			** PUBLIC DISCLOSURE Short Form	COE	Y *	*			OMB No. 1545-0047
Forn	" <b>9</b> 9	90-EZ	Return of Organization Exemp	t Fr	om	Income	Та	X	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Reve						2019
Do not enter social security numbers on this form, as it may be made public.									
		of the Treasury enue Service	► Go to www.irs.gov/Form990EZ for instruction	s and	the late	est informatio	on.		Open to Public Inspection
A	or the	e 2019 calendar	year, or tax year beginning		and en	ding			
BC	heck if	C Mc	ame of organization				D Em	oloyer ide	entification number
	-	ess change							
	Name	e change RC	SENWALD PARK CAMPAIGN				8	3-22	83395
X	Initia		ber and street (or P.O. box if mail is not delivered to street address)			Room/suite	E Tel	ephone n	umber
	Final termi		MAPLEWOOD PARK COURT				2	<u>40-7</u>	43-9247
	Amer	lacarotani	or town, state or province, country, and ZIP or foreign postal code				F Gro	oup Exem	ption
		· · · ·	STHESDA, MD 20814					mber ►	
		nting Method:	Cash X Accrual Other (specify) ►						if the organization is
			PS://WWW.ROSENWALDPARK.ORG/						to attach Schedule B
			(insert no.) (insert no.) ( <b>X</b> 501(c)(3) 501(c)() () ((1)		947(a)(1	) or 527	(Fo	rm 990, 9	990-EZ, or 990-PF).
		of organization:	X Corporation Trust Association	Other	or if tot	al agasta (Dart I			
			b to line 9 to determine gross receipts. If gross receipts are \$200,000 of 00 or more, file Form 990 instead of Form 990-EZ	i more,	UT IT LOTA	ai asseis (Part I	ι,	▶ \$	82,485.
	art I	<b>Revenue</b>	e, Expenses, and Changes in Net Assets or Fund	Bala	nces	(see the instru	uctions		)
		Check if the	organization used Schedule O to respond to any question in this Part I						, X
	1		gifts, grants, and similar amounts received					1	82,416.
	2		ce revenue including government fees and contracts					2	
	3		ues and assessments					3	
	4	Investment inc	ome	E S	CHEI	DULE O		4	27.
	5a	Gross amount	from sale of assets other than inventory	5a			42.		
	b	Less: cost or o	ther basis and sales expenses	5b					
	c	Gain or (loss) f	from sale of assets other than inventory (subtract line 5b from line 5a)					5c	42.
	6	•	ndraising events:						
an	a	• · · · · ·	from gaming (attach Schedule G if greater than	6a	I				
Revenue	<sub>ь</sub>	+ , ,	from fundraising events (not including \$		I 1tributio	ne			
Re	"		ng events reported on line 1) (attach Schedule G if the sum of such	-	IIIIDUIIO	113			
			and contributions exceeds \$15,000)	6b					
	c	-	penses from gaming and fundraising events	60				1	
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and sub	-	ne 6c)			6d	
	7a		inventory, less returns and allowances						
	b	Less: cost of g	oods sold	7b					
	c		(loss) from sales of inventory (subtract line 7b from line 7a)					7c	
	8	Other revenue	(describe in Schedule O)					8	
	9		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	82,485.
	10		ilar amounts paid (list in Schedule O)					10	
	11	Selection other	o or for members					11	
ses	12 13		compensation, and employee benefits					12 13	10,682.
Expenses	14		nt, utilities, and maintenance					14	
Ĕ	15	Printing, public	ations, postage, and shipping					15	650.
	16	Other expenses	s (describe in Schedule O)	E S	CHEI	DULE O		16	7,627.
	17	Total expenses	s. Add lines 10 through 16					17	18,959.
	18	Excess or (defi	cit) for the year (subtract line 17 from line 9)					18	63,526.
Net Assets	19		und balances at beginning of year (from line 27, column (A))						-
As			th end-of-year figure reported on prior year's return)					19	0.
Net	20		in net assets or fund balances (explain in Schedule 0)					20	0.
	21							21	63,526. Form <b>990-EZ</b> (2019)
LHA	A FOL	raperwork Red	luction Act Notice, see the separate instructions.						Form <b>330-EZ</b> (2019)

