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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	2020 calendar year, or tax year beginning and	ending	_						
В	Check if	C Name of organization		D Employer iden	tification n	umber				
	Addres	I LYIPUDO OF VENITAMOKIU WÕOMIIC GWYDENS		00 0701	100					
느	```Name change ```Initial			20-8701						
E	return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  1212 QUINCY STREET NW	Room/suite	E Telephone number 202-494-0456						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 195,886.						
	Ameno	WASHINGTON, DC 20011		H(a) Is this a group return						
Application F Name and address of principal officer:TINA O'CONNELL for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No										
_	Tav.ove	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1						
$\frac{\cdot}{1}$	Wehsit	e: WWW.KENAQGARDENS.ORG	<u> </u>	H(c) Group exemp						
	Form of organization: X Corporation Trust Association Other L Year of formation: 2007 M State of legal domicile: DC									
		Summary								
		Briefly describe the organization's mission or most significant activities: ${f TO}$ ${f E}$	NSURE	THE PARK	S					
Activities & Governance		WELL-MAINTAINED, WELL-ENJOYED AND WELCOM	ING FO	R ALL.						
Ţ,	2	Check this box F if the organization discontinued its operations or dispo	sed of more	than 25% of its ne	t assets.					
Š	3	Number of voting members of the governing body (Part VI, line 1a)		<u>.</u>	3	10				
ڻ مح	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	10				
S	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5	5				
ŧ	6	Total number of volunteers (estimate if necessary)			6	102				
ᅙ		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.				
_	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.				
Revenue			<u> </u>	Prior Year		urrent Year				
	8	Contributions and grants (Part VIII, line 1h)		303,724		195,886.				
	9	Program service revenue (Part VIII, line 2g)		94(		0.				
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			).	0.				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,420		0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		306,084		195,886.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			2-	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	0.					
ê		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,44		145,668.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		(	) -	0.				
Ř		Total fundraising expenses (Part IX, column (D), line 25)   40,9		160 036	<b>-</b>	152 220				
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,236		153,230.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		249,681 56,403		298,898. -103,012.				
. 0	19	Revenue less expenses. Subtract line 18 from line 12								
ts or			Be	ginning of Current Ye 329,482		nd of Year 272,208.				
Net Assets	20	Total assets (Part X, line 16)		4,422	2 •	50,160.				
at D	21	Total liabilities (Part X, line 26)		325,060		222,048.				
급	art II	Net assets or fund balances. Subtract line 21 from line 20	********	323,000	<u> </u>	222,040.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and statem	ents, and to the best o	f my knowled	dge and belief, it is				
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			· ····y ·····o··	go aa soa,a				
	, 001100	Sun complete social and or partial of control state of the state of th	mon proparo	1097	2.17	2029				
Sig	in	Signature of officer		Date /		boars				
He		DANA FRONCZAK, TREASURER Type or print name and title			18436	S. 8021				
			- 1	Date Check	<del>       </del>	חודי				
D^:	d	Print/Type preparer's name  TINA PEACHER  Preparer's signature	Reser !	10.1.2021 if		1608826				
Pai		70170 WIRTON C WOOTING TO 3		Firm's EIN		853933				
	parer Only	Firm's address 500 LITTLE PATUXENT PARKWAY,	SIITTE		- 2 <u>2</u> I					
Uac	only.	COLUMBIA, MD 21044		Phone no 4	110-88	4-0220				
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		11 Hone Ho		Yes No				

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO CONNECT PEOPLE TO KENILWORTH AQUATIC GARDENS THROUGH STEWARDSHIP,
	ENGAGEMENT AND EDUCATION PROGRAMS IN COOPERATION WITH THE NATIONAL
	PARK SERVICE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 100, 314 • including grants of \$ ) (Revenue \$ )
	EDUCATION - FOKAG IS COMMITTED TO DEEPENING CONNECTIONS AND INCREASING
	ENGAGEMENT WITH THE SURROUNDING UNDERSERVED COMMUNITIES. THROUGH A
	WEEK-LONG SPRING BREAK CAMP AND A TWO-WEEK SUMMER CAMP, FOKAG
	INTRODUCES 35+ LOCAL CHILDREN TO THIS EXCITING NATURAL RESOURCE IN
	THEIR BACKYARD. CAMPERS EXPLORE THE WETLANDS, PONDS, PLANTS AND ANIMALS
	ALONGSIDE TEENS AND ADULTS FROM THEIR NEIGHBORHOOD AND VENTURE TO OTHER
	LOCAL PARKS TO EXPAND THEIR EXPERIENCE. PROGRAMS FOSTER A SENSE OF BELONGING AND LIFELONG APPRECIATION FOR NATURE.
	BELONGING AND LIFELONG APPRECIATION FOR NATURE.
41-	(Code: ) (Expenses \$ 88,588 • including grants of \$ ) (Revenue \$ )
4b	(Code: ) (Expenses \$ 88,588. including grants of \$ ) (Revenue \$ ) (Rev
	HELP MAINTAIN THE PARK. IN 2020, MORE THAN 100 FOKAG VOLUNTEERS
	CONTRIBUTED 300 HOURS OF THEIR TIME TO REMOVE AND PICK UP TRASH, AND
	SUPPORT PARK PROJECTS. IN A TYPICAL YEAR, FOKAG BRINGS IN NEARLY 1,000
	VOLUNTEERS, HOWEVER, VOLUNTEER ACTIVITY WAS REDUCED DUE TO THE COVID-19
	CRISIS. GRANTS SECURED BY FOKAG ARE NOW BEING USED TO UPGRADE PARK
	TRAILS AND INFASTRUCTURE, DESIGN AND INSTALL INFORMATIONAL SIGNS, AND PURCHASE AMENTITIES TO ENHANCE EVERY VISITOR'S EXPERIENCE. FOKAG
	REGULARLY ACQUIRES AND DONATES MUCH-NEEDED SUPPLIES, SUCH AS
	LANDSCAPING TOOLS AND MATERIALS, AND NATIVE PLANTS. FOKAG FUNDRAISING
	HAS ALSO ENABLED THE PARK TO UTILIZE LOCAL YOUNG ADULTS' WORK CREWS FOR
	RESTORATION PROJECTS - REINFORCING COMMITMENT TO THE LOCAL COMMUNITY
4-	
4c	(Code: ) (Expenses \$ 39,076 · including grants of \$ ) (Revenue \$)  PUBLIC ENGAGEMENT - FOKAG PROVIDES SAFE, CULTURALLY-ENRICHING EVENTS
	YEAR-ROUND TO HELP CONNECT PEOPLE TO THE PARK, HOSTING WELL-ATTENDED
	FAMILY DAYS, SUMMER CONCERT SERIES, AND AN ANNUAL PHOTOGRAPHY CONTEST.
	FOKAG ALSO PROMOTES AND SUPPORTS THE PARK'S SIGNATURE ANNUAL SUMMER
	LOTUS AND WATER LILY FESTIVAL, WHICH ATTRACTS AN AVERAGE OF 13,000
	VISITORS ANNUALLY.
	VIDITORD IMMORPHI.
<u>4</u> d	Other program services (Describe on Schedule O.)
ru	(Expenses \$ including grants of \$ ) (Revenue \$ )
	Total program service expenses  227,978.
70	Total program service expenses ZZT, 570.

