered "No" to line 120, then completing Schedule D, Part X I and XII is optional in Yes," and if the organization and several via the part X I and XII is optional in Yes, and if the organization answered "No" to line 120, then completi	7		7		No
for amounts not listed in Part X; or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV "  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V .  11 If the organization sewer to any of the following questions is "Yes," "then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  2 Did the organization report an amount for lowestments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI .  2 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 VI .  3 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 VI .  4 Did the organization report an amount for other labilities 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 X .  5 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .  11 Did the organization as eparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional as the organization as eparate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional as the organization as chool described in section 170(b)(1)(A)(III)? If "Yes," complete Schedule E.  13 No.  14 Did the organization maintain an office, employees, or agents outside of the Uni	8		8		No
permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  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 XIII  11b No  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 XIII  11c No  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 XIII  11d No  Did the organization stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XIII  11c No  Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XIII and XIII  12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III and XIII  12b No  13 Is the organization maintain an office, employees, or agents outside the United States?  12b No  13d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts II and IV  13 No  14b No  15 Did the organization and program service activities outside the United States?  14b No  15 Did the organization and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV  17 No  18	9	for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation	9	Yes	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII S.  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 S.  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII S.  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 XII S.  d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XII S.  d Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X XI and XII S.  12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional of the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule F, Parts I and IV.  12b Did the organization asserted "No" to line 12a, then completing Schedule E States S.  b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization report on Part IX, column (A), line 3, more than \$1,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$10,000 or more? If "Yes," complete Schedule F, Parts II and IV.  17c Did	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
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 VIII 11 total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 14 the organization report an amount for other labilities 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 X 12 the Part X, line 16? If "Yes," complete Schedule D, Part X 12 the Part X, line 16? If "Yes," complete Schedule D, Part X 12 the Organization of Silability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12 the Organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 the Organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 the Organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12 the organization asswered "No" to line 12a, then complete Schedule E States, or aggregate foreign investments valued at \$10,000 or more? If "Yes," complete Schedule F, Parts II and IV 14 the Organization asswered "No" to line 12a, some than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV 15 the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II II and IV 15 the organization report and that of the organization repo	11				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 10 1.  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 10 1.  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 X 10 11d No 11d the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 10 11d No 11d the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 10 11d No 11d Ho organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d No 12d Ho organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d No 12d Ho organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d No 12d Ho organization asshool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 12d Yes		Schedule D, Part VI. 📆	11a	Yes	
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐿	11b		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 116  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 116  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 116  No  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 116  No  Italian No  b Was the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 113  No  Italian No  b Did the organization maintain an office, employees, or agents outside of the United States? 144  No  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 144  No  b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 155  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6 and 11e? If "Yes," complete Schedule G, Part III and IV 117  No  lide the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 118  No  lod the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 12 and 12		total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥵	11c		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Yes 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Yes 12a Yes 15 Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 15 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a Yes 15 Ib United States? 15 Ib United States? 16 Ib United States? 17 Ib United States? 17 Ib United States? 18 Ib United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Ib United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 16 Ib United States 17 If "Yes," complete Schedule F, Parts II and IV 17 Ib United States 18 Ib United States 19 I		in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕵	11d		No
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 1 11f Yes Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 1 2	е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 📆	11f	Yes	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  13 No  14a Did the organization maintain an office, employees, or agents outside of the United States?		Schedule D, Parts XI and XII 📆	12a	Yes	
13 No 14a Did the organization maintain an office, employees, or agents outside of the United States?	b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 📽	12b		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  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.  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," omplete Schedule G, Part III.  10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  10 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
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	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
foreign organization? If "Yes," complete Schedule F, Parts II and IV	b	business, investment, and program service activities outside the United States, or aggregate foreign investments valued	14b		No
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	15		15		No
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	16		16		No
lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		17		No
complete Schedule G, Part III	18	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic		complete Schedule G, Part III	19		No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic  20b   20b   21   No	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic  No	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21				No

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Pai	Checklist of Required Schedules (continued)						
			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No			
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No			
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		No			
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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No			
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? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No			
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
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		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$	35b					
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11						
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	Yes				

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Form 990 (2021) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . 3а No If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . **3**b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a **4**a No financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a No 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b **c** If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . 5c **6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services No 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 to file 7c No If "Yes," indicate the number of Forms 8282 filed during the year . e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Nο Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g . . . . . . . . . . . . . . . . . . If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . . . . . . . Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders . . . 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . . . . . . . . 11b 12a 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. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . . 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a No **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

Is the organization subject to the section 4960 tax on navment(s) of more than \$1 000 000 in remuneration or excess

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	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
L7	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (202
	Page 6 ———————————————————————————————————			
orm	990 (2021)			Page
_	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	•	onse to	
Se	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · </u>	<u> </u>	
<u> </u>	ction A. Governing Body and Flandgement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  19			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	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		No
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?	165		

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Se	ction	C. Disclosure	
17	List th	he states with which a copy of this Form 990 is required to be filed	
		CA	
18		on 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
		Own website $\ \square$ Another's website $\ ^{f ec{arphi}}$ Upon request $\ \square$ Other (explain in Schedule O)	
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest y, and financial statements available to the public during the tax year.	
20		the name, address, and telephone number of the person who possesses the organization's books and records: DREW ROBINSON EXECUTIVE DIRECTOR 160 SPEAR STREET SUITE 415 SAN FRANCISCO, CA 94105 (415) 536-5880	
			Form <b>990</b> (2021)
		Page 7	
Form	990 (2	2021)	Page <b>7</b>
Par	t VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employe and Independent Contractors	es,
		Check if Schedule O contains a response or note to any line in this Part VII	$\square$