932171 12-11-19

Form 990-EZ (2019) ROSENWALD PARK CAMPAIGN		8	33-22833	95 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp	cond to any question	in this Part II		
	()	A) Beginning of year		and of year
22 Cash, savings, and investments		0.	22	63,526.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)			24	
25 Total assets		0.	25	63,526.
26 Total liabilities (describe in Schedule 0)		0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		0.	27	63,526.
Part III Statement of Program Service Accomplishmen	<b>`</b>	,	E	kpenses
Check if the organization used Schedule O to resp		in this Part III		for section and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE O				ons; optional for
Describe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses. I	In a clear and concise	others.)	<i>,</i> ,
manner, describe the services provided, the number of persons benefited, and other relevant informat	tion for each program title.			
28 SEE SCHEDULE O				
			_	
			_	
(Grants \$ ) If this amount includes foreign g	arants, check here			3,143.
29 SEE SCHEDULE O	<b>,</b> ,			· · ·
			-	
			-	
(Grants \$ ) If this amount includes foreign g	prants check here			4,740.
	DING FOR PREPA			
AND INSTALLATION OF A HISTORIC MARKE			-	
ROSENWALD'S BOYHOOD HOME IN SPRINGFI			-	
				1,000.
			30a	1,000.
(Grants \$ ) If this amount includes foreign g	grants, check here	🖊	31a	
			► 20	8 883
32 Total program service expenses (add lines 28a through 31a)	mplovees		.  32	<u>8,883.</u>
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Er	mployees (list each one ev	ven if not compensated - se	e the instructions for	8,883. or Part IV)
32 Total program service expenses (add lines 28a through 31a)	mployees (list each one ev pond to any question	ven if not compensated - se in this Part IV	ee the instructions fo	or Part IV)
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	mployees (list each one ex cond to any question (b) Average hours	ven if not compensated - se in this Part IV (C) Reportable compensation (Forms	(d) Health benefits, contributions to	r Part IV) (e) Estimated
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Er	mployees (list each one ev pond to any question	ven if not compensated - see in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	or Part IV)
32 Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title	(list each one ex cond to any question (b) Average hours per week devoted to	ven if not compensated - se in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit	r Part IV) (e) Estimated amount of other
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32       Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Key Enclosed (a) Name and title         (a) Name and title         DOROTHY CANTER, PH.D.         PRESIDENT AND CEO         ROBERT G. STANTON         VICE PRESIDENT         M. HOWARD MORSE         TREASURER         KATHERINE STEVENSON         SECRETARY         PAMELA BOWMAN         DIRECTOR         STEPHANIE DEUTSCH         DIRECTOR         THERESA PIERNO         DIRECTOR         CAROL SHULL         DIRECTOR         JORDAN TANNENBAUM         DIRECTOR	mployees         (list each one expond to any question           (b) Average hours         per week devoted to position           35.00         2.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	r Part IV) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
32       Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title         DOROTHY CANTER, PH.D.         PRESIDENT AND CEO         ROBERT G. STANTON         VICE PRESIDENT         M. HOWARD MORSE         TREASURER         KATHERINE STEVENSON         SECRETARY         PAMELA BOWMAN         DIRECTOR         STEPHANIE DEUTSCH         DIRECTOR         THERESA PIERNO         DIRECTOR         CAROL SHULL         DIRECTOR         JORDAN TANNENBAUM         DIRECTOR         CAROL SHULL         DIRECTOR         CAROL SHULL	mployees         (list each one expond to any question           (b) Average hours         per week devoted to           per week devoted to         position           35.00         2.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - sec in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	d) Health benefits, contributions to employee benefit component of the contributions to employee benefit compensation           0.	r Part IV) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
32       Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title         DOROTHY CANTER, PH.D.         PRESIDENT AND CEO         ROBERT G. STANTON         VICE PRESIDENT         M. HOWARD MORSE         TREASURER         KATHERINE STEVENSON         SECRETARY         PAMELA BOWMAN         DIRECTOR         STEPHANIE DEUTSCH         DIRECTOR         THERESA PIERNO         DIRECTOR         CAROL SHULL         DIRECTOR         JORDAN TANNENBAUM         DIRECTOR         CURTIS VALENTINE         DIRECTOR	mployees         (list each one expond to any question           (b) Average hours         per week devoted to position           35.00         2.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - se in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health benefits, contributions to employee benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	r Part IV) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
32       Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Key Er         Check if the organization used Schedule O to resp         (a) Name and title         DOROTHY CANTER, PH.D.         PRESIDENT AND CEO         ROBERT G. STANTON         VICE PRESIDENT         M. HOWARD MORSE         TREASURER         KATHERINE STEVENSON         SECRETARY         PAMELA BOWMAN         DIRECTOR         DAMIEN DWIN         DIRECTOR         THERESA PIERNO         DIRECTOR         CAROL SHULL         DIRECTOR         JORDAN TANNENBAUM         DIRECTOR         CAROL SHULL         DIRECTOR         CAROL SHULL	mployees         (list each one expond to any question           (b) Average hours         per week devoted to           per week devoted to         position           35.00         2.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00           1.00         1.00	ven if not compensated - sec in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	d) Health benefits, contributions to employee benefit component of the contributions to employee benefit compensation           0.	r Part IV) (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.