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#### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			- V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		- V
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
•	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20~	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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Form 990 (	2020)		FRIENDS	OF	KENILWO
Part IV	Che	ecklist of	Required Sch	edule	es (continued)

	office the state of the state o		1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	OEL		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		<del></del>
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and	33		
٠.	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Ь.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7.7
	If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	Х	
	(gambling) winnings to prize winners?	1c		

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## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		227	
		Form	990	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	)						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	)						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6								
7a								
	more members of the governing body?	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b		Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	The state of the cost of the state of the st		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	<del></del>					
·	in Schedule O how this was done	12c	х					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	17						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
2	The organization's CEO, Executive Director, or top management official	15a	Х					
a h	Other officers or key employees of the organization	15a	<del></del>	х				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
ioa		16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
800	exempt status with respect to such arrangements?tion C. Disclosure	100						
17		<u> </u>	` ''					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	s)s only	/) avaıl	abie				
	for public inspection. Indicate how you made these available. Check all that apply.							
46	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial					
00	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records   TINA O'CONNELL - 202-494-0456							
	TINA O'CONNELL - 202-494-0456 1212 QUINCY STREET NW, WASHINGTON, DC 20011							
	TATA KOTINCI DIVIDII IMM, MADUTINGIOM, DC AUUTI							

032006 12-23-20

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	AI 1120		C)	прс	iioai	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	iu a u	recio	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	trust	al tru		yee	educ		,		and related
	below	/id ual	Institutional trustee	ie.	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) TINA O'CONNELL	32.00	_							_	_
EXECUTIVE DIRECTOR				Х				71,557.	0.	0.
(2) MARTHA HOLLEY-MIERS	5.00	_							_	_
CHAIR		Х		Х				0.	0.	0.
(3) ELIZABETH CURWEN	5.00	_							_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) BETH SCOTT	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DANA FRONCZAK	10.00									
TREASURER AS OF FEB. 2020		Х		Х				0.	0.	0.
(6) ZANDRA CHESTNUT	5.00			l						
DIRECTOR		Х		Х				0.	0.	0.
(7) DANITA DELANEY	5.00								•	
DIRECTOR	F 00	Х	_	_				0.	0.	0.
(8) JUSTIN LINI	5.00								0	0
DIRECTOR	F 00	Х	_	_				0.	0.	0.
(9) DANIELLA EINIK	5.00	,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(10) KAMAILE TURCAN	5.00	٠,,							0	0
DIRECTOR AS OF FEB. 2020	F 00	Х	_	_	_		_	0.	0.	0.
(11) CHARLES TAYLOR	5.00	X							0	0
DIRECTOR AS OF FEB. 2020	-	Δ.						0.	0.	0.
		-								
				_						
		-								
			_	_			_			
		-								
		$\vdash$								
		-								
	-		$\vdash$	$\vdash$	$\vdash$		$\vdash$			
		ł								
		$\vdash$	$\vdash$	$\vdash$		$\vdash$	$\vdash$			
		1								
								l		- 000

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per	(do box	not c	Posi heck ss pe	ition more rson	) than is bot	one h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation		(F) Estima amoun	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer B		Highest compensated complexed employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC	()	othe compens from the organization and relation	ation ne ation ated
				0	~	1 8						
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	71,557. 0. 71,557.		0.		0.
d Total (add lines 1b and 1c)							no re			<u> </u>		0.
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	loye	e, oı	r hig	ghest compensated emp	loyee on		Yes	
line 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	ation	n and	d otl		the organization		3	X
and related organizations greater than \$150  5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services		4	X
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J T	or st	icn į	pers	son .					5	Α
Complete this table for your five highest co the organization. Report compensation for										ensat	ion from	
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Cor	(C) mpensati	on
							_					
2 Total number of independent contractors (i \$100,000 of compensation from the organic	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than			
, series organis									1	Fo	orm <b>990</b>	(2020)

			2020) FRIENDS OF K	KENILWORTH	AQUATIC	GARDENS	20-8701	197 Page <b>9</b>
Pa	rt V	<u> </u>						
			Check if Schedule O contains a respons	se or note to any lin	e in this Part VIII			<u> </u>
						(B) Related or exempt	(C) Unrelated	( <b>D</b> ) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
ara Ou		b	Membership dues 1b					
Am (		С	Fundraising events1c					
Giff lar		d	Related organizations 1d					
imi		е	Government grants (contributions) 1e	17,600.				
ti S		f	All other contributions, gifts, grants, and					
ğ.			similar amounts not included above <b>1f</b>	178,286.				
d d		g	Noncash contributions included in lines 1a-1f 1g \$					
<u>8 0</u>		h	Total. Add lines 1a-1f		195,886	5.		
				Business Code				
e	2	а						
e Ži		b						
Program Service Revenue		С						
		d						
S P		е						
ď		f	All other program service revenue					
		g						
	3		Investment income (including dividends, int	erest, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond	d proceeds				
	5		Royalties	<b></b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
	l		Rental income or (loss) 6c					
		d		<b></b>				
	7	а	Gross amount from sales of (i) Securities	s (ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
) Ve		С	Gain or (loss) 7c					
Ä			Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
Ó			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			· · · · · · · · · · · · · · · · · · ·	8b				
			Net income or (loss) from fundraising events	s				
	9	а	Gross income from gaming activities. See	_				
		_	, <del>-</del>	9a				
				9b				
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 1	0b				
	l		·····					
_		С	Net income or (loss) from sales of inventory					
Sn		_		Business Code				
Jeo Jue	11			-			<del> </del>	
Miscellaneous Revenue		b		-			<del> </del>	<del>                                     </del>
Sce		C C	All other revenue				<del>                                     </del>	<del></del>
Σ			All other revenue					
	12	ਦ	Total. Add lines 11a-11d  Total revenue. See instructions		195,886	5. 0.	0.	0.
	-						,	,

