			EXTENDED TO NOVE		, 2022			OMB No. 1545-0047
Form	99	90-EZ	Return of Organization Ex Under section 501(c), 527, or 4947(a)(1) of the Inter	cempt F				2021
Depa	rtment	of the Treasury	Do not enter social security numbers o					Open to Public
Intern	al Rev	enue Service	Go to www.irs.gov/Form990EZ for ins	tructions and	the latest informat	ion.		Inspection
			r year, or tax year beginning		and ending			
	Name Initial Final termi	ess change e change I return return/ inated nded return	ame of organization DSENWALD PARK CAMPAIGN aber and street (or P.O. box if mail is not delivered to street add MAPLEWOOD PARK COURT or town, state or province, country, and ZIP or foreign postal c ETHESDA, MD 20814	,	Room/suite	8 E Tele 24 F Grou Num	3-22 phone $40-5$ up Exer ber	743-9247 nption
I V <u>J</u> T KF	Vebsi ax-ex orm o	cempt status (cl	Corporation Trust Association	Other	947(a)(1) or 527	not (For		if the organization is d to attach Schedule B
C	olumr I rt I	n (B)) are \$500, Revenu Check if the	7b to line 9 to determine gross receipts. If gross receipts are \$2 2000 or more, file Form 990 instead of Form 990-EZ e, Expenses, and Changes in Net Assets c organization used Schedule 0 to respond to any question in th	or Fund Bal iis Part I	ances (see the instr	uctions		X
	1 2 3 4 5a	Program servi Membership c Investment inc	gifts, grants, and similar amounts received	SEE S	CHEDULE O		1 2 3 4	109,920.
ər	b c 6	Less: cost or o Gain or (loss) Gaming and fu Gross income	ther basis and sales expenses from sale of assets other than inventory (subtract line 5b from ndraising events: from gaming (attach Schedule G if greater than	line 5a)		012.	5c	2.
Revenue		Gross income from fundraisi gross income	from fundraising events (not including \$ ng events reported on line 1) (attach Schedule G if the sum of s and contributions exceeds \$15,000) penses from gaming and fundraising events	of co such 6b	I ntributions			
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6 inventory, less returns and allowances	6b and subtract I	ine 6c)		6d	
		Less: cost of g Gross profit of	oods sold (loss) from sales of inventory (subtract line 7b from line 7a) (describe in Schedule 0)	7b			7c 8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	·····		. 🕨	9	109,937.
ses	10 11 12	Grants and sir Benefits paid t Salaries, other	nilar amounts paid (list in Schedule O) o or for members compensation, and employee benefits				10 11 12	19,950.
Expenses	13 14 15 16	Occupancy, re Printing, publi Other expense	ees and other payments to independent contractors	SEE S	CHEDULE O		13 14 15 16	5,576. 7,935.
Net Assets	17 18 19	Excess or (def Net assets or	s. Add lines 10 through 16 icit) for the year (subtract line 17 from line 9) und balances at beginning of year (from line 27, column (A)) ith end-of-year figure reported on prior year's return)				17 18 19	33,461. 76,476. 119,554.
	20 21	Other changes Net assets or	in net assets or fund balances (explain in Schedule O)				20 21	0. 196,030. Form 990-EZ (2021)