### 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, or 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 no	r any related or	ganizat	ion c	omp	ens	ated a	any (	current officer, dire	ctor, or trustee.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	pers	an one on is	e bo botl	t che x, u n an	nless office ustee	er )	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) LAUREN POST TREASURER	2.00	х		Х				0	0	0
(2) JESSICA LEGAULT DIRECTOR	1.00	Х						0	0	0
(3) CHEMA HERNANDEZ GIL DIRECTOR	1.00	Х						0	0	0
(4) BENJAMIN BRANDIN DIRECTOR	1.00	Х						0	0	0
(5) LEAH EDWARDS SECRETARY	2.00	X		×				0	0	0
(6) WENDY LIEU DIRECTOR	1.00	Х						0	0	0
(7) DANIEL ESDORN DIRECTOR	1.00	Х						0	0	0
(8) DANIEL COMING PRESIDENT	2.00	х		х				0	0	0
(Q) IONATHAN SHIIM	2.00									

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VICE PRESIDENT		Х		Х				0	0	0
(10) MATT LITUCHY DIRECTOR	2.00	Х						0	0	0
(11) LARISSA ACOSTA DIRECTOR	1.00	х						0	0	0
(12) JUDY HEYBOER DIRECTOR	1.00	Х						0	0	0
(13) ALEX GILBERTI DIRECTOR	1.00	х						0	0	0
(14) KEN BRENDAL DIRECTOR	1.00	Х						0	0	0
(15) GEORGE MENDOZA DIRECTOR	1.00	Х						0	0	0
(16) HUGO SANTANA DIRECTOR	1.00	х						0	0	0
(17) LANI VOLZ DIRECTOR	1.00	Х						0	0	0

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(18) FRANKLIN WONG DIRECTOR	1.00	×						0	0	0
(19) ANDREW ROBINSON  EXECUTIVE DIRECTOR	40.00			Х				187,738	0	19,486
(20) KATINA JOHNSON PAST PRESIDENT	2.00			Х				0	0	0
(21) MIKE RIEGER DEPUTY DIRECTOR	40.00					Х		130,112	0	6,847
(22) PIERRE LAGARDE DIRECTOR OF FUNDRAISING AND DEVELOPMENT	40.00					Х		101,944	0	12,101
(23) GARRICK MITCHLER PUBLIC REALM MAINTENANCE AND OPERATIONS MANAGER	40.00					Х		101,944	0	6,231

	232,060 Business Code			
• ACCECCMENTS	Business code	4,461,134	4,461,134	
2a ASSESSMENTS	900099	4,401,134	4,401,154	
<u> </u>				
- Revenue				
æ ———				
Service				
20				
φ 1				
Ties				
Program				
-				
<b>f</b> All other program service revenue.				
<b>9 Total.</b> Add lines 2a−2f ▶	4,461,134			•
3 Investment income (including dividends, inter	est, and other			
similar amounts)	<b>▶</b> ¹	3,594		3,59
4 Income from investment of tax-exempt bond	proceeds 🕨			
<b>5</b> Royalties	• <del>-</del>			
(i) Real	(ii) Personal			
'ı <del>  ``  </del>	. ,			
6a Gross rents 6a				
<b>b</b> Less: rental				
expenses <b>6b</b>				
c Rental income				
or (loss)				
<b>d</b> Net rental income or (loss)	-			
(i) Securities	(ii) Other			
7a Gross amount				
from sales of assets other				
than inventory				
b Less: cost or				
other basis and sales expenses				
Suites expenses				
c Gain or (loss) 7c				
<b>d</b> Net gain or (loss)	•			
Gross income from fundraising events				
(not including \$ of				
contributions reported on line 1c). See Part IV, line 18				
contributions reported on line 1c). See Part IV, line 18 8a  b Less: direct expenses 8b				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events	• • <u> </u>			
c Net income or (loss) from fundraising events				
Gross income from gaming activities.				
See Part IV, line 19 9a				
<b>b</b> Less: direct expenses 9b				
<b>c</b> Net income or (loss) from gaming activities	• • •			
10aGross sales of inventory, less				
returns and allowances 10a				
<b>b</b> Less: cost of goods sold 10b				
c Net income or (loss) from sales of inventory	<b>•</b>			
	Business Code			
11aOTHER INCOME	900099	6,883	6,883	
b				
c				
<u></u>				
d All other revenue				 I

<u></u>	l		]		<u> </u>
e Total. Add lines 11a-11d	٠				
		6,883			<u> </u>
12 Total revenue. See instructions	•	4,703,671	4,468,017	0	3,594

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	t complete all columns.	All other organization	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to			·	
o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	n			
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	213,907	128,344	85,563	
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	is			
7 Other salaries and wages	573,859	434,858	139,001	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>0</b> Payroll taxes				
1 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	36,467	16,245	20,222	
c Accounting	68,031		68,031	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	52,471	40,261	12,210	
2 Advertising and promotion	17,200	16,812	388	
<b>3</b> Office expenses	23,086	15,076	8,010	
4 Information technology				
<b>5</b> Royalties				
6 Occupancy	112,325	106,108	6,217	
<b>7</b> Travel				
<b>8</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>9</b> Conferences, conventions, and meetings				
O Interest				
<b>1</b> Payments to affiliates				
2 Depreciation, depletion, and amortization	5,034	3,795	1,239	
3 Insurance				
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLEANING AND COMMUNITY	3,334,448	3,334,375	73	
<b>b</b> COMMUNITY EVENTS	73,690	62,527	1,560	9,6
c OTHER EXPENSES	4,313	1,456	2,857	

	d				
	e All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	4,514,831	4,159,857	345,371	9,603
26	<b>Joint costs.</b> 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).				