#### Part IX | Statement of Functional Expenses

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

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	X
Do	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E4 EEE	F0 000	2 212	15 426
	trustees, and key employees	71,557.	50,808.	3,313.	17,436
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	FO 100	40.024	0.740	14 405
7	Other salaries and wages	59,199.	42,034.	2,740.	14,425
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2 226	2 726	221	0.50
9	Other employee benefits	3,326. 11,586.	2,736. 8,255.	331. 748.	259 2,583
10	Payroll taxes	11,586.	8,∠55.	/48.	∠,583
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10 000		10 000	
С	Accounting	19,900.		19,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	62 070	E0 E00	281.	2 200
	column (A) amount, list line 11g expenses on Sch O.)	63,079.	59,508.	201.	3,290
12	Advertising and promotion	14,132.	12,823.	152.	1,157
13	Office expenses	14,132.	14,043.	132.	1,137
14	Information technology				
15	Royalties	7,821.	6,920.	505.	396
16	Occupancy	1,953.	1,617.	187.	149
17	Travel	1,955.	1,01/•	107.	143
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			+	
20	Interest Payments to affiliates			+	
21	Payments to affiliates	1,342.		1,342.	
22	Depreciation, depletion, and amortization	4,809.	4,286.	292.	231
23	Insurance Other expenses. Itemize expenses not covered	±,000.	4,200	- L - L - L - L - L - L - L - L - L - L	271
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EDUCATIONAL MATERIALS	37,421.	36,587.		834
a b	DUES AND SUBSCRIPTIONS	2,773.	2,404.	178.	191
-		2,115	2,1010	1700	
c d				+	
	All other expenses			+	
е 25	Total functional expenses. Add lines 1 through 24e	298,898.	227,978.	29,969.	40,951
<u>25</u> 26	Joint costs. Complete this line only if the organization		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20,000.	10,001
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-23-20				Form <b>990</b> (2020

#### Part X Balance Sheet

Par	LX	balance Sneet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			107,612.	1	129,813
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		211,125.	3	137,275	
	4	Accounts receivable, net			·	4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe		6			
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			984.	9	1,476
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	8,378.			
	b	Less: accumulated depreciation	$\overline{}$	4,734.	4,986.	10c	3,644
	11	Investments - publicly traded securities			·	11	·
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	4,775.	15	0		
	16	Total assets. Add lines 1 through 15 (must equ			329,482.	16	272,208
$\dashv$	17	Accounts payable and accrued expenses			4,422.	17	50,160
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
,,	22	Loans and other payables to any current or for					
Ė		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
<u>"</u>	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p				2-7	
	25	parties, and other liabilities not included on line					
		of Schedule D	3 17 24	. Complete Fart X		25	
	26	Total liabilities. Add lines 17 through 25			4,422.	26	50,160
$\dashv$	20	Organizations that follow FASB ASC 958, ch			2,122	20	30,200
Ses		and complete lines 27, 28, 32, and 33.	COK HCI				
au	27	Net assets without donor restrictions			112,646.	27	108,886
Bal	28	Net assets with donor restrictions			212,414.	28	113,162
밀	20	Organizations that do not follow FASB ASC				20	
교		and complete lines 29 through 33.					
o o	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or e			30		
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32			325,060.	32	222,048	
Z	33	Total net assets or fund balances			329,482.	33	272,208
	33	Total habilities and het assets/fully baidfices			227 I ±021	JJ	Form <b>990</b> (2020

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				86.
2	Total expenses (must equal Part IX, column (A), line 25)	2				98.
3	Revenue less expenses. Subtract line 2 from line 1	3				12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	325	5,0	60.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	2	222	2,0	48.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				,	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		Т		
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,	Т		
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (	o.	Т		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?		з	а		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit	Т		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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

Open to Public Inspection

FRIENDS OF KENILWORTH AOUATIC GARDENS

Employer identification number 20-8701197

Pa	rt I	Reason for Public (		(All organizations must o				0,0113,		
Гhе	organ	ization is not a private found								
1		A church, convention of ch								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
4	$\overline{\Box}$	A medical research organization operated in conjunction with a hospital described in section 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 owner	d or opera	ted by a g	overnmental unit descri	ped in		
•		section 170(b)(1)(A)(iv). (C		nego er armonenty emme	. o. opo.a					
6		A federal, state, or local gov	-	nental unit described in	section 17	/0(b)(1)(Δ)	(v)			
	X	An organization that norma						public described in		
•		section 170(b)(1)(A)(vi). (C	•	artial part of its support	rom a gov	ommonia	ant or non the genera	r pablio accorribea il		
8		A community trust describe	-	(1)(A)(vi). (Complete Par	HI.)					
9	$\overline{\Box}$	An agricultural research org				ed in coniu	inction with a land-grant	college		
		or university or a non-land-g								
		university:	y g - · · - · g · · -				,,	,·		
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen								
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor								
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in		
	_	lines 12a through 12d that	describes the type o	of supporting organization	n and com	plete lines	s 12e, 12f, and 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting		
		organization. You must o								
b		Type II. A supporting org								
		control or management o			ame perso	ons that co	ontrol or manage the sup	oported		
		organization(s). You mus								
С		Type III functionally inte	-					ed with,		
		its supported organization		•				:+:(-)		
d		Type III non-functionally					* * * * * * * * * * * * * * * * * * * *	* *		
		that is not functionally int	-	•	•		•	liveriess		
е		requirement (see instruct  Check this box if the organical controls in the control in the co	•	-						
C		functionally integrated, or					rype i, rype ii, rype iii			
f	Fnte	er the number of supported of	• •	nany integrated support	ing organi	-ation.				
a		ride the following information		ed organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				,						
								<del>                                     </del>		

## 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,377.	86,434.	472,948.	303,724.	195,886.	1131369.
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	72,377.	86,434.	472,948.	303,724.	195,886.	1131369.
	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)						357,346.
6	Public support. Subtract line 5 from line 4.						774,023.
Sec	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(a) 2016 72,377.	(b) 2017 86,434.	(c) 2018 472, 948.	303,724.	195,886.	1131369.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10						1131369.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	318,982.
13	First 5 years. If the Form 990 is for the		,			501(c)(3)	<u> </u>
	organization, check this box and stop	•			•	. , . ,	
Sec	ction C. Computation of Publ						
14	Public support percentage for 2020 (	line 6, column (f), d	livided by line 11,	column (f))		14	68.41 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	71.72 %
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2019. If the d	•		•			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		·				
	organization meets the facts-and-circ						▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6							
	I otal. Add lines 1 through 5						<del> </del>
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(=) 001C	(h) 0017	(=) 0010	(4) 0010	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest,				+	-	
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on	-			-		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	ation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2020 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the	organization did n	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	n <b>▶</b> □
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

### 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 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 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 8 9a 9b		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8	1		
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8			
3c	За		
3c			
4a 4b 4b 5a 5a 5b 5c 6 7 8 8 9a	3b		
4a 4b 4b 5a 5a 5b 5c 6 7 8 8 9a			
4b 4c 5a 5b 5c 6 7 8	3с		
4b 4c 5a 5b 5c 6 7 8			
4c 5a 5b 5c 6 7 8 8 9a	4a		
4c 5a 5b 5c 6 7 8 8 9a			
5a 5b 5c 6 7 8	4b		
5a 5b 5c 6 7 8			
5a 5b 5c 6 7 8	4c		
5b 5c 6 7 8			
5b 5c 6 7 8			
6 7 8	5a		
6 7 8	5b		
6 7 8			
7 8 9a			
9a	6		
9a			
9a	7		
9a			
	8		
	9a		
9b	Ju		
	9b		
9c	9с		
10a	10a		
10b	10b		