30       Did the organization angage in any significant activity not previously reported to the IESS? If Yes, "provide a ditailed discription of each activity in Schedde 0.       33       X         33       Did the organization the expenizion or governing documents? If Yes, "attach a conformed copy of the amended discription of each activity in Schedde 0. Gen instructions       33       X         34       W are any significant attraction the expenizion's rane. Otherwise, equinantics in Schedde 0. Gen instructions       33       X         35       Did the organization intex of norm 960-1 for the yard? If %0," provide an explanation in Schedde 0.       33       N/A         36       W are intergination assection SUP(4), SU1(5), Gen explanation assects SUP(6)," organization student SUP(6), SU(6), SUP(6), SUP(6	Pa	<b>Other Information</b> (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this								
33       Did the organization engoge is any significant activity not previously reported to the IR57 If Yes, 'provide a detailed description of each activity in Schedule 0       33       X         34       Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule 0, the senset of the organization's name. Otherwise, explain the change on Schedule 0, the senset of the senset of the organization as each of SLOOP or more 05 10.000 or more bases activities groups at the organization as each of SLOOP or more 05 10.000 or more bases activities groups at the organization as each of SLOOP or more of SLOOP or more of SLOOP or more set of SLOOP or more set of the organization as each of SLOOP or more set of SLO		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Fan		No					
activity in Schedule 0       33       X         4 Wee any synchronic of target mode to the organizing or governing documents? If "Yes," straich a contormed copy of the amended documents of they refer to a change to the organization is an e. Offenvise, explain the change on Schedule 0. See instructions       44       X         53 B Of the organization have unrelated business grows income of \$1,000 runse during the year from business activities (suck as these reported on ins. 2, and 7, among during (16, 5010(c)), or 001(c) or more during the year of the year) if "Yes," complete Schedule 0, Schedule 0, offer, organization actions of 10(c), 501(c), 5	33	Did the organization engage in any significant activity not previously reported to the IBS? If "Yes," provide a detailed description of each		103						
34         Were any significant charges made to the organization of powering documents? If "Yes," attach a conformed copy of the amended documents if the organization is the organization in ano. Charvese, explain the charge on Schulu O. See interfuence on the s2, 85, and 72, ameng others?)         34         X           35         bit the organization is the organization is the a form 1990-1 for the year? If No," provide an explanation in Schedula O.         36         X           36         bit the organization action 501(c)(A), 501(c)(A), or 501(c)(A) organization subject to section 6323(c) molec, reporting, and proxy tax repairements for fores (Copy and action subject to section 6323(c) molec, reporting, and proxy tax repairements for fores (Copy and action a section 6323(c) molec, reporting, and proxy tax repairements for section 501(c)(A) organization thermitical, provide an explanation in Schedula O.         36         X           38         bit the organization is donedula N.         57         O         36         X           39         bit the organization form form, or rake any locats to, any office, director, trustes, or key employed; or verse any such loans made in a proxy sea of cable for the organization schedula N.         36         X           39         bit the organization is found to nime 9.         58         N/A.         36         X           39         section 501(c)(7) organizations. Birls and proxy cover of thy the rule organization schedula N.         0.         58         0.         -           30         Section 501(c)(3) organization			33		х					
36a       Difference of the organization in the a frame goals income of \$1,000 or more during the year from business activities (such as those reported on inter 2, 66, and 72, among others)?       36a       X         36a       Difference of the S3b, has the organization inter a form 990-1 for the year? If %c, provide an explanation in Schedule 0       36a       X         36a       N/A       36a       X       36a       X         36a       Diff the organization inderpo a liquidation, discolution, remination, or significant disposition of test assets during the year? If Yes, "complete Schedule Point Strates," director, husten, or key employer; or were any such loans made in a prory year and captal contributions include on line 9       37b       X         36a       N/A       36a       N/A       36a       X         36a       Station 50(c)(2) organizations. Enter       38a       N/A       38a       X         36a       N/A       36a       N/A       36a       X       38a       X         36a       N/A       38a </td <td>34</td> <td></td> <td></td> <td></td> <td></td>	34									
on lines 2, 6a, and 7a, among others)?       38a       X         b If Yes's bins 3b, nash ter organization field a Cm 990-T for the year? If Yeb; provide an explanation in Schedul 0       36b       N/A         c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(s) notice, reporting, and proxy tax requirements during the year? If Yes; complete Schedule C, Part II       36c       X         37b       Enter among them 120-PDL for in the year?       37b       X         38a       If the organization interior and induction, disolution, the instructions       37c       X         38b       If the organization there of non make any loans to, any officiar, director, trustee, or key employer, or ever any such loans made in a prior year and still oxistanding at the end of the tax year oxeed by this return?       38b       X         38       If the organization incleved on line 9.       0.       32b       N/A         38       If the organization incleved on line 9.       0.       38b       N/A         38       If the organization scheme on the total amount involved       38b       N/A         38       If the organization and capital contributions included on line 9.       0.       .       .         39       If X-S       .       .       .       .       .         39       N/A       .       .       .		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х					
b If Yes's to line 33b, bits the organization line a form 900-1 for the year? If 3b, provide an explanation in Schudul 0  c Was the organization a section 501(c)(d), 501(c)(d), or 500(c)(d), organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes', complete Schudul 0, Fart III  b Uf the organization inform 12 Proves, complete Schudul 0, Fart III  b Uf the organization inform 12 Proves, complete Schudul 0, Fart III  b Uf the organization inform 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  b Uf the organization form 12 Proves, complete Schudul 0, Fart III  c Section 501(c)(0) organizations. Dirth ergination fortune 12  b Uf the organization form 12 Proves, complete Schudul 0, Part II  c Section 501(c)(0) organizations. Dirth ergination on engagin any section 4585 pc.  c b Section 501(c)(0) organizations. Dirth ergination on engagin any section 4585 pc.  c b Section 501(c)(0) organizations. Dirth ergination on engagin any section 4585 pc.  c b Section 501(c)(0) organizations. Dirth ergination on propio any section 4585 pc.  c b Section 501(c)(0) organization and prove on diright the year under: section 4501 pc.  c Section 501(c)(0) organization. Dirth ergination engagin any section 4585 pc.  c b Section 501(c)(0) organizations. Dirth ergination engagin any section 4585 pc.  c b Section 501(c)(0) organization. Dirth ergination in prior year that has not been reported on any of the organization manages or dispullitely persons there areaschore thergination and priory organization and prior year thath	35 a									
c Wish the organization section 501(c)(4), p01(c)(6), or 501(c)(6) organization subject to section 603(c) notice, reporting, and proxy tax requirements during the year? If Yes, 'complete schedule (c, Part III       366       X         30 Did the organization under po a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, 'complete schedule X, Part III, and enter the inferct, as described in the instructions       373       0.         31 Did the organization borrow from or make any longs to, any office, ritector, rituste, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38a       X         32 Bit is schematicable. L, Part III, and enter the total amount involved       38a       N/A       38a       X         33 Section 501(c)(2) organizations. Enter       0.       section 501(c)(2) organizations. Enter amount of tax imposed on the organization during the year of did tengaps in an excess benefit transaction in a prior year that has not been reported on any or its prior forms 600 or 500-622 ff Yes; complete Schedule L, Part III wes, 'complete Schedule L, Part III wes, 'c		on lines 2, 6a, and 7a, among others)?								
requirements during the year? II "Yes," complete Schedule C, Part III       36       36       X         36       Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? II "Yes,"       36       X         37       Enter amount of political expenditures, direct or indirect, as described in the instructions       17       27       0.       37         38       Did the organization for form 104-00. to this year?       37       0.       37       0.       38       X         39       Did the organization form 104-00. to this year?       0.       38       X       38       X         39       Section 501(c)(2) organizations. Enter       38       N/A       39       38       X         30       Section 501(c)(2) organizations. Enter       0.       ; section 4955       0.       0.         30       Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Did the organization during the year, 0485       0.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       2.       0.       0.       0.										
38       Did the organization undergo a liquidation, descluinton, er significant disposition of net assets during the year? If "Yes,"       36       X         37       Enter anount of political parts of Shchule N       37       0.       37         38       Did the organization bortow from, or make any loans to, any officer, director, furstee, or key employee; or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38       X         39       Diff the organization bortow from, or make any loans to, any officer, director, furstee, or key employee; or vere any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38       X         39       Diff the organization control for on make any loan damount involved       38       N/A       38       38       X         39       Diff the organization. Striter       30       N/A       38       38       X         40       Section 501(c)(1) organizations. Enter amount of tax imposed on the organization during the year of diff engapie in an excess benefit transaction during the year of diff engapie in an excess benefit transaction during the year of diff engapie in an excess benefit transaction during the year of disqualified persons during the year under sections 4912, 4955, and 4958       0.       406       X         41       List the states with which a copy of this return is filed in D/D       D       Controt 4350 (C)(2), 301(C)(4), and 501(C)(2) organizations.	C		0.5		v					