Form **990** (2021)

			Pa	ge 11			
Forn	n 990	(2021)					Page <b>11</b>
	art X	Balance Sheet					rage 11
		Check if Schedule O contains a response or n	ote to any line ir	thic Part IX			
		check it serieure o contains a response of it	ote to any mic n	Tuns Full IX	(A)	Ė	(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			2,562,300	1	2,431,322
	2	Savings and temporary cash investments .			3,212,101	2	3,608,336
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			106,177	4	151,526
	5	Loans and other receivables from any current trustee, key employee, creator or founder, sul controlled entity or family member of any of t			5		
Assets	6	Loans and other receivables from other disquasection $4958(f)(1)$ ), and persons described in			6		
	7	Notes and loans receivable, net			7	20,000	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges .				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	70,961			
	b	Less: accumulated depreciation	10b	54,056	1,240	10c	16,905
	11	Investments—publicly traded securities .	<u>L</u>			11	
	12	Investments—other securities. See Part IV, lin			12		
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 33) .		5,881,818	16	6,228,089
	17	Accounts payable and accrued expenses .			569,805	17	752,963
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
(C)	21	Escrow or custodial account liability. Complete	Part IV of Sched	dule D	12,902	21	9,190
Liabilities	22	Loans and other payables to any current or fo employee, creator or founder, substantial cont or family member of any of these persons	ributor, or 35%	controlled entity			
<u>.eg</u>		, , ,				22	
	23	Secured mortgages and notes payable to unre	·	es		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, and other liabilities not included on lines 17 - Complete Part X of Schedule D		ted third parties,		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			582,707	26	762,153
or Fund Balances	27	Organizations that follow FASB ASC 958, complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	check here 🕨	✓ and	5,268,950	27	5,376,880
Bal	28	Net assets with donor restrictions			30,161	28	89,056
Þ	20				50,101	20	09,000
r Fur	20	Organizations that do not follow FASB AS complete lines 29 through 33.  Capital stock or trust principal, or current fund		ere ▶ ☐ and		29	
				· ·		-	
ssets	30	Paid-in or capital surplus, or land, building or	• •	6		30	
in	31	Retained earnings, endowment, accumulated i	ncome, or other	runas		31	

Additional Data Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

efile Public Visual Render

ObjectId: 202331249349300643 - Submission: 2023-05-04

TIN: 47-4687196

OMB No. 1545-0047

## **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

**Open to Public** 

				do to <u>www.ns</u>	<u>s.gov/10/11/990</u> 10/ 11	iisti uctions an	u the latest line	illation.	Inspection
		he organiza	i <b>tion</b> ' BENEFIT DIST	RICT				Employer identific	cation number
			52.12.11.510.					47-4687196	
	rt I				<b>us</b> (All organization			See instructions.	
1	n garnz		•		ssociation of churches	J ,	, ,	(A)(i)	
2		•		,	(1)(A)(ii). (Attach Sch		. ,, ,	(A)(i):	
						-			
3		•	•	•	vice organization desc			•	
4			research orga and state:	anization operat	ed in conjunction with	a nospitai desc	ribed in <b>section</b> :	170(b)(1)(A)(III). E	enter the nospital's
5					t of a college or unive	rsity owned or o	pperated by a gov	ernmental unit descr	ibed in <b>section</b>
6				omplete Part II.) I government or	) - governmental unit de	scribed in <b>secti</b>	ion 170(b)(1)(A	.)(v).	
7	<b>✓</b>	•	•	-	a substantial part of it				ral public described in
		section 17	70(b)(1)(A)	(vi). (Complete	e Part II.)		-	3	·
8			•		n 170(b)(1)(A)(vi).		•		
9					escribed in <b>170(b)(1)</b> See instructions. Enter				lege or university or a
10		from activi investment	ties related to income and	o its exempt fur unrelated busin	: (1) more than 33 <sub>1/3</sub> % nctions—subject to cer ness taxable income (le omplete Part III.)	tain exceptions,	and (2) no more	than 33 1/3% of its s	
11		An organiz	ation organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more publi	cly supported	d organizations (	d exclusively for the be described in <b>section 5</b> s the type of supportin	609(a)(1) or se	ection 509(a)(2	). See <b>section 509</b> (	
а		organizatio	n(s) the pow		rated, supervised, or coappoint or elect a majo •				
b		manageme	ent of the sup		pervised or controlled i ation vested in the sar and C.				
С					supporting organizatio ions). <b>You must com</b>				ated with, its
d		Type III r	non-function integrated.	nally integrate The organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	ization operated fy a distribution	I in connection wi requirement and	th its supported orga	
e		Check this	box if the org	ganization recei	ved a written determir	nation from the		pe I, Type II, Type II	I functionally
f	Enter	,		,	integrated supporting	_			
g				3	upported organization(			· · · · · · · <u> </u>	
	(i) N	Name of sup organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota	<u> </u>								
For F	aperv	work Reduc or 990-EZ.	tion Act No	L tice, see the I	 nstructions for	Cat. No. 1128	L 35F	Schedule	A (Form 990) 2021
					Pa	ge 2 ———			
	dule A		rt Schedul		zations Described				
		(Compl	ete only if y	ou checked th	he box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qua	alify under Part III.

If the organization failed to qualify under the tests listed below, please complete Part III.)