Pa	rt 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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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.	1		
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.	2		
Sec	etion C. Type II Supporting Organizations			
	vacar or 1)po ir oupper unig organii-autorio		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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			
	vacar 21.7 m. Type in cupper unity organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	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	etion E. Type III Functionally Integrated Supporting Organizations		l	
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				
c		structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	1	Yes	No
a				
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> <b>Part VI</b> 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 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
~	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations					
1	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	st complet	te Sections A through E.					
Sect	ion 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
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						
Sect	ion 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-functional	ally integra	ated Type III supporting org	anization (see				

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section	n E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 0	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
a	able cause required - explain in Part VI). See instructions.			
<b>3</b> E	Excess distributions carryover, if any, to 2020			
a F	From 2015			
<b>b</b> _F	From 2016			
c F	From 2017			
d F	From 2018			
e F	From 2019			
f T	Fotal of lines 3a through 3e			
g A	Applied to underdistributions of prior years			
h A	Applied to 2020 distributable amount			
i C	Carryover from 2015 not applied (see instructions)			
j F	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
li	ine 7: \$			
a A	Applied to underdistributions of prior years			
b A	Applied to 2020 distributable amount			
<b>c</b> F	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> F	Remaining underdistributions for years prior to 2020, if			
а	any. Subtract lines 3g and 4a from line 2. For result greater			
t	han zero, explain in Part VI. See instructions.			
<b>6</b> F	Remaining underdistributions for 2020. Subtract lines 3h			
а	and 4b from line 1. For result greater than zero, explain in			
F	Part VI. See instructions.			
7 E	Excess distributions carryover to 2021. Add lines 3j			
a	and 4c.			
<b>8</b> E	Breakdown of line 7:			
a E	Excess from 2016			
b_E	Excess from 2017			
c E	Excess from 2018			
d E	Excess from 2019			
e E	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2020

FRIENDS OF KENILWORTH AQUATIC GARDENS

Employer identification number

20-8701197

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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** ☐ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \_\_\_\_\_\_\_ 🕨 \$ \_ 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

#### FRIENDS OF KENILWORTH AQUATIC GARDENS

20-8701197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,563.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Training data root, and En 1 1	\$ 82,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>11,075.</u>	Person X Payroll

Name of organization Employer identification number

#### FRIENDS OF KENILWORTH AQUATIC GARDENS

20-8701197

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 20-8701197 FRIENDS OF KENILWORTH AQUATIC GARDENS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF KENTLWORTH ACUATIC GARDENS

**Employer identification number** 20-8701197

Par		Funds or Other Similar Funds	or Accou	Ints Complete if the
ı uı	organization answered "Yes" on Form 990, Part IV, line 6		01 710001	directe in the
	organization answered Tes off offi 990, Part IV, line of	(a) Donor advised funds	(b) Fur	nds and other accounts
4	Total number at and of year	(a) Bener davised fands	(6) 1 01	ido ana otnor accounto
1	Total number at end of year			
2				
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		1.6	
5	Did the organization inform all donors and donor advisors in writ	·		
_	are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advi			
	for charitable purposes and not for the benefit of the donor or d		_	
Da	impermissible private benefit?			Yes No
Par		· · · · · · · · · · · · · · · · · · ·	Part IV, line /	<u>·</u>
1	Purpose(s) of conservation easements held by the organization	· —		
	Preservation of land for public use (for example, recreation	· —		important land area
	Protection of natural habitat	Preservation of	a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а				
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic struct			
d	Number of conservation easements included in (c) acquired after	•	l l	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organizatio	n during the tax
	year >			
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it has	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing cons	servation eas	sements during the year
	<b></b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	tion easeme	nts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement a	and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stateme	ents that de	scribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	art, Historical Treasures, or O	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement a	ınd balance	sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	irtherance of	f public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these item	ns.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and I	balance she	et works of
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furth	nerance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical treasu			de
-	the following amounts required to be reported under FASB ASC		J / [	
а	Revenue included on Form 990, Part VIII, line 1	_	•	\$
	Assets included in Form 990, Part X			·

032051 12-01-20

Schedule D (Form 990) 2020

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

Pai	t III Organizations Maintaining Co	ollections of A	rt, Histo	orical Tr	easures, c	or Othe	er Simil	ar Asse	<b>ts</b> (contini	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	ıt make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	am					
b	Scholarly research	е		ther							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part	: X, line 21.									
1a	Is the organization an agent, trustee, custodia								7		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble:							
									Amount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						<b>1f</b>		1		
	Did the organization include an amount on Fo						•	L	Yes		∐ No
	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete if										
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	rs back	<b>(d)</b> Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		- /li d		->> In a lab and						
2	Provide the estimated percentage of the curre	ent year end baland		, column (a	a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
	Permanent endowment  Term endowment   %	<u></u> %									
C		-									
20	The percentages on lines 2a, 2b, and 2c should be there and awarent funds not in the percent		ation that	are hold a	nd administs	rad for th	aa araani	zotion			
Sa	Are there endowment funds not in the posses	ssion of the organiza	alion mai	are rielu a	ina administe	neu ioi ti	ie organiz	Zation	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	163	No
	(ii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								00		
Pai	t VI Land, Buildings, and Equipme		, williont le	iiido.							
	Complete if the organization answered		). Part IV.	line 11a. S	See Form 990	). Part X.	line 10.				
	Description of property	(a) Cost or o	<del> </del>		or other		ccumulate	ed	(d) Book	valu	<u>—</u>
	=	basis (investr		. ,	(other)	. ,	preciation		,_,		
1a	Land	· `			•	·					
	Buildings										
	Leasehold improvements										
	Equipment				8,378.		4,7	34.	3	, 6	44.
	Other										
	I. Add lines 1a through 1e. (Column (d) must eq	<u>-</u>	X, columi	n (B), line 1	10c.)			<b></b>	3	, 6	44.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FRIENDS OF	KENTIWORTH A	QUATIC GARDENS	20-8701197 Page <b>3</b>
Part VII Investments - Other Securities.	ICENTEWORTH 11	QUILLE GIMDEND	20 0701137 Fage 0
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 1	5.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.  Complete if the organization answered "Yes"	on Form 900 Part IV Jin	o 110 or 11f Soo Form 000 Part V	Line 25
1. (a) Description of liability	on rolling 30, Fait IV, IIII	o 110 of 111. Occ Form 990, Fall A	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