complete applicable parts of Schedule N       38       X         37a       Enter amount of pollical expenditures, direct or indirect, as described in the instructions       37a       0.         37a       Did the organization time form 1120-POL for this year?       37a       0.         38a       Did the organization torow from, or make any lease in years (and other the top) amount involved       37b       37b       37b         38a       X       X       38a       X         39a       N/A       38a       X         39a       Section 501(c)(7) organizations. Enter       38b       N/A         39a       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of the organization in a prior year that has not been reported on any of its prior forms 990 or 990-E27 if 'ves,' complete Schedule L, Part I       0.       ; section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       400       X         40b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization aparty to a prior borns 990 or 990-E27 if 'ves,' complete Schedule L, Part I       0.       400       X         41       Ust the states with which a copy of this return is lift B → DC       240 - 743 - 9247       424 - 743 - 9247         42       The organi	26		350							
372 Enter amount of political expenditures, direct or indirect, as described in the instructions       ▶ 37a       0.       0.         b (0) the organization for form (or mice any discuss, bary officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         380       B(1) the organization form (or mice any discuss, bary officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         390       B(1) the organizations. Enter       38a       N/A         391       Gross receipties Schedule (). B(1)       0. ; section 4555       0         b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year of d01 tengage in any section 4915.       0       .         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers of disqualidified person during the year ords (28), 680, and 498.       0       .         d B exclose 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed in the organization a party to a prohibited tax sheler transaction '11 ''esc, 'complete form 8886-1       .       .       .         d B exclose 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualidified person during the year of tat contins filed > DC       .       .	30		36		x					
b Did the organization file Form 1120-PDL for this year?       37b       X         38a Did the organization borrow from, or make any basis (b, any officer, furstee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?       38b       N/A         38a Did the organization borrow from (C)(7) organizations. Enter       38b       N/A         38a Section 501(c)(3) organizations. Enter       38b       N/A         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4915       0 - ; section 4915       0 - ; section 4915         40a Section 501(c)(3), s01(c)(4), and 501(c)(20) organizations. Did the organization engage in an seccion 4956 excess benefit transaction during the year, of did lengage in an excess benefit transaction during the year, of did lengage in an excess benefit transaction from sange sor disq056 excess benefit transaction from sange sor disq056 excess benefit transaction from anagers or disqualified persons during the year under sections 4912, 4955, and 4958       0 -          40b Section 501(c)(3), 501(c)(4), and 501(c)(22) organizations. Enter amount of tax in line 40c reimbursed on organization sections 490 to 20C section 4910 the organization from the tax year, was the organization a party to a prohibited tax sheler transaction full "the size and bit 0(c)(22) organizations. Hark time during the tax year, was the organization a party to a prohibited tax sheler transaction full "the size any acid to the solution or the antime 40 creimbursed or the framacial account for two in line 40 creimbursed in a drive qurinements for FinCEN Form 114, Report of Foreim Bark and Financial Acc	37 a									
38a DB dbt expanziation borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a plori year and still outstanding at the end of the tax year covered by this return?       38a X         b If Yes; complete Schedule L, Part II, and enter the total amount involved       38b N/A         39a Schon 501(c)(3) organizations. Enter:       38b N/A         an initiation feas and capital contributions included on line 9       0.; section 4915       0.         section 511(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4955       0.       0.         b Gross receipts, included on line 9, for public use of club facilities       0.; section 4915       0.       0.         40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization engage in any section 4956 excess benefit transaction in a prory sent that has not been reported on any of its prior Forms 900 or 930-E27 if Yes; complete Schedule L, Part I       40b X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons 408-E17.       0.       40c X         1 List the states with which a copy of this return is filed bDC       240-743-9247       40c X         21 List the states with which a copy of this return is filed bDC       210 -743-9247       40c X         22 N 4       240-743-9247       240-743-9247       40c X         21 List the states with which a cop			37b		Х					
b       If Yes, complete Schedule L, Part II, and enter the total amount involved       38b       N/A         38       Section 901(c)(7) organizations. Enter:       39a       N/A         40       Section 911       0.       300       0.         41       Section 911       0.       0.       300       N/A         40       Section 911       0.       0.       300       0.         41       Instantion feas and capital contributions included on line 9       0.       300       N/A         40       Section 911       0.       0.       300       0.       300       N/A         40       Section 501(c)(3), organizations. Enter amount of tax imposed on organization manages or dispatibile persons during the year unduring the										
39       Section 501(c)(7) organizations. Enter:       39a       N/A         40       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       39b       N/A         40       Section 501(c)(3) so1(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955       0.         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under transaction in a prior year that has not been reported on any of its prior forms 990 or 990c-271 (**s; "complete Schedule, L part I       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         c       All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes," complete form 886e.T       40e       X         11       List the states with which a copy of this return is filed <b>DC</b> DC       21P + 4 ≥ 20814       20814         24       The organization books are in the COURT, BETHESDA, MD       21P + 4 ≥ 20814       20814       24e       X         H 'Yes, enter the n		in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х					
a Initiation fees and capital contributions included on line 9       39a       N/A         b Gross receipts, included on line 9, for public use of club facilities       30a       N/A         04 Section 501(c)(3), organizations. Enter amount of tax, imposed on the organization during the year.       0 ; section 4915       0         b Gross receipts, included on line 9, for public use of club facilities       0 ; section 4955       0         b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization regage in any section 4956       0         b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization maragers or disqualified persons during the year under sections 4912, 4955, and 4958       0         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed       0       0         e All organization       b OROTHY CANTER       0       0         t Lst the states with which a copy of this return is filed b DC       240 - 743 - 9247       1.         t Located at b 19 MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 ≥ 20814       242         At any time during the clarker year, did the organization as a bank account, or diret authority over a financial account in a freign country b       242       X         section 491(-1)       0.0       PARK COURT, BETHESDA, MD       ZIP + 4 ≥ 20814       242         42a       X <td>b</td> <td>If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A</td> <td></td> <td></td> <td></td>	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A								
b       Gross receipts, included on line 9, for public use of club facilities       39b       N/A         40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0.; section 495 ▶ 0.,         b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization in a prior year that has not been reported on any of its prior forms 900 or 390 E27 If ''ss,' complete Schedule (_ Part I       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40b       X         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       40e       X         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501 (c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization shows are in care of ▶ DOROTHY CANTER       Telephone no. ▶ 240-743-9247         1       List the states with which a copy of this return is lifed ▶ DC       1       YIP + ▲ ▶ 208414       X         42a       The organization country ▶										
40a       Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:       0. ; section 4912 ▶ 0. , ; section 4932 ▶ 0. , ; section 4935 ▶ 0. , ; section 4935 ₽ , section 4936 ₽, ess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 11 Yes; complete Schedule L, Part 1       40b       X         5       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax inposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0. ,       40b       X         6       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reinbursed 0, by the organization a party to a prohibited tax shelter transaction? If Yes; complete Form 8886-T       0. ,       40e       X         11       Lts the states with which a copy of this return is filed ▶ DC       Telephone no. ▶ 240-743-9247       Located at ▶ 19 MAPLEWOOD PARK COURTY CANTER The organization a party to a prohibited tax shelter transaction? If Yes; complete form 886-T       40e       X         12       Lts the states with which a copy of this return is filed ▶ DC       Telephone no. ▶ 240-743-9247       Located at ▶ 19 MAPLEWOOD PARK COURTY BETHESDA, MD       zle + 4 ▶ 20814         24       N APLEWOOL PARK COURTY BETHESDA, MD       zle + 4 ▶ 20814       Yes No         32count)?       If Yes, enter the name of the foreign country ▶       24b       X         <			-							