	24, 2:02 PM	The East Cu	t Community Benefi	t District - Full Filir	ng- Nonprofit Explo	rer - ProPublica	
	r fiscal year beginning in)  Gifts, grants, contributions, and	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
•	membership fees received. (Do not include any "unusual grant.") .	44,711	190,337	66,695	90,804	169,679	562,226
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3,287,636	3,857,342	4,148,559	4,316,674	4,461,134	20,071,345
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	3,332,347	4,047,679	4,215,254	4,407,478	4,630,813	20,633,571
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	3,332,347	4,047,073	4,213,234	4,407,470	4,030,013	20,033,373
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						20,633,571
	Section B. Total Support	1		1	1	T	1
	lendar year r fiscal year beginning in)  Amounts from line 4	(a) 2017 3,332,347	<b>(b)</b> 2018	(c) 2019 4,215,254	( <b>d</b> ) 2020	(e) 2021 4,630,813	( <b>f</b> ) Total
8	Gross income from interest,	3,332,347	4,047,079	4,213,234	4,407,470	4,030,013	20,033,371
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business	11,788	40,056	65,086	19,704	3,594	140,228
	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.).	12,037	207,195	8,937	6,072	6,883	241,124
11	<b>Total support.</b> Add lines 7 through 10						21,014,923
12		•				12	
13	· · · · · · · · · · · · · · · · · · ·	•			•		nization, check
	this box and <b>stop here</b>					▶⊔	
	Section C. Computation of Publi						
14		, , ,		. , ,		14	98.190 %
15	Public support percentage for 2020 Sc					15	
16	33 1/3% support test—2021. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or		
ŀ	and <b>stop here.</b> The organization qual <b>33</b> 1/3% <b>support test—2020.</b> If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1	/3% or more, chec	k this
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances test</b> and if the organization meets the "fact	<b>t—2021.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	o, and line 14 is 10	)% or more,
Ŀ		st-2020. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	more, and if the organization meets t		•		• •		·
	meets the "facts-and-circumstances" <b>Private foundation.</b> If the organizati						🟲 🗆
18			•		•		▶□
	instructions						Form 990) 2021
						Schedule A (	
			Page 3				
			rage 3				
Sch	edule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule f						
	(Complete only if you						er Part II. If
_	the organization fails  Section A. Public Support	to quality unde	the tests listed	below, please o	Joinpiele Part II	.)	
	lendar year	(-) 2017	(h) 2010	(-) 2010	(4) 2020	(-) 2021	(6) T-1-1
	r fiscal year beginning in) Gifts, grants, contributions, and	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not include any "unusual grants.") .						
2							
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				1		
3	Gross receipts from activities that an not an unrelated trade or business	е					
4	under section 513 Tax revenues levied for the	.	+	+			

2/2/24	, 2:02 PM	The East Cut	Community Bene	fit District - Full Fil	ling- Nonprofit Expl	orer - ProPublica			
	organization's penerit and eitner paid		1	Ī	Ī	1	Ī		
5	to or expended on its behalf The value of services or facilities						+		
3	furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> 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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	ı	1			1	T		
	ndar year fiscal year beginning in) 🟲	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.						1		
11	Net income from unrelated business						1		
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
4.5	(Explain in Part VI.)						-		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	ne organization's	first, second, th	ird, fourth, or fift	h tax year as a se	ction 501(c)(3) org	anizat	tion, ch	ieck
	this box and <b>stop here</b>							!	ightharpoons
Se	ction C. Computation of Public	Support Perc	entage						
15	Public support percentage for 2021 (lin		•			15			
16	Public support percentage from 2020 S	Schedule A, Part	III, line 15			16			
Se	ction D. Computation of Invest	ment Income	Percentage						
17	Investment income percentage for 202	<b>21</b> (line 10c, colu	ımn (f) divided l	y line 13, columr	n (f))	17			
18	Investment income percentage from 2	<b>020</b> Schedule A,	Part III, line 17			18			
19a	22 - (a0/- aummort toota 2021 If the							is not	
	33 1/3% Support tests-2021. If the	organization did	not check the bo	x on line 14, and	line 15 is more tr	nan 33 1/3%, and lir	ne 17		
	<b>33</b> 1/3% <b>support tests-2021.</b> If the more than 33 1/3%, check this box and							<b>▶</b> □	
b	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	stop here. The	organization qu	alifies as a public	ly supported orgai	nization	)	▶ □	18 is
b	more than 33 1/3%, check this box and	<b>stop here.</b> The organization did	organization qu d not check a bo	alifies as a public k on line 14 or lin	ly supported orgai e 19a, and line 16	nization is more than 33 1/	<b>I</b> ₃% ar	▶ □	18 is
b 20	more than 33 $_{1/3}$ %, check this box and 33 $_{1/3}$ % support tests—2020. If the not more than 33 $_{1/3}$ %, check this box	stop here. The organization did and stop here.	organization qu d not check a bo The organization	alifies as a public on line 14 or lin n qualifies as a pu	ly supported organ e 19a, and line 16 ıblicly supported c	nization is more than 33 1/ organization	I 3% ar I	od line	18 is
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20 Sched	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  t IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se	stop here. The e organization did and stop here. On did not check on did n	organization que de not check a box.  The organization a box on line 14  Page of Part I. If you of you checked box.	alifies as a public on line 14 or lin n qualifies as a pu , 19a, or 19b, che 4 checked box 12a, ox 12c, of Part I,	ly supported organ e 19a, and line 16 ublicly supported of eck this box and s of Part I, complet	nization		per de l'ine	<b>2021</b> age <b>4</b> ked
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Schee Par	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  IV Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization are all of the organization's supported	stop here. The e organization did and stop here. On did not check on did n	organization que de not check a box.  The organization a box on line 14  Page of Part I. If you of you checked becomplete Part V.	alifies as a publick on line 14 or lin n qualifies as a puon 19a, or 19b, che decked box 12a, ox 12c, of Part I, when organization's	ly supported organ e 19a, and line 16 ublicly supported of eck this box and s  of Part I, complet complete Sections  governing docum	nization		pd line	<b>2021</b> age <b>4</b> ked
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Scheo Par	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  **TV** Supporting Organization** (Complete only if you checked a box 12b, of Part I, complete Section 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the section the describe the designation. If historic and supported the describe the designation.	s organization did and stop here. On did not check on did not check on did not check on did not check organizations A and C. I as A and D, and coations organizations list apported organization relations organization organizati	organization quell not check a box.  The organization a box on line 14  Page of Part I. If you of you checked becomplete Part V.  ted by name in the stations are designationship, explain.	alifies as a publicity on line 14 or line 19 or 19 o	ly supported organ e 19a, and line 16 ublicly supported of eck this box and s  of Part I, complet complete Sections  governing docum ed by class or pur	nization		pd line	<b>2021</b> age <b>4</b> ked
Schee Par	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  **TV** Supporting Organization* (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization* (Are all of the organization's supported If "No," describe in Part VI how the state describe the designation. If historic an Did the organization have any supported.	stop here. The erganization did and stop here. On did not check on did not	organization que de not check a box. The organization a box on line 14.  Page of Part I. If you of you checked by complete Part V. The properties of the pro	alifies as a publicity on line 14 or line 19 or 19b, checked box 12a, bx 12c, of Part I, or line 19	ly supported organ e 19a, and line 16 ublicly supported of eck this box and s  of Part I, complet complete Sections  governing docum ed by class or pur ination of status u	nization		pd line	<b>2021</b> age <b>4</b> ked
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Scheen Par See 1 2 3a	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  **TV** Supporting Organization (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization Are all of the organization's supported If "No," describe in Part VI how the states describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Part VI how the states of the organization have a supported 3c below.  Did the organization have a supported 3c below.  Did the organization confirm that each the public support tests under section	stop here. The erganization did and stop here. On did not check on did not	organization quelified in section qualified qualified in section qualifi	alifies as a public on line 14 or line 15 or 19a, or 19b, checked box 12a, ox 12c, of Part I, or line 15 or li	of Part I, completed by class or pur ination of status usupported organizor (6)? If "Yes," ar 1(c)(4), (5), or (6)	e Sections A and B A, D, and E. If you ents?  pose,  ander section  ation was  aswer lines 3b and  and satisfied		pd line	<b>2021</b> age <b>4</b> ked
Scheen Par See 1 2 3a	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  **TV** Supporting Organization** (Complete only if you checked a box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization** (Amount of the organization that each organization confirm that each organization confirm that each	stop here. The erganization did and stop here. On did not check on did not	organization quelified in section qualified qualified in section qualifi	alifies as a public on line 14 or line 15 or 19a, or 19b, checked box 12a, ox 12c, of Part I, or line 15 or li	of Part I, completed by class or pur ination of status usupported organizor (6)? If "Yes," ar 1(c)(4), (5), or (6)	e Sections A and B A, D, and E. If you ents?  pose,  ander section  ation was  aswer lines 3b and  and satisfied		pd line	<b>2021</b> age <b>4</b> ked