Sche	dule D (	(Form 990) 2020	FRIENDS	OF	KENILWORTH	AQUAT:	IC	GARDENS	20-87	701197 <sub>Pag</sub>	je 4
Par	t XI	Reconciliation o	f Revenue pe	er Au	idited Financial	Statement	ts W	/ith Revenue per		_	
		Complete if the organ	ization answered	l "Yes	" on Form 990, Part I\	/, line 12a.					
1	Total re	evenue, gains, and oth	ner support per a	udited	financial statements				1	195,88	6
2	Amour	nts included on line 1 k	out not on Form 9	990, P	art VIII, line 12:						
а	Net un	realized gains (losses)	on investments				2a				
b	Donate	ed services and use of	facilities				2b				
С	Recove	eries of prior year gran	nts				2c				
d		(Describe in Part XIII.)					2d				
е	Add lin	nes 2a through 2d							2e		0
3	Subtra	ct line 2e from line 1							3	195,88	6
4	Amour	nts included on Form 9	990, Part VIII, line	12, b	ut not on line 1:						
а	Investr	ment expenses not inc	cluded on Form 9	90, Pa	art VIII, line 7b		4a				
b	Other (	(Describe in Part XIII.)					4b				
С	Add lin	nes <b>4a</b> and <b>4b</b>							4c		0
5	Total re	evenue. Add lines <b>3</b> ar	nd <b>4c.</b> (This must	equal	Form 990, Part I, line	12.)			5	195,88	6
Par	t XII	Reconciliation of	f Expenses p	er A	udited Financial	Statemer	nts \	With Expenses p	er Return	) <b>.</b>	
		Complete if the organ	ization answered	l "Yes	" on Form 990, Part I\	/, line 12a.					
1	Total e	expenses and losses p	er audited financ	ial sta	tements				1	298,89	8
2		nts included on line 1 b									
а	Donate	ed services and use of	facilities				2a				
b	Prior ye	ear adjustments					2b				
С	Other I	osses					2c				
d		(Describe in Part XIII.)					2d				
е	Add lin	nes 2a through 2d							2e		0
3	Subtra	ct line 2e from line 1							3	298,89	8
		nts included on Form 9									
а	Investr	ment expenses not inc	cluded on Form 9	90, Pa	art VIII, line 7b		4a				
b	Other (	(Describe in Part XIII.)					4b				_
С	Add lin	nes <b>4a</b> and <b>4b</b>							4c		0
		xpenses. Add lines 3		st equ	al Form 990, Part I, lin	ne 18.)			5	298,89	8
Par	t XIII	Supplemental In	formation.								
		descriptions required f							ne 4; Part X,	line 2; Part XI,	
ines i	za ana	4b; and Part XII, lines	20 and 4b. Also	comp	lete this part to provid	ie any additio	mai ii	niormation.			
											_
PAR	т х	, LINE 2:									
1 211	.1 22	, 111111 2.									_
FOK	AG I	BELIEVES TH	AT IT HAS	S AI	PPROPRIATE	SUPPORT	г Б	OR ANY TAX	POSITI	ONS	
TAK	EN,	AND AS SUC	H, DOES N	TO	HAVE ANY U	NCERTAI	IN	TAX POSITIO	ONS THA	AT ARE	
N (	ים חבו	AL TO THE F	TN12 N1C(T 2 T	C m z	м притампо						
MAI	CKIA	AL IO IRE F	INANCIAL	211	41 EMENIO.						
											_
											_

Schedule D (Form 990) 2020

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF KENILWORTH AQUATIC GARDENS

**Employer identification number** 20-8701197

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND THE PARK.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE EXISTS WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS REVIEWED BY THE BOARD DURING A MEETING AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

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

ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH POWERS DELEGATED TO IT BY THE ORGANIZATION'S BOARD OF DIRECTORS, WHO HAS A DIRECT OR INDRECT FINANCIAL INTEREST, IS AN INTERESTED PERSON. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST THAT PRESENTS A POTENTIAL OR ACTUAL CONFLICT OF INTEREST WITH THE INTEREST OF THE ORGANIZAITON WITH RESPECT TO ANY PROPOSED TRANSACTION OR ARRANGEMENT AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH THE BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACITON OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED TO A PROPOSED TRANSACTION OR ARRANGEMENT, AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE WHETHER A CONFLCT OF INTEREST EXISTS. AN INTERESTED PERSON WHO DETERMINED TO HAVE A CONFLICT OF INTEREST MAY PRESENT INFORMATION TO AND ANSWER QUESTIONS FROM THE BOARD OR COMMITTEE CONSIDERING THE PROPOSED

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number 20-8701197
FRIENDS OF KENILWORTH AQUATIC GARDENS	•
TRANSACTION OR ARRANGEMENT THAT PRESENTS THE CONFLICT OF	
HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,	AND THE VOTE ON,
THE TRANSACTION OR ARRANGEMENT PRESENTING THE CONFLICT OF	INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:	
IN 2020 THE BOARD REVIEWED SALARIES AND COMPENSATION PACE	XAGES FROM SIMILAR
SIZED NONPROFITS IN THE AREA AND OTHER FRIENDS GROUPS, AS	WELL AS YEARS
WORKED, TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIREC	CTOR.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND F	INANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	59,508.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	3,290.
TOTAL EXPENSES	63,079.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63,079.

**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

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

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	or the	e 2020 calendar year, or tax year beginning a	nd ending		
B	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre		1S		
	Name chang	Doing business as		20-87011	97
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 1212 QUINCY STREET NW	Room/suite	E Telephone numbe 202-494-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	195,886.
	Amen			H(a) Is this a group re	
	Application	F Name and address of principal officer: I INA O CONNEDD		for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)	(1) or 527	7	list. See instructions
J	Nebsi	te: ► WWW.KENAQGARDENS.ORG		H(c) Group exemptio	
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2007$ N	<b>√</b> State of legal domicile: $DC$
Pa		Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\color{red}{{ m TO}}}$	ENSURE	THE PARK IS	
anc	1	WELL-MAINTAINED, WELL-ENJOYED AND WELCO			
ern	1	Check this box  if the organization discontinued its operations or dis	-	1	
30	1	Number of voting members of the governing body (Part VI, line 1a)		3	10
જ		Number of independent voting members of the governing body (Part VI, line 1			10
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			102
Activities & Governance		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	, b	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		303,724.	195,886.
Revenue	1	Program service revenue (Part VIII, line 2g)		940.	0.
e ve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,420.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1		306,084.	195,886.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	0)	89,445.	145,668.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ž		Total fundraising expenses (Part IX, column (D), line 25)		160 006	450.000
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,236.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		249,681.	
	19	Revenue less expenses. Subtract line 18 from line 12		56,403.	
Net Assets or Fund Balances		T (D V. II		eginning of Current Year 329,482.	End of Year 272,208.
Asse Bala	20	Total assets (Part X, line 16)		4,422.	50,160.
Vet /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		325,060.	222,048.
	art II	Signature Block		323,000	222/0101
		Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and staten	nents, and to the best of m	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information c			,
Sig	n	Signature of officer		Date	
Her		DANA FRONCZAK, TREASURER Type or print name and title			
		, , ,	I	Date Check	PTIN
Pai	4	Print/Type preparer's name Preparer's signature TINA PEACHER		if	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	<u> </u>	self-employ Firm's EIN ▶	52-1853933
	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY			
	,	COLUMBIA, MD 21044	20111		0-884-0220
Mar	/ the IF	RS discuss this return with the preparer shown above? See instructions		1. 110110 110. 22	X Yes No

SEE SCHEDULE O FOR CONTINUATION(S)

including grants of \$

227,978.