section 4911 ▶       0.; section 4912 ▶       0.; section 4955 ▶       0.         b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 ▶       0.         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year valuer sections 4912, 4955, and 4958.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year valuer sections 4912, 4955, and 4958.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization managers or disqualified persons during the year values sections 4912, 4955, and 4958.       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       1.         42a The organization's books are in care of ▶ DOROTHY CANTER       Telephone no. ▶ 240-743-9247         Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 ▶ 20814         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country ▶       1.         e At any time during the calendar year, did the organization maintain an office outside the United States?       1.         e At any time during the calendar year, did the organization maintain an office outside the United States?       1.<			-							
b       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did tengage in an excess benefit transaction in a prory year that has not been reported on any of its prior forms 990 or 990-PEZ /1 **0s; "complete Schedule L, Part I         c       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.         d       Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization during the tax year, was the organization a party to a prohibited tax shelter transaction? If *es; "complete Form 8886-T         40e       X         41       List the states with which a copy of this return is filed ▶ DC         42       The organization's books are in care of ▶ DOROTHY CANTER       Telephone no. ▶ 240-743-9247         Located at ▶ 19 MAPLEWOOD PARK COURT , BETHESDA , MD       ZIP + 4 ▶ 20814         b       At any time during the calendar year, dift the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42b       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here and enter the amount of the foreign country .       43       N/A         44a       X       Did the organization maintain any donor advised f	40 a									
transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if Yes," complete Schedule L, Part I c. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	h									
of its prior Forms 990 or 990-E2? If Yes," complete Schedule L, Part I       40b       X         c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       0.       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations shocks are in care of <b>&gt;</b> DOROTHY CANTER Telephone no. <b>&gt;</b> 240-743-9247         1 Located at <b>&gt;</b> 10 MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 <b>&gt;</b> 20814         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country <b>&gt;</b> Yes No         42b       X         11 Yes', enter the name of the foreign country <b>&gt;</b> 42c       X         12 Yes', enter the name of the foreign country <b>&gt;</b> 42c       X         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       44a       X         44a       X	U									
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organization managers or disqualified persons during the year under sections 4912, 4955, and 4958       ●       0.         d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization       ●       0.         e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T       0.         41       List the states with which a copy of this return is filed ● DC       DC         42a       The organizations books are in care of ▶ DOROTHY CANTER       Telephone no. ▶ 240-743-9247         Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 ▶ 20814         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       42b       X         H "Yes," enter the name of the foreign country ▶	C									
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e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete form 8886-T       40e       X         11 List the states with which a copy of this return is filed ▶ DC       22a The organization's books are in care of ▶ DOROTHY CANTER Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD       Telephone no. ▶ 240-743-9247         12 Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 ▶ 20814         b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       Yes No         account)?       If "Yes," enter the name of the foreign country ▶       42e       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42e       X         43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       43       N/A         44a       X       If the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         b Did the organization neeir received or tanning services during the year?       If "Yes," Form 990 must be completed instead of Form 90-EZ       44b       X         b Did the organization maintain	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed								
transaction? If "Yes," complete Form 8886-T  40e X  List the states with which a copy of this return is filed ▶ DC  42a The organization's books are in care of ▶ DOROTHY CANTER Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD  2IP + 4 ▶ 20814  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 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 the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶  3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the xar?  44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  44a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions		, , , , , , , , , , , , , , , , , , ,								
41       List the states with which a copy of this return is filed ▶ DC         42a       The organization's books are in care of ▶ DOROTHY CANTER Located at ▶ 19 MAPLEWOOD PARK COURT, BETHESDA, MD       Telephone no. ▶ 240-743-9247         2IP + 4 ▶ 20814       b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       If +4 ▶ 20814         if Yes," enter the name of the foreign country ▶	e				37					
42a       The organization's books are in care of ▶ DOROTHY CANTER       Telephone no. ▶ 240-743-9247         Located at ▶ 19       MAPLEWOOD PARK COURT, BETHESDA, MD       ZIP + 4 ▶ 20814         b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         If 'Yes,' enter the name of the foreign country ▶       42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         if 'Yes,' enter the name of the foreign country ▶       42c       X       42c       X         if 'Yes,' enter the name of the foreign country ▶       42c       X       42c       X         if 'Yes,' enter the name of the foreign country ▶       42c       X       42c       X         if 'Yes,' enter the name of the foreign country ▶       43       43       N/A         44a       Exction 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year? If 'Yes,'' Form 990 must be completed instead of Form 990-EZ       43       N/A         44a       X       Did the organization maintain any donor advised funds during the year? If 'Yes,'' Form 990 must be completed instead of For			40e		X					
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b       At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes         If "Yes," enter the name of the foreign country ▶	42 a									
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?       Yes No         account)?       42b       X         If "Yes," enter the name of the foreign country        42b       X         See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ✓       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       ✓       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       If "No," provide an explanation in Schedule 0       44d	b									
account)?       42b       X         If "Yes," enter the name of the foreign country				Yes	No					
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       42c       X         If "Yes," enter the name of the foreign country       ▶       43       42c       X         43       Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year       ▶       43       N/A         44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       Yes       No         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44a       X         c       Did the organization receive any payments for indoor tanning services during the year?       If "Yes," promide an explanation in Schedule 0       44d       X         45a       Did the organization receive any payment find a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44d       X         45a       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b		/	42b		Х					
c At any time during the calendar year, did the organization maintain an office outside the United States?       42c       X         If "Yes," enter the name of the foreign country										
If "Yes," enter the name of the foreign country ▶										
<ul> <li>43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year</li> <li>43 N/A</li> <li>44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ</li> <li>c Did the organization receive any payments for indoor tanning services during the year?</li> <li>d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0</li> <li>44a X</li> <li>b Did the organization have a controlled entity within the meaning of section 512(b)(13)?</li> <li>b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions</li> </ul>	C		42c		Х					
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Yes       No         44 a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44 X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ       44 X         c       Did the organization receive any payments for indoor tanning services during the year?       44 X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0       44 X         45 a       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45 X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?       45 X	43									
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       1			N/A							
44a       Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44a       X         b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       1				Yes	No					
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b       Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead       44b       X         of Form 990-EZ       44c       X         c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b       1			44a		Х					
c       Did the organization receive any payments for indoor tanning services during the year?       44c       X         d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44c       X         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b	b									
d       If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation       44d         45a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45a       X         b       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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45b			44b							
in Schedule 0 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b			44c		Х					
45 a       Did the organization have a controlled entity within the meaning of section 512(b)(13)?       45 a       X         b       Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section       45 a       X         512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions       45 b       45 b	d									
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45 -				v					
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions			458		Δ					
	U		45h							
				90-EZ	(2019)					