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Form 990-EZ (2021) ROSENWALD PARK CAMPAIGN			83-2283	395 Page 2
Part II Balance Sheets (see the instructions for Part II)				
Check if the organization used Schedule O to resp	ond to any questior	in this Part II		X
¥		A) Beginning of year	(B)	End of year
22 Cash, savings, and investments		119,418	• 22	196,804.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0) SEE SCHEDULE O		940		0.
		120,358		196,804.
 25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O 		804		774.
 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 		119,554		196,030.
Part III Statement of Program Service Accomplishmer				_
	`	,		Expenses ed for section
Check if the organization used Schedule O to resp What is the organization's primary exempt purpose?SEE SCHEDULE O	bond to any question	i in this Part III	501(c)(3	3) and 501(c)(4)
what is the organization's primary exempt purpose? SEE SCHEDOLE O			organiza others.)	tions; optional for
Describe the organization's program service accomplishments for each of its three largest program s manner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise	outers.)	
	ation for each program true.			
28 <u>SEE SCHEDULE O</u>				
(Grants \$) If this amount includes foreign g	rants, check here		28a	
29 SEE SCHEDULE O				
			—	
(Grants \$) If this amount includes foreign g	rants. check here		29a	
30 SEE SCHEDULE O	,			
			-	
(Create the computing ludge foreign a	ranta abaali bara		30a	
(Grants \$) If this amount includes foreign g				
31 Other program services (describe in Schedule O)				
(Grants \$) If this amount includes foreign g	rants, check here	🕨	31a	0
32 Total program service expenses (add lines 28a through 31a)				0.
D 1 11/ List of Officere Directory Tructors and Kay F	ma m l a v a a a			
Part IV List of Officers, Directors, Trustees, and Key E	• •		see the instruction	
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	ond to any question	in this Part IV		<u> </u>
Check if the organization used Schedule O to resp	oond to any question (b) Average hours	in this Part IV (c) Reportable	(d) Health benefit	s, (e) Estimated
	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/	(d) Health benefit contributions to employee benefit	s, (e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title	oond to any question (b) Average hours	(c) Reportable compensation (Forms	(d) Health benefit contributions to	s, (e) Estimated amount of other
Check if the organization used Schedule O to resp (a) Name and title DOROTHY CANTER, PH.D.	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefit contributions to employee benefit plans, and deferre	(e) Estimated amount of other compensation
Check if the organization used Schedule O to resp (a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefit contributions to employee benefit plans, and deferre	s, (e) Estimated amount of other compensation
Check if the organization used Schedule O to resp (a) Name and title DOROTHY CANTER, PH.D.	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit plans, and deferre compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to resp (a) Name and title DOROTHY CANTER, PH.D. PRESIDENT AND CEO	(b) Average hours per week devoted to position	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit plans, and deferre compensation	(e) Estimated amount of other compensation 0.
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	(b) Average hours per week devoted to position 35.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation	(e) Estimated amount of other compensation 0.
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	bond to any question (b) Average hours per week devoted to position 35.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation 0	(e) Estimated amount of other compensation 0 . 0 .
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	(b) Average hours per week devoted to position 35.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation	(e) Estimated amount of other compensation 0. 0.
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	bond to any question (b) Average hours per week devoted to position 35.00 2.00 1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-NISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation 0 0	(e) Estimated amount of other compensation 0. 0. 0.
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 DIRECTOR	bond to any question (b) Average hours per week devoted to position 35.00 2.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 0. 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation 0	(e) Estimated amount of other compensation . 0. . 0.
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 DIRECTOR PAMELA BOWMAN	(b) Average hours per week devoted to position 35.00 2.00 1.00 1.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-NISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation 0 0	(e) Estimated amount of other compensation . 0. . 0. . 0.
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 DIRECTOR PAMELA BOWMAN SECRETARY	bond to any question (b) Average hours per week devoted to position 35.00 2.00 1.00	n in this Part IV (C) Reportable compensation (Forms W-2/1099-NISC/ 1099-NEC) (if not paid, enter -0-) 0. 0. 0.	(d) Health benefit contributions to employee benefit plans, and deferre compensation 0 0	(e) Estimated amount of other compensation 0. 0. 0. 0.
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Forn	1 990-EZ (2021) ROSENWALD PARK CAMPAIGN 83-2283	395		Page 3
Pa	ITT V Other Information (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	s Par		X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			37
	on lines 2, 6a, and 7a, among others)?	35a	N/	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b		<u>~</u>
G	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000		
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		х
	Did the organization borrow from, or make any loans to, any 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?	38a		Х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	4		
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.			
D	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 user or did it access in an excess barefit transaction is a prior user that has not been reported on any			
	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-EZ? 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	400		- 23
Ŭ	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization O •			
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		Х
	List the states with which a copy of this return is filed > DC			
42 a	The organization's books are in care of DOROTHY CANTER Telephone no. 240-74			
	Located at ► 19 MAPLEWOOD PARK COURT, BETHESDA, MD ZIP+4 ► 2	2081	4	
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	405	Yes	
	account)? 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).			
r	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
Ŭ	If "Yes," enter the name of the foreign country			
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		
			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	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
	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			
AE -	in Schedule 0	44d		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		
		Form 9	90-EZ	(2021)