Form **990** (2020)

032002 12-23-20

Total program service expenses

) (Revenue \$

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3.7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	- 21	<del></del>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<del></del>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5		<del></del> -
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
			000	(0000)

Part IV Checklist of Required Schedules (continued
--

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		- V
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		Δ.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	-	Α.
34		34		х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	002		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	aan	(0000

### Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2020

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	non / it do to thing Dody and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TINA O'CONNELL - 202-494-0456			
	1212 OUINCY STREET NW. WASHINGTON, DC 20011			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(A) (B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Posit (do not check m			than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rsoni	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	iu a u	recio	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or c	stee			Highest compensated employee		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	trust	al tru		yee	educ		,		and related
	below	/id ual	Institutional trustee	ie.	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) TINA O'CONNELL	32.00	_							_	_
EXECUTIVE DIRECTOR				Х				71,557.	0.	0.
(2) MARTHA HOLLEY-MIERS	5.00	_							_	_
CHAIR		Х		Х				0.	0.	0.
(3) ELIZABETH CURWEN	5.00	_							_	_
VICE CHAIR		Х		Х				0.	0.	0.
(4) BETH SCOTT	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) DANA FRONCZAK	10.00									
TREASURER AS OF FEB. 2020		Х		Х				0.	0.	0.
(6) ZANDRA CHESTNUT	5.00			l						
DIRECTOR		Х		Х				0.	0.	0.
(7) DANITA DELANEY	5.00								•	
DIRECTOR	F 00	Х	_	_				0.	0.	0.
(8) JUSTIN LINI	5.00								0	0
DIRECTOR	F 00	Х	_	_				0.	0.	0.
(9) DANIELLA EINIK	5.00	,,							0	0
DIRECTOR	F 00	Х						0.	0.	0.
(10) KAMAILE TURCAN	5.00	٠,,							0	0
DIRECTOR AS OF FEB. 2020	F 00	Х	_	_	_		_	0.	0.	0.
(11) CHARLES TAYLOR	5.00	X							0	0
DIRECTOR AS OF FEB. 2020	-	Δ.		_				0.	0.	0.
		-								
				_						
		-								
			_	_			_			
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		1								
								l		- 000

(A)	(B)	(C) Position						(D)	(E)			F)
Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable compensation	Reportable compensation			nated unt of
	week			id a di				from	from related			her
	(list any	director						the	organizations			nsation
	hours for related	or dir	æ			ated		organization	(W-2/1099-MIS	C)		n the
	organizations	rustee	ıl trust		ee,	mpen		(W-2/1099-MISC)			_	ization elated
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ıer					zations
	line)	Indiv	Instit	Officer.	Key e	High empl	Former					
		Г										
		_				_						
1b Subtotal	1						<b></b>	71,557.		0.		0.
c Total from continuation sheets to Part V								0.		0.		0.
d Total (add lines 1b and 1c)								71,557.		0.		0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed at	OOV	e) wl	no re	eceived more than \$100	0,000 of reportable	•		0
compensation from the organization											ΤY	es No
3 Did the organization list any former officer	. director, trust	ee. I	kev e	lame	love	e. o	r hia	nhest compensated emp	olovee on			110
line 1a? If "Yes," complete Schedule J for			•	•	•	•	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		3	Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	n and	d oth	her compensation from	the organization			
and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive or	=				-			ed organization or indivi	idual for services		_	v
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedul	e J f	or s	uch į	pers	son .					5	X
1 Complete this table for your five highest or	ompensated in	depe	ende	ent c	ontr	racto	ors t	hat received more than	\$100,000 of comp	ens	ation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.			
(A)				_				(B)			(C)	
Name and business	s address	N	INC	<u> </u>			$\dashv$	Description of s	ervices		ompens	ation
2 Total number of independent contractors		ot li	mite	d to		_	sted	d above) who received m	nore than			
\$100,000 of compensation from the organ	ization >				(	<u>)                                    </u>					- 00	(2020)

Pa	rt v	Ш		B- A B-	- in Alain Don't VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	-	_	Federated campaigns 1a					0001101101011210111
ant			Federated campaigns 1a Membership dues 1b					
'n.G			Fundraising events 1c					
ifts Ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	17,600.				
Sir			All other contributions, gifts, grants, and					
ber			similar amounts not included above 1f	178,286.				
or Or		a	Noncash contributions included in lines 1a-1f					
Sor		_	Total. Add lines 1a-1f		195,886.			
			Total And Miles Ta Ti	Business Code	,			
ø.	2	а						
Program Service Revenue		b						
Sel		c						
am eve		d						
ogr		е						
Pr		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts)	<b>&gt;</b>				
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
•		b	Less: cost or other basis					
Revenue			and sales expenses					
eve		С	Gain or (loss) 7c					
er R			Net gain or (loss)	<b>•</b>				
Othe	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See	_				
		<b>L</b>	Part IV, line 18 8 Less: direct expenses 8					
			Less: direct expenses					
			Gross income from gaming activities. See	<b>P</b>				
	3	u	Part IV, line 19	a				
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		_	and allowances 10	)a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	<del>'</del>				
<i>σ</i>			,	Business Code				
e e	11	а						
Miscellaneous Revenue		b						
eve		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions		195,886.	0.	0.	0.

#### Part IX | Statement of Functional Expenses

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

Do n	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,557.	50,808.	3,313.	17,436
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	59,199.	42,034.	2,740.	14,425
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,326.	2,736.	331.	259
0	Payroll taxes	11,586.	8,255.	748.	2,583
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	19,900.		19,900.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	63,079.	59,508.	281.	3,290
12	Advertising and promotion				
13	Office expenses	14,132.	12,823.	152.	1,157
14	Information technology				
15	Royalties				
16	Occupancy	7,821.	6,920.	505.	396
17	Travel	1,953.	1,617.	187.	149
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,342.		1,342.	
23	Insurance	4,809.	4,286.	292.	231
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	EDUCATIONAL MATERIALS	37,421.	36,587.		834
b	DUES AND SUBSCRIPTIONS	2,773.	2,404.	178.	191
С					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	298,898.	227,978.	29,969.	40,951
26	Joint costs. Complete this line only if the organization	-	-	•	· · · · · · · · · · · · · · · · · · ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet