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI</b> .	9c		
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.	10-		
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).	10a 10b		
	Schedule A		990)	2021
	Page 5 ————			
<b>6</b> 1				_
	t IV Supporting Organizations (continued)		P	age <b>5</b>
Fai	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ction B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			

1a

1b

**1c** 

1d

a Average monthly value of securities

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(see instructions)	Excess Distributions	Pre-2021	Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			
a Applied to underdistributions of prior years			
L Annied to 2021 distributable amount	100000000000000000000000000000000000000		I

Return Reference  Additional Data		Explanation	Schedule A (Form 990) 202
Return Reference		Explanation	Schedule A (Form 990) 20
Return Reference		Explanation	
	Facts And Circums	tances Test	
Section D, lines 5, 6, and 8; and Part \ instructions).	V, Section E, lines 2, 5, and	6. Also complete this part f	or any additional information. (See
	a, 6, 9a, 9b, 9c, 11a, 11b, a	and 11c; Part IV, Section B,	ne 17a or 17b; Part III, line 12; Part IV, lines 1 and 2; Part IV, Section C, line 1; ; Part V, Section B, line 1e; Part V
schedule A (Form 990) 2021	Page 8		Page
			<b>Schedule A (Form 990)</b> (202
<b>e</b> Excess from 2021			
<b>c</b> Excess from 2019 <b>d</b> Excess from 2020			
<b>b</b> Excess from 2018			
8 Breakdown of line 7: a Excess from 2017			
<b>7 Excess distributions carryover to 2022.</b> Add 3j and 4c.	I lines		
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is gr than zero, explain in Part VI. See instructions.	reater		
2021, if any. Subtract lines 3g and 4a from line If the amount is greater than zero, explain in <b>P</b> See instructions.			
5 Remaining underdistributions for years prior to	4.		
c Remainder. Subtract lines 4a and 4b from line 4  Remaining underdistributions for years prior to			

efile Public Visual Render	ObjectId: 202331249349300643		TIN: 47-4687196			
Schedule B	Schedu	le of Contributors	OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to lead to www.irs.gov	Form 990, 990-EZ, or 990-PF. <u>//Form990</u> for the latest information.	2021			
Name of the organization THE EAST CUT COMMUNITY B	ENEFIT DISTRICT		Employer identification number 47-4687196			
Organization type (check o	ne):		47-4007190			
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) or	ganization				
	4947(a)(1) nonexempt charit	able trust <b>not</b> treated as a private four	ndation			
	☐ 527 political organization					
Form 990-PF	501(c)(3) exempt private fou	ndation				
	4947(a)(1) nonexempt charit	able trust treated as a private foundati	on			
	501(c)(3) taxable private foundation					
Special Rules						
	described in section 501(c)(3) filing	Form 990 or 990-EZ that met the 33 <sup>1</sup> /3	% support test of the regulations			
received from any or 990, Part VIII, line 1h	ne contributor, during the year, total n, or (ii) Form 990-EZ, line 1. Comp	lete Parts I and II.	00 or <b>(2)</b> 2% of the amount on (i) Form			
during the year, total	contributions of more than \$1,000	or (10) filing Form 990 or 990-EZ that r exclusively for religious, charitable, sci animals. Complete Parts I, II, and III.	eceived from any one contributor, entific, literary, or educational			
during the year, cont If this box is checked purpose. Don't comp	ributions exclusively for religious, cl I, enter here the total contributions lete any of the parts unless the <b>Ge</b>	or (10) filing Form 990 or 990-EZ that rharitable, etc., purposes, but no such of that were received during the year for a neral Rule applies to this organization or more during the year	contributions totaled more than \$1,000. an exclusively religious, charitable, etc. because it received nonexclusively			
990-EZ, or 990-PF), but it m	ust answer "No" on Part IV, line 2,	e and/or the Special Rules doesn't file of its Form 990; or check the box on lire the filing requirements of Schedule B	ne H of its Form 990-EZ			
For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X	Schedule B (Form 990) (2021)			
		— Page 2 ————				