ROSENWALD PARK CAMPAIGN

Form 990-EZ (2019)

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<sup>3</sup> 2019.06030 ROSENWALD PARK CAMPAIGN 028237\_1

Form 990-EZ (2	2019) ROSENWALD PARK C	AMPAIGN				83-2283	395		Page 4
	rganization engage, directly or indirectly, in politi complete Schedule C, Part I				-		46	Yes	No X
Part VI	Section 501(c)(3) Organizations (	Only					40		А
	All section 501(c)(3) organizations must and		9b and 52, and	d complete	e the tables for lines	50 and 51.			
	Check if the organization used Schedule O	to respond to any c	uestion in this	Part VI					
								Yes	
	rganization engage in lobbying activities or have	· · /		• •					X X
	ganization a school as described in section 170(b rganization make any transfers to an exempt non						48 49a		X
	was the related organization a section 527 organiz						49a 49b		- 23
60 Complete	e this table for the organization's five highest com	pensated employees (	other than office	rs, directors	s, trustees, and key er	nployees) who		eived r	nore
	0,000 of compensation from the organization. If t					,			
	(a) Name and title of each employee		(b) Average		(C) Reportable compensation (Forms	(d) Health bener contributions t	, i v	) Estin	
		.	per week dev positic		W-2/1099-MISC)	employee bene plans, and defer	fit am red co	ount of mpens	
	NONE	<u>.</u>	positio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		compensation		Inpens	
(a) №	Name and business address of each independent	contractor		(b)	) Type of service	(0	) Comp	ensatio	n
	nber of other independent contractors each receiv				►				
complete	rganization complete Schedule A? Note: All secti	·····					Χγ		N
-	s of perjury, I declare that I have examined this re nd complete. Declaration of preparer (other than					-	age and	Dellet,	IT IS
Bign	Signature of officer					Date			
lere	DOROTHY CANTER, PRES	IDENT							
I	Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN			
Paid		VALTER H DE	EYHLE,		self- emplo	-		_	
Preparer	WALTER H DEYHLE, CPAC						)543		
Jse Only	Firm's name ► GELMAN, ROSEN			NT		> 52-13			00
	Firm's address ► 4550 MONTGOM BETHESDA, MD			N	Phone no.	(301)	951	-90	90
lay the IDC di	BETHESDA, MD		U				XY		No
ממצ נוו <del>כ</del> וחט עו	Souss and rotarn war are preparer shown above	: ooo maa adalaan					Form 9		
									·

932174 12-11-19

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization	n
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Name of	the organization						Employer	identification number		
	ROSE	NWALD PARK	CAMPAIGN				8	3-2283395		
Part I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instructions	S.			
The organ	ization is not a private found	ation because it is: (	For lines 1 through 12, cl	heck only	one box.)					
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)					
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,		
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X										
	section 170(b)(1)(A)(vi). (C	-		Ū			<b>.</b>			
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9	An agricultural research org				ed in conju	unction with a	land-grant	college		
	or university or a non-land-g	-			-		-	•		
	university:						-			
10	An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from		
	activities related to its exen									
	income and unrelated busir							-		
	See section 509(a)(2). (Co							, , , , , , , , , , , , , , , , , , ,		
11	An organization organized a		ivelv to test for public sat	fetv. See	section 50	)9(a)(4).				
12	An organization organized a	-	•	•			rrv out the	purposes of one or		
	more publicly supported or	-	-	-			•			
	lines 12a through 12d that	-								
a	<b>Type I.</b> A supporting orga	•••			-		-	aivina		
	the supported organization	-	-	• • • •	-					
	organization. You must o									
b	<b>Type II.</b> A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hay	vina		
	control or management o	-				-		•		
	organization(s). You mus			ante peree			90o oo.pr			
c	Type III functionally inte	-		in connect	tion with	and functional	llv integrate	ed with		
	its supported organization						.,			
d	Type III non-functionally						ted organiz	ration(s)		
u	that is not functionally int						-			
	requirement (see instruct	•		•		-				
e	Check this box if the orga	-					II Type III			
•	functionally integrated, or					1900, 1900	n, rype n			
<b>f</b> Ente	er the number of supported of									
	vide the following information	•								
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other		
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Total										
	Paperwork Reduction Act N	lotice. see the Instr	uctions for Form 990 or	990-EZ.	932021 09-	25-19 Sche	dule A (For	m 990 or 990-EZ) 2019		

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#### Schedule A (Form 990 or 990-EZ) 2019 ROSENWALD PARK CAMPAIGN Part II Support Schedule for Organizations Described in Section

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					30,093.	30,093.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					30,093.	30,093.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						27,685. 2,408.
	Public support. Subtract line 5 from line 4.						2,408.
Sec	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	<b>(f)</b> Total
7	Amounts from line 4					30,093.	30,093.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						30,093.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>X</b>
Sec	ction C. Computation of Publi	c Support Per	rcentage			,	
14	Public support percentage for 2019 (li	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this box	and
	$\ensuremath{ \text{stop} here.}$ The organization qualifies		-				
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10% o	r more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	art VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	- 2018. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is 1	0% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a publi	cly supported orga	nization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	<u>b, check this box a</u>	nd see instructions	
					Sch	edule A (Form 990	or 990-EZ) 2019

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### Schedule A (Form 990 or 990-EZ) 2019 ROSENWALD PARK CAMPAIGN

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				_	_	_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	-			·	···· • •	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>)19</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	-					▶□]
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
93202	3 09-25-19		7		Sch	edule A (Form 99	0 or 990-EZ) 2019