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Page 3

	n this Part VI during the tax y redule E	'ear?	······	47 48 49a 49b	s No X X X X
Check if the organization used Schedule O to respond to any question Did the organization engage in lobbying activities or have a section 501(h) election in eff If "Yes," complete Sch. C, Part II Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete St Did the organization make any transfers to an exempt non-charitable related organization b If "Yes," was the related organization a section 527 organization? Complete this table for the organization if we highest compensated employees (other th than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) perv NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractor (a) Name and business address of each independent contractor (a) Name and business address of each independent contractor (b) NONE (c)	n this Part VI during the tax y nedule E officers, director erage hours ek devoted to	rear? rs, trustees, and key er (C) Reportable compensation (Forms W-2/1099-MISC/	mployees) who ea	47 48 49a 49b	X X X
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations mu completed Schedule A der penalties of perjury, I declare that I have examined this return, including accompanying e, correct, and complete. Declaration of preparer (other than officer) is based on all informa gn ere DOROTHY CANTER, PRESIDENT	, , , , , , , , , , , , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>			
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ere DOROTHY CANTER, PRESIDENT	ii oi willen prepa		с. Г		
ere DOROTHY CANTER, PRESIDENT			Date		
Type or print name and title					
Print/Type preparer's name Preparer's signature		Check	if PTIN		
aid WALTER H DEYHL	Date	self- employ	yed		
WALTER H DEYHLE, CPACPA				4390	
se Only Firm's name ▶ GELMAN, ROSENBERG & FREEDM	,	Firm's EIN			
Firm's address • 4550 MONTGOMERY AVE SUITE	, N	Phone no.	(301) 9	51-9	090
BETHESDA, MD 20814-2930	, N				
y the IRS discuss this return with the preparer shown above? See instructions	, N 800N			Yes	N
	, N 800N				7 (000-
174 12-08-21 4	, N 800N			orm 990-E	. 2 021

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

Form 990-EZ (2021) ROSENWALD PARK CAMPAIGN

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Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Nan	ne of	the organization							identification number
_			NWALD PARK						3-2283395
Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	ee instructior	ıs.	
The	orga	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
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	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in							
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	le or
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributic	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen							
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that							
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management of	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	, and Part	V.		
е		Check this box if the orga						II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	En	ter the number of supported of							
g	Pro	ovide the following information	about the supporte	ed organization(s).					
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount o		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al								1

Schedule A	Earm 00	າ) ວດວ
Schedule A	F01111 990	J) 202

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			30,093.	72,773.	109,920.	212,786.
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.	72,773.	109,920.	212,786.
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)						115,362.
	Public support. Subtract line 5 from line 4.						97,424.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019 30, 093.	(d) 2020 72,773.	(e) 2021	(f) Total 212,786.
7	Amounts from line 4			30,093.	72,773.	109,920.	212,786.
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						212,786.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	%
	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c	•		•			
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
_	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets th				• •		. —
	organization meets the facts-and-circ		•				▶⊣
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►

Schedule A (Form 990) 2021

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose 3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
ection B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
I3 Total support. (Add lines 9, 10c, 11, and 12.)						
4 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 202	21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
8 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the d					33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2020. If the oline 18 is not more than 33 1/3%, check	organization did r	not check a box o	n line 14 or line 19a	, and line 16 is mo	ore than 33 1/3	
20 Private foundation. If the organization						
32023 01-04-22	and not oneon a	<u></u>				le A (Form 990) 2021
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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2021 ROSENWALD PARK CAMPAIGN

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3

2a

2b

За

No

Yes No

Yes

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11	1	
b	A family member of a person described on line 11a above? 11	,	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	ction B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

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

Section C. Type II Supporting Organization	S
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Part IV Supporting Organizations (continued)

			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	ction D. All Type III Supporting Organizations	
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?	
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).	

3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	
	significant voice in the organization's investment policies and in directing the use of the organization's	l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	1

Section E. Type III Functionally Integrated Supporting Organizations

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

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3b | Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

ROSENWALD PARK CAMPAIGN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti		izations	JJ ZZUJJJJ Pa
1 Check here if the organization satisfied the Integral Part Test as a qualifyi			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations must	-		, -
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-function	-	d Type III supporting or	anization (see

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) 2021

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1				
2	Amounts paid to perform activity that directly furthers exemption						
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2021 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
а	From 2016						
b	From 2017						
с	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
b	Excess from 2018						
с	Excess from 2019						
d	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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Schedule A	(Form	990) 2021
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SCHEDULE O (Form 990)	Supplemental Information to Form S Complete to provide information for responses to specif Form 990 or 990-EZ or to provide any additional int	fic questio	ns on)-EZ		No. 1548	21
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information 	rmation.		Frantaus	Insp	en to F Dectio	n
Name of the organizatior	ROSENWALD PARK CAMPAIGN				r identific 228339		number
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT IN	COME:					
DESCRIPTION	OF PROPERTY:				AMC	DUNT	· ·
INVESTMENT I	NCOME						15.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION	OF OTHER EXPENSES:				AMC	DUN	:
COMP/DESIGN						2	500.
WEBSITE						3	423.
INSURANCE							801.
STATE REGIST	RATIONS						511.
CREDIT CARD	PROCESSING FEES/ BANK CHARGES						440.
COMPUTER SER	VICES						260.
TOTAL TO FOR	M 990-EZ, LINE 16					7	935.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:						
DESCRIPTION		BEG.	OF	YEAR	END	OF	YEAR
ACCOUNTS REC	EIVABLE			940.			0.
	PART II, LINE 26, OTHER LIABILITIES		0.1		END	0.11	
DESCRIPTION		BEG.	OF	YEAR	END	OF	YEAR
ACCOUNTS PAY.				300.			570.
OTHER ACCRUE				504.			204.
TOTAL TO FOR	M 990-EZ, LINE 26			804.			774.
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE - '	THE RO	OSEN	WALD E	PARK		
CAMDATCN GEF	KS TO ESTABLISH THE JULIUS ROSENWALD	6 PO9			ידטטני	2	