Schedule B (Form 990) (2021)

Page 2

4/-400/170

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			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.)
			Schedule B (Form 990) (2021)
	Page 3		
Name of org	(Form 990) (2021) anization JT COMMUNITY BENEFIT DISTRICT	Employer identification	Page 3 on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	47-4687196	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

-			\$	
(a) No. from Part I	(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$_	
(a) No. from Part I	(b)  Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
(a) No. from Part I	(b) Description of noncash p	roperty given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			\$	
	B (Form 990) (2021)	Page 4		Page 4
Name of or THE EAST (	ganization CUT COMMUNITY BENEFIT DISTRICT		47-4687196	ntification number
Part III	Exclusively religious, charitable, etc., contri than \$1,000 for the year from any one contri organizations completing Part III, enter the t year. (Enter this information once. See instru Use duplicate copies of Part III if additional spa	butor. Complete columns (a) th otal of exclusively religious, ch uctions.)	rough (e) and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift	Relationship of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P 4 R	telationship of transferor t	o transferee
(a)	(h) Durnoso of gift	(a) Hea of gift	(d) Dosori	intian of how gift is hold

2/2/24, 2:02 PM	The E	ast Cut Comm	nity Benefit Distr	ict - Full Filing-	Nonprofit Explorer - ProPul	blica
Part I	(ո) բուիօջգ ու ձու		(c) USE U	yııı	(a) Describ	uon oi now ynt is neid
_ =					=  ====	
	Transferee's name, address, ar	nd ZIP 4	(e) Transfer		onship of transferor to	transferee
(a) No. from Part I	(b) Purpose of gift		(c) Use o	f gift	(d) Descrip	tion of how gift is held
· <u>=</u>	Transferee's name, address, ar	nd ZIP 4	(e) Transfei	of gift Relati	onship of transferor to	transferee
			_   ==		Sche	edule B (Form 990) (2021
Additiona	ı Data					Return to Form

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ObjectId: 202331249349300643 - Submission: 2023-05-04

TIN: 47-4687196

**SCHEDULE D** 

Department of the Treasury

(Form 990)

## **Supplemental Financial Statements**

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

OMB No. 1545-0047

Interna	al Revenue Service	► Go to <u>www.irs.gov/Form</u>	1990 for instructions and the latest info	rmation.	Inspection
	me of the organ			Employer ident	ification number
ΙΗE	EAST CUT COMMUN	NITY BENEFIT DISTRICT		47-4687196	
Pa	rt I Organi	izations Maintaining Donor Advis	sed Funds or Other Similar Funds o		
		ete if the organization answered "Ye			
			(a) Donor advised funds	(b) Funds a	ind 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			rs in writing that the assets held in donor ad clusive legal control?		e 🗆 Yes 🗆 No
6	charitable purpo	oses and not for the benefit of the donor	onor advisors in writing that grant funds can or donor advisor, or for any other purpose o		ssible
Pa		rvation Easements.			
		ete if the organization answered "Ye			
1		onservation easements held by the orgar			
	☐ Preservati	on of land for public use (e.g., recreation	or education) $\bigcup$ Preservation of an	historically import	ant land area
	Protection	of natural habitat	Preservation of a c	certified historic str	ucture
	Preservati	on of open space			
2	Complete lines	2a through 2d if the organization held a	qualified conservation contribution in the for		
		e last day of the tax year.		. —	the End of the Year
a		conservation easements		2a	
b	_	•	contractive included in (a)	2b	
С.		ervation easements on a certified historic	• •	2c	
d		ervation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d	
3	Number of cons tax year ▶	servation easements modified, transferre	d, released, extinguished, or terminated by	the organization du	ıring the
4	Number of state	es where property subject to conservatio	n easement is located <b></b>		
5		ization have a written policy regarding that of the conservation easements it holds	ne periodic monitoring, inspection, handling	of violations,	☐ Yes ☐ No
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easeme	ents during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements o	luring the year
8		ervation easement reported on line 2(d)	above satisfy the requirements of section 1		
9	In Part XIII, des balance sheet, a	scribe how the organization reports cons	ervation easements in its revenue and exper footnote to the organization's financial state	nse statement, and	
Par	t III Organi		of Art, Historical Treasures, or Oth	er Similar Asse	ets.
1a	If the organizat	ion elected, as permitted under FASB AS	C 958, not to report in its revenue statemer lic exhibition, education, or research in furth	nt and balance shee erance of public se	et works of art, rvice, provide, in
b	historical treasu		C 958, to report in its revenue statement ar ic exhibition, education, or research in furth		
(	(i) Revenue includ	ded on Form 990, Part VIII, line 1		▶\$	
(	ii)Assets included	l in Form 990, Part X		<b>&gt;</b> \$	
2	If the organizat		cal treasures, or other similar assets for fina		the
а	Revenue include	ed on Form 990, Part VIII, line 1		<b>▶</b> \$	
b	Assets included	in Form 990. Part X		►s	·