2019.06030 ROSENWALD PARK CAMPAIGN 028237\_1

## Schedule A (Form 990 or 990-EZ) 2019 ROSENWALD PARK CAMPAIGN Part IV Supporting Organizations

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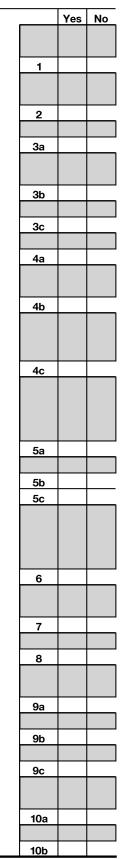
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

### Schedule A (Form 990 or 990 EZ) 2019 ROSENWALD PARK CAMPAIGN

Part IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the 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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	U		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

2019.06030 ROSENWALD PARK CAMPAIGN 028237\_1

Sche	dule A	(Form 990 or 990-EZ) 2019	ROSENWALD	PARK	CAMPAIGN	
Par	rt V	Type III Non-Function	onally Integrate	d 509(a)	(3) Supporting	Organizations

1

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

Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> Ot	her gross income (see instructions)	3		
<b>4</b> Ac	ld lines 1 through 3.	4		
<b>5</b> De	preciation and depletion	5		
6 Pc	ortion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
<b>7</b> Ot	her expenses (see instructions)	7		
8 Ac	<b>Jjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	gregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
a Av	rerage monthly value of securities	1a		
b Av	rerage monthly cash balances	1b		
<b>c</b> Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Di	scount claimed for blockage or other			
fac	ctors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Ac	equisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Si	ibtract line 2 from line 1d.	3		
<b>4</b> Ca	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	ultiply line 5 by .035.	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> Ac	ljusted net income for prior year (from Section A, line 8, Column A)	1		
<b>2</b> En	iter 85% of line 1.	2		
<b>3</b> Mi	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
<b>4</b> En	ter greater of line 2 or line 3.	4		
5 Ind	come tax imposed in prior year	5		
6 Di	stributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

### Schedule A (Form 990 or 990-EZ) 2019 ROSENWALD PARK CAMPAIGN

Pa	rt V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
_	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019	ROSENWALD PAR	K CAMPAIGN		83-2283395 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lir	ation. Provide the expla 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, nes 2 and 3; Part IV, Sectio	anations required by Part , 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3a,	: II, line 10; Part II, line 17a or 1c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V plete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
932028 09-25-	9			Schedul	e A (Form 990 or 990-EZ) 201

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

## 2019

Employer identification number

8

ROSENWALD	PARK	CAMPAIGN	

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

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

#### **General Rule**

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

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ROSENWALD PARK CAMPAIGN

Name of organization

Employer identification number

83-2283395

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 5,093. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

11490426 745960 028237

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Page 3

Employer identification number

83-2283395

### ROSENWALD PARK CAMPAIGN

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

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
42 SHS CVX		
	\$5,093.	11/12/19
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given         (b)         Description of noncash property given	Image: column line     FMV (or estimate) (See instructions.)       42 SHS CVX

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### 11490426 745960 028237

Name of or	ganization			Employer identification number			
ROSENW	ALD PARK CAMPAIGN			83-2283395			
Part III	from any one contributor. Complete columns	(a) through (e) and the followin , charitable, etc., contributions of \$	a line entry. For or	1(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held			
F		(e) Transfe	er of gift				
-	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held			
-		(e) Transfe	er of gift				
-	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held			
		(e) Transfe	er of gift				
-	Transferee's name, address, 	and ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held			
[							
		(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee			
923454 11-06-	19			Schedule B (Form 990, 990-EZ, or 990-PF) (2019			

11490426 745960 028237

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	OMB No. 1545-0047
SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions o	
Form 990 or 990-EZ or to provide any additional information.         Department of the Treasury         Internal Revenue Service         Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization ROSENWALD PARK CAMPAIGN	Employer identification number 83-2283395
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	27.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
GIFTS	1,000.
COMP/DESIGN	3,728.
WEBSITE	307.
BANK SERVICE CHARGES	5.
CREDIT CARD PROCESSING FEES	30.
STATE REGISTRATIONS	881.
MEALS & ENTERTAINMENT	192.
TRAVEL	1,484.

TOTAL TO FORM 990-EZ, LINE 16

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ROSENWALD PARK CAMPAIGN SEEKS TO ESTABLISH THE JULIUS ROSENWALD & ROSENWALD SCHOOLS NATIONAL HISTORICAL PARK, A MULTI-SITE NATIONAL PARK CELEBRATING THE LIFE AND LEGACY OF THE ASTUTE BUSINESSMAN AND INNOVATIVE PHILANTHROPIST JULIUS ROSENWALD, WHO PARTNERED WITH AFRICAN AMERICAN COMMUNITIES ACROSS THE SOUTH TO BUILD OVER 5,000 SCHOOLHOUSE FACILITIES FOR CHILDREN WHO OTHERWISE WOULD HAVE HAD EXTREMELY LIMITED ACCESS TO THE PUBLIC EDUCATION TO WHICH THEY WERE ENTITLED. ONCE THE PARK IS ESTABLISHED THE CAMPAIGN WILL BECOME THE FRIENDS GROUP FOR IT.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)932211 09-06-19

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7,627.

Name of the organization ROSENWALD PARK CAMPAIGN	Employer identification number 83-2283395
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMP	LISHMENTS:
EDUCATIONAL ACTIVITIES: VISITS TO NOMINATED ROSENWALD	
SCHOOLS IN VA, GA AND AL AND PREPARATION OF CHECKLIST	
TABLES ON THOSE SCHOOLS, AN UPDATE TO THE HISTORIC CON	TEXT
STUDY TO MAKE IT MORE USER FRIENDLY ON THE WEBSITE, PR	INTING OF
COLLAGES OF PHOTOS OF NOTEWORTHY ROSENWALD SCHOOLS.	
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMP	LISHMENTS:
COMMUNICATIONS ACTIVITIES: DEVELOPMENT AND IMPLEMENTA	TION
OF A COMMUNICATIONS STRATEGY, BUILDING A SUBSCRIBER LI	ST
AND ISSUING REGULAR NEWSLETTERS. PLUS BRANDING ACTIVI	TIES
FOR THE CAMPAIGN INCLUDING PREPARATION OF A CAMPAIGN B	ROCHURE,
NOTECARDS, STATIONERY, ETC.	