Par	tχ	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			107,612.	1	129,813
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			211,125.	3	137,275
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	officer, director,			
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ		6			
Sie	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			0.0.4	8	4 4 8 6
٩	9	Prepaid expenses and deferred charges			984.	9	1,476
	10a	Land, buildings, and equipment: cost or other		0 270			
		basis. Complete Part VI of Schedule D		8,378.	4 000		2 (44
		Less: accumulated depreciation		4,734.	4,986.	10c	3,644
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	4,775.	14	C		
	15	Other assets. See Part IV, line 11			329,482.	15	272,208
$\dashv$	16	Total assets. Add lines 1 through 15 (must en		1	4,422.	16 17	50,160
	17	Accounts payable and accrued expenses			1,122.		30,100
	18 19	Grants payable				18 19	
	20	Deferred revenue		20			
	21	Tax-exempt bond liabilities				21	
ا م	22	Loans and other payables to any current or for				21	
<u> </u>	~~	trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the				22	
ן נֿ	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		F		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	•				
		of Schedule D		'		25	
	26	Total liabilities. Add lines 17 through 25			4,422.	26	50,160
		Organizations that follow FASB ASC 958, c					
Ses		and complete lines 27, 28, 32, and 33.					
ll an	27	Net assets without donor restrictions			112,646.	27	108,886
Pa	28	Net assets with donor restrictions			212,414.	28	113,162
		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🗌			
_		and complete lines 29 through 33.					
<u>ဗ</u>	29	Capital stock or trust principal, or current fund	ds			29	
90	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F		31	
Se	32	Total net assets or fund balances			325,060.	32	222,048
	33	Total liabilities and net assets/fund balances			329,482.	33	272,208

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			98.		
3	Revenue less expenses. Subtract line 2 from line 1	3			12.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32	5,0	60.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B)) 10						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O					
За	<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit						
	Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		it				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF KENILWORTH AQUATIC GARDENS Employer identification number 20-8701197

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.						
The	organ	ization is not a private found	ation because it is: (	For lines 1 through 12, o	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3		A hospital or a cooperative		•			ii).						
4		A medical research organiz						the hospital's name					
•		city, and state:	ation operated in col	njarrottori with a ricopital	GOOGIIDOG			ino neophare name,					
5		An organization operated for	or the benefit of a co	llogo or university owner	d or opera	tod by a g	overnmental unit describ	ood in					
3				nege of drilversity owner	o opera	ted by a g	overnmentar unit descrit	oeu III					
_		section 170(b)(1)(A)(iv). (C				70(1 )(4)(A)	( )						
6		A federal, state, or local gov											
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in					
		section 170(b)(1)(A)(vi). (C											
8	$\square$	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	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-grant college of agriculture (see instructions). Enter the name, city, and state of the college or											
		university:											
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from											
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment											
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
		See section 509(a)(2). (Complete Part III.)											
11		An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>											
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or											
		more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in											
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving											
		the supported organization	· · · · · · · · · · · · · · · · · · ·	· ·									
		organization. You must o						.appa3					
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina					
		control or management o	•					•					
		organization(s). You mus			arric perse	ons that oc	ontrol of manage the sup	ported					
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with					
·		its supported organization	-					ea with,					
d		Type III non-functionally		•				zotion(s)					
u													
		that is not functionally int	-		•		•	iveriess					
		requirement (see instruct	•										
е		☐ Check this box if the orga					a Type I, Type II, Type III						
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.							
f		er the number of supported o		-l									
<u>g</u>		vide the following information  i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other					
	`	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)					
		-		above (see instructions))	103	140							
Fota	ıl												

Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF KENILWORTH AQUATIC GARDENS 20-8701197 Page 2

### 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	72,377.	86,434.	472,948.	303,724.	195,886.	1131369.
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	F0 2FF	06 424	450 040	202 704	105 006	1121260
4	Total. Add lines 1 through 3	72,377.	86,434.	472,948.	303,724.	195,886.	1131369.
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,						257 246
•	column (f)						357,346. 774,023.
	Public support. Subtract line 5 from line 4.						114,023.
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	72,377.	86,434.	(c) 2018 472, 948.	(d) 2019 303,724.	195,886.	1131369.
	Gross income from interest.	, , , , , ,					
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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	<b>Total support.</b> Add lines 7 through 10						1131369.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	318,982.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
_	organization, check this box and stop						<u> </u>
	ction C. Computation of Publ						60 41
14	Public support percentage for 2020 (					14	68.41 %
15	Public support percentage from 2019					15	71.72 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the						
	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances tes	· ·					,
	and if the organization meets the fact						<b>.</b> .
I-	meets the facts-and-circumstances to	· ·			•	170 and line 15 in	
O	10% -facts-and-circumstances tes	•				*	10% Or
	more, and if the organization meets the		·				ightharpoonup
10	organization meets the facts-and-circ				,	***************************************	
10	Private foundation. If the organization	TI GIG HOL CHECK A		a, 100, 17a, 01 171	J, UTIOUR ITIIS DUX 8	1110 SEE 111511UCIION	<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

#### 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.)

Section A. Public Support	low, please com	piete i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(a) 2018	(4) 2010	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	( <b>e)</b> 2020	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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				1		
3 received from disqualified persons						
h 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.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						
c 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						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				1	1	
14 First Fyggra If the Form 000 is for the				<u> </u>		
	organization's fi	rst, second, third,	I fourth, or fifth tax	year as a section	501(c)(3) organizati	ion,
check this box and stop here				-	501(c)(3) organizati	
check this box and stop here	Support Pe	rcentage				<b>&gt;</b>
check this box and stop here	c Support Pe	ercentage divided by line 13,	column (f))		15	9
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 S	C Support Pene 8, column (f), co	ercentage divided by line 13,	column (f))			<b>&gt;</b>
check this box and stop here  Section C. Computation of Public  15 Public support percentage for 2020 (lin  16 Public support percentage from 2019 section D. Computation of Invest	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom	ercentage divided by line 13, III, line 15	column (f))		15 16	9
check this box and stop here  Section C. Computation of Public  15 Public support percentage for 2020 (lin  16 Public support percentage from 2019 section D. Computation of Invest  17 Investment income percentage for 202	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom 0 (line 10c, colur	ercentage divided by line 13, III, line 15 III Percentage mn (f), divided by li	column (f)) ne 13, column (f))		15 16	
check this box and stop here Section C. Computation of Public  15 Public support percentage for 2020 (lin  16 Public support percentage from 2019 Section D. Computation of Invest  17 Investment income percentage from 202  18 Investment income percentage from 203	c Support Pene 8, column (f), concept of the support of the suppor	ercentage divided by line 13, III, line 15 E Percentage mn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	9999
Public support percentage for 2020 (lin 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage for 202 18 Investment income percentage from 20 19a 33 1/3% support tests - 2020. If the o	c Support Pe ne 8, column (f), o Schedule A, Part tment Incom 00 (line 10c, colum 019 Schedule A, organization did r	ercentage divided by line 13, III, line 15 E Percentage mn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	e 15 is more than	15 16 17 18 33 1/3%, and line 1	
check this box and stop here  Section C. Computation of Public  15 Public support percentage for 2020 (lin  16 Public support percentage from 2019 Section D. Computation of Invest  17 Investment income percentage from 20  18 Investment income percentage from 20  19a 33 1/3% support tests - 2020. If the omore than 33 1/3%, check this box and	c Support Pe ne 8, column (f), c Schedule A, Part tment Incom 0 (line 10c, colum 0 19 Schedule A, organization did r d stop here. The	ercentage divided by line 13, III, line 15 E Percentage mn (f), divided by li Part III, line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1	7 is not
check this box and stop here Section C. Computation of Public 15 Public support percentage for 2020 (lin 16 Public support percentage from 2019 Section D. Computation of Invest 17 Investment income percentage from 20 18 Investment income percentage from 20 19a 33 1/3% support tests - 2020. If the o	c Support Pe ne 8, column (f), of Schedule A, Part tment Incom 0 (line 10c, colum 0 19 Schedule A, organization did r d stop here. The organization did r	ercentage divided by line 13, III, line 15 EPercentage III, line 17 III, line 18 II	ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19	e 15 is more than supported organiz a, and line 16 is m	15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a	9 9 7 is not

T ...