Cat. No. 52283D

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

Schedule D (Form 990) 2021

------ Page 2 ------

Sche	dule D	(Form 990) 2021										Page <b>2</b>
Parl	III	Organizations M	laintaining Col	lections o	f Art,	Historical 1	reasu	res, o	r Other	Similar Ass	sets (contir	nued)
3		the organization's acc (check all that apply)		n, and other	records		f the fol	llowing	that are a	significant us	e of its colle	ection
а		Public exhibition				d 🗌	Loan	or exch	ange prog	grams		
b		Scholarly research				e 🗌	Other	r <u></u>				
c		Preservation for futur	e generations									
4	Provid Part X	de a description of the	organization's col	lections and	explain	how they fur	her the	organi	zation's ex	kempt purpose	e in	
5		g the year, did the org s to be sold to raise fu									Yes	□ No
Par	t IV	Escrow and Cust Complete if the or line 21.			on Fo	rm 990, Par	t IV, lir	ne 9, oi	r reporte	d an amoun		
1a	Is the	organization an agen led on Form 990, Part	t, trustee, custodi X?	an or other i	nterme 	diary for contr	ibutions	s or oth	er assets 	not 	☐ Yes	<b>☑</b> No
b	If "Ye	s," explain the arrange	ement in Part XIII	and complet	te the f	ollowing table	:			An	nount	
c		ning balance				-			1c			
d	Additi	ons during the year .							1d			
е	Distril	outions during the yea	ır						1e			
f	Endin	g balance							1f			
2a	Did th	ne organization include	e an amount on Fo	rm 990, Part	t X, line	21, for escro	w or cu	stodial a	account lia	ability?	Yes	□ No
b	If "Ye	s," explain the arrange	ement in Part XIII	. Check here	if the e	explanation ha	s been	provide	d in Part )	KIII	<b>✓</b>	
Pa	rt V	Endowment Fun	ds.									
		Complete if the or	ganization ansv							L D T		
1a	Reginn	ing of year balance .		(a) Current	t year	(b) Prior ye	ar	( <b>c)</b> IWO y	ears back	(d) Three year	S DACK (e) F	our years back
	_	outions										
		estment earnings, gai	ns and losses									
		or scholarships										
e	Other e	expenditures for facilit										
	•	ograms										
		strative expenses .										
_		year balance		<u> </u>								
2		le the estimated perce designated or quasi-e	-	ent year end	balance	e (line 1g, coli	ımn (a)	)) held a	as:			
a		anent endowment										
b		endowment										
С		ercentages on lines 2a	 a. 2h. and 2c shou	ld equal 100	%.							
За	Are th	nere endowment funds ization by:		•		ation that are	neld and	d admin	istered fo	r the	ſ	Yes No
	<b>(i)</b> Ur	nrelated organizations									3a(i)	
		elated organizations									3a(ii)	
b		s" on 3a(ii), are the re	_		•						3b	
4		ibe in Part XIII the int			is enac	owment runas						
Par	t VI	Land, Buildings, Complete if the or			on Fo	rm 990. Par	IV. lin	ne 11a.	See For	m 990. Part	X. line 10	
	Descri	ption of property	(a) Cost or oth (investme	ner basis		t or other basis				depreciation		ok value
1a	Land											
		gs										
		old improvements					35,618			35,618		0
		nent					35,343			18,438		16,905
		ines 1a through 1e. (	Column (d) must e	equal Form 9	90, Par	t X, column (I	3), line	10(c).)		<b>•</b>		16,905
										G-1	J. J. D /=	

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 Page **3** 

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV,	line 11b.See For	m 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of vator or end-of-year r	luation:
1) Financial derivatives				
2) Closely-held equity interests				
A)				
В)				
C)				
D)				
(E)				
F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990,	Part IV	line 11c See Fo	rm 990 Part Y	line 13
(a) Description of investment	raic iv,	(b) Book value	(c) Meth	od of valuation: of-year market value
(1)			COSt Of Cita (	year market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	<b>&gt;</b>			
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
(2)				
(3)				
4)				
5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities.				
Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability		ine 11e or 11f.S	ee Form 990, F	(b) Book val

· ·	efit District -	Full Filing- Nonprofit Ex	plorer - ProPubli	ca
) rederal income taxes				
tal. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	
Liability for uncertain tax positions. In Part XIII, provide the text of the footn		-		_
ganization's liability for uncertain tax positions under FIN 48 (ASC 740). Chec	k here if th	e text of the footnote ha		
			Schedule D	(Form 990) 2021
Page 4				
Page 4				
nedule D (Form 990) 2021				Page <b>4</b>
art XI Reconciliation of Revenue per Audited Financial Sta	tements	With Revenue per	Return.	
Complete if the organization answered 'Yes' on Form 990				
Total revenue, gains, and other support per audited financial statements			1	4,721,917
Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1		
Net unrealized gains (losses) on investments	2a	-22,0		
Donated services and use of facilities	2b	40,20	51	
Recoveries of prior year grants				
Other (Describe in Part XIII.)	2d			
Add lines 2a through 2d			2e	18,246
Subtract line <b>2e</b> from line <b>1</b>			3	4,703,671
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	i		
Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
Other (Describe in Part XIII.)	4b			
c Add lines <b>4a</b> and <b>4b</b>			4c	0
Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	4,703,671
art XII Reconciliation of Expenses per Audited Financial St			r Return.	
Complete if the organization answered 'Yes' on Form 990  Total expenses and losses per audited financial statements			1	4,555,092
Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	1,333,032
Donated services and use of facilities	2a	40,20	51	
b Prior year adjustments	2b	40,2		
Other losses	. 2c			
d Other (Describe in Part XIII.)	2d		_	
e Add lines <b>2a</b> through <b>2d</b>	Zu		2e	40,261
Subtract line <b>2e</b> from line <b>1</b>			3	4,514,831
Amounts included on Form 990, Part IX, line 25, but not on line 1:				4,514,051
Investment expenses not included on Form 990, Part VIII, line 7b	4a	l		
b Other (Describe in Part XIII.)	4b		-	
Add lines <b>4a</b> and <b>4b</b>	70		4c	0
Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, lir	 no 19 )		5	4,514,831
	ile 10.) .	<del></del>		4,314,631
art XIII Supplemental Information	1 4 =	F. B. / Page		et V. Para 2 . D . : 2/7
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			art V, line 4; Pa	rt X, line 2; Part XI,
Return Reference	.ac any ada			
	I SDONEOD	FOR THE RINCON HILL	DOG DADIV EDT	ENDS ECCRD DECENT
		BEHALF OF THIS ORG		LINDS, ECCOD RECEIV
RT X, LINE 2: ECCBD IS A QUALIFIE	D ORGANI	ZATION EXEMPT FROM	FEDERAL AND S	
		RNAL REVENUE CODE A RESPECTIVELY. U.S. GA		
THE TAX POSITIONS	TAKEN AND	RECOGNIZE A TAX LIA	BILITY (OR ASS	SET) IF ECCBD HAS TA
IAN UNCERTAIN TAX P	OSITION T	HAT MORE-LIKELY-THAN		NOT BE SUSTAINED UP

TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A TAX LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. ECCBD IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS.

Schedule D (Form 990) 2021

**Additional Data** 

**Return to Form** 

Software ID: Software Version:

2/2/24, 2:02 PM efile Public Visual Render ObjectId: 202331249349300643 - Submission: 2023-05-04 TIN: 47-4687196 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization
THE EAST CUT COMMUNITY BENEFIT DISTRICT 47-4687196 Part I Questions Regarding Compensation Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form

No 1a 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. 3 Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? . . . 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . . . . . 4b No 4с No Participate in, or receive payment from, an equity-based compensation arrangement? . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . . 5a No Any related organization? . 5b No If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: No The organization? . . 6a 6b No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . . . . 7 No Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No If "Yes" on Jine 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021

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Schedule J (Form 990) 2021 Page 2

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 are not listed on Form 990, Part VII.

<b>Note.</b> The sum of columns (B)(i)-(iii) for each listed individual must equal t	he tot	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (D	) and (E) amoun	ts for that indi	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ANDREW ROBINSON EXECUTIVE DIRECTOR	(i)	175,421	12,317	0	0	19,486	207,224	0
	(ii)	0	0	0	0	0	0	0

								Schedule J (Form	
Schedule J (Form 990) 2021 Part III Supplemental Information				Page 3					Page <b>3</b>
Provide the information, explanation, or descriptions red	quired for Part I lines	1a 1h	3 4a 4h 4c	5a 5h 6a 6h 7	and 8 and for Par	t II. Also complet	e this part for any	additional informa	tion
	quired for Part 1, lilles	14, 11	), 3, 4a, 4D, 4C,			t II. Also complet	e tilis part for ally	audicional inionna	cion.
Return Reference					Explanation				

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TIN: 47-4687196

**SCHEDULE M** (Form 990)

## Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** 

THE EAST CUT COMMUNITY BENEFIT DISTRICT 47-4687196 Part I **Types of Property** (b) (d) (a) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . 6 Cars and other vehicles . . Boats and planes . . . . 8 Intellectual property . . . Securities—Publicly traded . 9 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . 16 Real estate—Other . . . 17 Collectibles . . . . 18 Food inventory . . . 19 Drugs and medical supplies . 20 21 Taxidermy . . . . . Historical artifacts . . 22 23 Scientific specimens . . 24 Archeological artifacts . MANAGEMENT 31,328 Χ PERSONNEL Other ▶ ( GOODS ) **OFFICE** Χ 21,450 0 Other ► ( SUPPLIES ) 26 **AUTION** Χ n 9,603 27 Other ▶ ( ITEMS ) 28 Other ► (. 29 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

**b** If "Yes," describe in Part II.

describe in Part II.

Cat. No. 51227J

Schedule M (Form 990) (2021)

32a

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

No

Page 2

Schedule M (Form 990) (2021)

Page 2

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2021)

**Additional Data** 

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ObjectId: 202331249349300643 - Submission: 2023-05-04

TIN: 47-4687196

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
THE EAST CUT COMMUNITY BENEFIT DISTRICT

**Employer identification number** 

47-4687196

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE BOARD OR A DESIGNATED SUBCOMMITTEE CAREFULLY REVIEWS THE FORM 990 BEFORE ITS FILING. IF THERE ARE ANY CHANGES OR QUESTIONS, SUCH MATTERS ARE RESOLVED BEFORE THE FORM 990 IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	EACH BOARD MEMBER IS ANNUALLY ASKED TO SIGN THE CONFLICT OF INTEREST POLICY. IN ADDITION, THE POLICY IS READ AT EVERY BOARD MEETING, AND MEMBERS WHO HAVE CONFLICTS WITH AGENDA ITEMS ARE ASKED TO SELF-IDENTIFY AND RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD APPROVED THE EXECUTIVE DIRECTOR'S COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	THE AGENDA OF ALL BOARD AND COMMITTEE MEETINGS ARE POSTED ON THE ORGANIZATIONAL WEBSITE, AT THE MEETING LOCATION, AND WITH THE CITY'S LIST OF PUBLIC MEETINGS.
FORM 990, PART XII, LINE 2C:	THE AUDIT COMMITTEE ENGAGES THE INDEPENDENT CPA FIRM ON AN ANNUAL BASIS. THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS INVOVLES THE AUDIT COMMITTEE REVIEWING AND APPROVING THE DRAFT AUDIT REPORT AND FINANCIAL STATEMENTS AND RECOMMENDING THAT THE BOARD ACCEPT THE AUDIT COMMITTEE'S RECOMMENDATION. THE BOARD THEN REVIEWS THE FINAL AUDIT REPORT AND FINANCIAL STATEMENTS AND VOTES ON THE AUDIT COMMITTEE'S RECOMMENDATION.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

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