CAMPAIGN SEEKS TO ESTABLISH THE JULIUS ROSENWALD & ROSENWALD SCHOOLS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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 Schedule O (Form 990) 2021

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2021.04021 ROSENWALD PARK CAMPAIGN

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Schedule O (Form 990) 2021 Name of the organization ROSENWALD PARK CAMPAIGN	Page : Employer identification number 83-2283395
NATIONAL HISTORICAL PARK, A MULTI-SITE NATIONAL PARK CEI	LEBRATING THE
LIFE AND LEGACY OF THE ASTUTE BUSINESSMAN AND INNOVATIVE	E PHILANTHROPIST
JULIUS ROSENWALD, WHO PARTNERED WITH AFRICAN AMERICAN CO	OMMUNITIES
ACROSS THE SOUTH TO BUILD OVER 5,000 SCHOOLHOUSE FACILIT	TIES 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 H	FOR IT.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLI	ISHMENTS:
THE JULIUS ROSENWALD AND ROSENWALD SCHOOLS ACT OF 2020 V	VAS
SIGNED INTO LAW ON JANUARY 13, 2021.THE LEGISLATION, WHI	СН
HAD WIDESPREAD BIPARTISAN SUPPORT, DIRECTS THE NATIONAL	
PARK SERVICE (NPS) TO PERFORM A SPECIAL RESOURCE STUDY ((SRS) OD SITES
ASSOCIATED WITH JULIUS ROSENWALD SCHOOLS. THEREAFTER, TH	HE CAMPAIGN HAD
ONGOING CONTACT WITH NPS STAFF REGARDING THE SRS. THER W	VERE TWO
MEETINGS WITH HIGH LEVEL STAFF - ON MARCH 1 AND NOVEMBER	8 8, 2021,
ONGOING CONTACTS HAVE OCCURRED BETWEEN NPS STAFF AND THE	E CAMPAIGN
PRESIDENT IN ADDITION TO THE TWO HIGH LEVEL MEETINGS. TH	HE STUDY IS
SCHEDULED TO START IN THE SPRING OF 2022.	
FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLE	ISHMENTS:
IN AUGUST 2021, THE CAMPAIGN ISSUED ITS TWO-VOLUME REPOR	ΥT
ON THE 55 ROSENWALD SCHOOLS AND TEACHER HOME RECOMMENDED)

IN 2017 FOR POSSIBLE INCLUSION IN THE PLANNED NATIONAL

HISTORICAL PARK BY THE STATE HISTORIC PRESERVATION OFFICERS IN 14

STATES. THE REPORT REPRESENTS THE CULMINATION OF NEARLY FIVE YEARS OF

WORK AND INCLUDES SUMMARIES OF THE 33 SCHOOLS AND TEACHER HOME THAT THE

 CAMPAIGN REPRESENTATIVES VISITED BETWEEN JANUARY 2018 AND OCTOBER 2019.

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 Schedule O (Form 990) 2021

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FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CAMPAIGN PREPARED A SHORT REPORT CONTAINING SUMMARY

STATEMENTS AND PHOTOGRAPHS ON SEVEN ADDITIONAL ROSENWALD

SCHOOLS THAT WERE NOT RECOMMENDED IN 2017 BY THE 14 STATES

BUT WHOSE SUPPORT GROUPS CONTACTED THE CAMPAIGN WITH THE REQUEST THAT

THE NPS ALSO CONSIDER THEIR SCHOOLS. THE CAMPAIGN SUBMITTED THE REPORT

AND REFERENCES TO THE NPS IN OCTOBER OF 2021.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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Schedule O (Form 990)				Page 2
Name of the organization ROSENWALD PARK CAMPA	IGN		mployer identific 83-22833	95
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one	even if not compensated	. (see the instructions f	or Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other compensation
GREG VITAL DIRECTOR	1.00	0	. 0.	0.
LESLIE LENKOWSKY, PH.D.	1.00	0	• ••	<u>0.</u>
DIRECTOR	1.00	0	. 0.	0.
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