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<sup>₅</sup> ™ <b>2848</b>	Power of A	ttorney	7		OMB No. 1545-0150	)
(Rev. January 2021) and Declaration of Representative						ly
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form2848 for instructions and the latest information.						
Part I Power of		uctions and	the latest information.		Name Telephone	
	Function					
<b>Caution:</b> A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.						
	axpayer must sign and date this form on page 2, line 7.				•	
Taxpayer name and address			Taxpayer identification number	er(s)		
			83-2283395			
ROSENWALD PA						
19 MAPLEWOOD PARK COURT						
BETHESDA, MD	20814		Daytime telephone number	ŀ	Plan number (if applica	ble)
havahu annainta tha fallauir			240-743-9247			
	ig representative(s) as attorney(s)-in-fact: sign and date this form on page 2, Part II.					
Name and address	Sign and date this form on page 2, Fart II.		CAF No.	0.3	13-36897R	
YONG C CHOI, EA			PTIN P01335454			
4550 MONTGOMERY AVENUE, SUITE 800N			Telephone No. 301-951-9090			
BETHESDA, MD	20814		Fax No.		1-951-3570	
Check if to be sent cop	ies of notices and communications		Check if new: Address	Telep	hone No. 🔄 Fax No.	
Name and address			CAF No.			
<b>.</b>						
	ies of notices and communications		Check if new: Address		phone No. Fax No.	
Name and address			D.T.N.			
			East No.			
(Note: IRS sends notices	and communications to only two representatives.)		Check if new: Address	_	hone No. 🔄 Fax No.	
Name and address			CAF No.			
			PTIN			
			Telephone No.			
	and communications to only two representatives.)		Check if new: Address	_ Telep	hone No. Fax No.	
	fore the Internal Revenue Service and perform the following ac					
inspect my confidenti	required to complete line 3). Except for the acts describ al tax information and to perform acts I can perform with have the authority to sign any agreements, consents, c a return).	h respect to i	the tax matters described b	oelow. F	For example, mv	
Description of Mat	ter (Income, Employment, Payroll, Excise, Estate, Gift,		Tax Form Number	Year(s	s) or Period(s) (if applic	able)
	ractitioner Discipline, PLR, FOIA, Civil Penalty, Sec. I Responsibility Payment, etc.) (see instructions)	(1040, 9	41, 720, etc.) (if applicable)		(see instructions)	
450011 011010				┼───		
NONPROFIT, L	ATE FILING PENALTY	990, 9	90-EZ	201	9	
4 Specific use not recorde	ed on the Centralized Authorization File (CAF). If the power of	f attorney is fo	r a specific use not recorded o	n CAF, c	check	
	ed. In addition to the acts listed on line 3 above, I authorize my		re(s) to perform the following a	acts (see	e instructions for line 5a	3
for more information):	Access my IRS records via an Intermediate Service Prov	·				
Authorize disclosu	re to third parties; Substitute or add representative(s);	∟ Sigi	n a return;			
Other acts authoriz	ed.					

Form 2	848 (Rev. 1	-2021)			Page <b>2</b>			
	Specific acts not authorized. My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability. List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b):							
6 -	Retentio	/revocation of prior now	ver(s) of attorney The filing	g of this power of attorney automatically revokes all earlier power(s) of				
	attorney on file with the Internal Revenue Service for the same matters and years or periods covered by this form. If you <b>do not</b> want to revoke a prior power of attorney, check here							
				YOU WANT TO REMAIN IN EFFECT.	····· •			
7	Taxpayer of attorne	declaration and signatu ey even if they are appoin up representative (or des	re. If a tax matter concerns ting the same representative ignated individual if application	a year in which a joint return was filed, each spouse must file a separate power (S). If signed by a corporate officer, partner, guardian, tax matters partner, ble), executor, receiver, administrator, trustee, or individual other than the n on behalf of the taxpayer. <b>L RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER</b> .				
 DC			 Signature		icable)			
DC	ROTE	IY A. CANTER	<u> </u>	ROSENWALD PARK CAMPAIGN Print name of taxpayer from line 1 if other than i				
Par	4 11	Declaration of R						
•	I am not I am sul I am aut I am aut I am onu a Atto b Cer c Enr d Offi e Full f Fan g Enr to p h Une pre clai anc k Qua acc r Enr	bject to regulations in Circ horized to represent the e of the following: brney - a member in good tified Public Accountant - olled Agent - enrolled as cer - a bona fide officer of -Time Employee - a full-t hily Member - a member olled Actuary - enrolled a bractice before the IRS is enrolled Return Preparer pared and signed the return m for refund; (3) has a va I <b>Requirements for Unen</b> alifying Student or Law Gi ounting student, or law g olled Retirement Plan Ag ernal Revenue Service is I <b>IF THIS DECLARATION</b>	disbarred from practice, or i cular 230 (31 CFR, Subtitle / taxpayer identified in Part I f d standing of the bar of the h a holder of an active license an agent by the IRS per the of the taxpayer organization. ime employee of the taxpaye of the taxpayer's immediate s an actuary by the Joint Bo limited by section 10.3(d) o - Authority to practice before an or claim for refund (or pr alid PTIN; and (4) possesses <b>rolled Return Preparers in</b> raduate - receives permissio raduate working in a LITC o ent - enrolled as a retiremen imited by section 10.3(e)). <b>OF REPRESENTATIVE IS NO</b> <b>IST SIGN IN THE ORDER LIS</b>	family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, br ard for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority f Circular 230). e the IRS is limited. An unenrolled return preparer may represent, provided the pre- repared if there is no signature space on the form); (2) was eligible to sign the ref is the required Annual Filing Season Program Record of Completion(s). See Spect the instructions for additional information. In to represent taxpayers before the IRS by virtue of his/her status as a law, busin r STCP. See instructions for Part II for additional information and requirements. It plan agent under the requirements of Circular 230 (the authority to practice befor STC COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF STED IN PART I, LINE 2.	reparer (1) turn or s <b>ial Rules</b> ness, or ore the			
				to the taxpayer in the "Licensing jurisdiction" column.				
Inse	nation - rt above rr <b>(a-r).</b>	Licensing jurisdiction (State) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number (if applicable)	Signature	Date			
	С	IRS	00133339-EA					

Form **2848** (Rev. 1-2021)