(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 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
34		
9b		
9с		
10a		
10b	00 E7	

Га	Gontinued)			
			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			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,		100	140
	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 officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	2		
Sec	tion C. Type II Supporting Organizations		<u> </u>	
			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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)_		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF KENILWORTH AQUATIC GARDENS 20-8701197 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	te Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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	1 1		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF KENILWORTH AQUATIC GARDENS 20-8701197 Page 7

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exe	1	1				
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity		2	2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s 3	3			
4	Amounts paid to acquire exempt-use assets		4	4			
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	5			
6	Other distributions (describe in Part VI). See instructions.		6	6			
7	Total annual distributions. Add lines 1 through 6.		7	7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	)				
	(provide details in Part VI). See instructions.		8	8			
9	Distributable amount for 2020 from Section C, line 6	g	9				
10	Line 8 amount divided by line 9 amount	10	0				
Sect	ion E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020				

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

2020

FRIENDS OF KENILWORTH AQUATIC GARDENS

Employer identification number

20-8701197

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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** ☐ 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \_\_\_\_\_\_ 🕨 \$ \_ 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

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

## FRIENDS OF KENILWORTH AQUATIC GARDENS

20-8701197

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,563.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Training data root, and En 1 1	\$ 82,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>11,075.</u>	Person X Payroll

Name of organization Employer identification number

## FRIENDS OF KENILWORTH AQUATIC GARDENS

20-8701197

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	

**Employer identification number** Name of organization 20-8701197 FRIENDS OF KENILWORTH AQUATIC GARDENS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF KENILWORTH AQUATIC GARDENS

**Employer identification number** 20-8701197

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	. —	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
b	-		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concervat	ion aggements during the year
'	\$\\$\$ \$\$	diling of violations, and emorcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) abor	we satisfy the requirements of section 1700	b)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
Ū	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	therance of public
	service, provide in Part XIII the text of the footnote to its fina	incial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			<b>.</b> .
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures,	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at make sigr	nificant use of	its
	collection items (check all that apply):							
а	Public exhibition	d		Loan or exc	hange progr	am		
b	Scholarly research	е		Other				
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizat	ion's exemp	ot purpose in F	Part XIII.
5	During the year, did the organization solicit o	· · · · · · · · · · · · · · · · · · ·		-	_			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			Yes No
Pai	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not in	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII							
								Amount
С	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo						?	Yes No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided on	Part XIII		
Pai	t V Endowment Funds. Complete it	the organization ar	nswered	"Yes" on F	orm 990, Par	t IV, line 10.		
	·	(a) Current year	(b) F	rior year	(c) Two yea	rs back (d)	Three years ba	ck (e) Four years back
1a	Beginning of year balance			-				
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the curr	ent vear end balanc	ce (line 1	a. column (	a)) held as:			
	Board designated or quasi-endowment	•	%	J, (	"			
	Permanent endowment	%						
		<u></u> '						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for the	organization	
	by:	3					3	Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	0, Part I\	V, line 11a. S	See Form 990	), Part X, lin	e 10.	
	Description of property	(a) Cost or o			t or other (other)		ımulated ciation	(d) Book value
	Land	<del>'</del>			*			
	Buildings							
	Leasehold improvements							
	Equipment				8,378.		4,734.	3,644.
	Other				-		•	•
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line	10c.)			3,644.

2	0 -	-8	7	0	1	1	9	7	Page 3	
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Part VII Investments - Other Securities.		-	T T T T T T T T T T T T T T T T T T T
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	<b>&gt;</b>	
2. Liability for uncertain tax positions. In Part XIII, provide			nat reports the
organization's liability for uncortain tax positions undo	FACE ACC 740 Chack h		wided in Part VIII

032053 12-01-20

#### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF KENILWORTH AQUATIC GARDENS

**Employer identification number** 20-8701197

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND THE PARK.

FORM 990, PART VI, SECTION A, LINE 8B:

NO COMMITTEE EXISTS WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS REVIEWED BY THE BOARD DURING A MEETING AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANY DIRECTOR, OFFICER, OR MEMBER OF A COMMITTEE WITH POWERS DELEGATED TO IT BY THE ORGANIZATION'S BOARD OF DIRECTORS, WHO HAS A DIRECT OR INDRECT FINANCIAL INTEREST, IS AN INTERESTED PERSON. AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST THAT PRESENTS A POTENTIAL OR ACTUAL CONFLICT OF INTEREST WITH THE INTEREST OF THE ORGANIZAITON WITH RESPECT TO ANY PROPOSED TRANSACTION OR ARRANGEMENT AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH THE BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACITON OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED TO A PROPOSED TRANSACTION OR ARRANGEMENT, AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE WHETHER A CONFLCT OF INTEREST EXISTS. AN INTERESTED PERSON WHO DETERMINED TO HAVE A CONFLICT OF INTEREST MAY PRESENT INFORMATION TO AND ANSWER QUESTIONS FROM THE BOARD OR COMMITTEE CONSIDERING THE PROPOSED

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Schedule O (Form 990 or 990-Ez) 2020	Page 2
Name of the organization FRIENDS OF KENILWORTH AQUATIC GARDENS	Employer identification number 20-8701197
TRANSACTION OR ARRANGEMENT THAT PRESENTS THE CONFLICT OF	INTEREST. HOWEVER,
HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF,	AND THE VOTE ON,
THE TRANSACTION OR ARRANGEMENT PRESENTING THE CONFLICT OF	F INTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:	
IN 2020 THE BOARD REVIEWED SALARIES AND COMPENSATION PACE	KAGES FROM SIMILAR
SIZED NONPROFITS IN THE AREA AND OTHER FRIENDS GROUPS, AS	WELL AS YEARS
WORKED, TO DETERMINE COMPENSATION FOR THE EXECUTIVE DIREC	CTOR.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND F	FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	59,508.
MANAGEMENT AND GENERAL EXPENSES	281.
FUNDRAISING EXPENSES	3,290.
TOTAL EXPENSES	63,079.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	63,079.
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