Form 990

Return of Organization Exempt From Income Tax

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

2021

Open to Public

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. For the 2021 calendar year, or tax year beginning Inspection and ending Check if applicable: C Name of organization FRIENDS OF THE OLD CROTON AQUEDUCT D Employer identification number Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Name chance Room/suite 13-3570850 15 WALNUT STREET Telephone number Initial return City or town ZIP code DOBBS FERRY 828-885-5015 Final return/terminated NY 10522 Foreign country name Foreign province/state/county Foreign postal code Amended return 72,629 F Name and address of principal officer. Application pending Yes X No Edward Brody 66 Pinecrest Dr. Hastings on Hudson, NY 10706 Tax-exempt status: X 501(c)(3) 501(c)) < (insert no.) 4947(a)(1) or ach a list. See instructions 527 Website: > WWW.AQUEDUCT.ORG H(c) Gro K Form of organization: X Corporation Trust Association Other > M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: Re-protect, preserve and promote the Old Activities & Governance Croton Aqueduct and the Old Croton Aqueduct State Historic Park, and restore the Keepers 2 Check this box . if the organization discontinued its operations of disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 18) 3 Number of independent voting members of the governing body (Rart W. line 1b) 17 4 17 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) . 6 7a Total unrelated business revenue from Part VIII, column (C), Jine 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year Contributions and grants (Part VIII, line 1h). 8 Revenue 39,456 Program service revenue (Part VIII, line 2g) . 👆 63,871 9 10.674 Investment income (Part VIII, column (A), lines 3,4, and 7d) . 5,580 10 1.820 Other revenue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and 11e) .

Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,849 11 0 329 12 51.950 Grants and similar amounts paid (Part IX column (A), lines 1-3) . 72,629 13 0 0 Benefits paid to or for members (Part IX column (A), line 4) . 14 0 0 15 Salaries, other compensation, employed benefits (Part IX, column (A), lines 5-10) . . . 0 0 16a Professional fundraising fees (Part 1x column (A), line 11e) . 0 0 Total fundraising expenses (Partix, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 37,969 48,024 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 37,969 48,024 19 Revenue less expenses, Subtract line 18 from line 12 13,981 24,605 20 8 Beginning of Current Year End of Year Total assets (Part X, line 20 367,892 385,793 21 Total liabilities (Part X, line 26) 14,744 8,040 Net assets of fund balances. Subtract line 21 from line 20 22 353,148 377,753 Part II Signature Block Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Date Edward Brody Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check X if WILLIAM A TOSCANI Preparer self-employed 3/8/2022 P01249050 Firm's name WILLIAM TOSCANI Use Only Firm's EIN > 13-6721662 Firm's address ► PO BOX 240, CEDAR MOUNTAIN, NC 28718 828-885-5015 May the IRS discuss this return with the preparer shown above? See instructions . X Yes No

	990 (2021)	FRIENDS OF TH	E OLD CROT	ON AQUEDU	CT			13-3570850		. 2
	art III	Statement of Pro	gram Service	e Accomp	lishments				Pag	8 2
1	Briofly de	Check if Schedule	Ocontains	a response	or note to any	/ line in this Part	III		Г	7
	To protec	source the organization	II S MISSION							_
	nark and	t and promote the Old to restore the Keeper	Croton Aqued	uct and the C	old Croton Aque	duct State Historic				
	pain, and	to restore the Keeper	s House							

2	Did the o	roonization								
-	the prior	rganization undertake	any significant	program sen	vices during the	year which were r	not listed on		-	
								. Yes	XN	lo
3	Did the o	describe these new ser	rvices on Sche	dule O.						
	services?	rganization cease con	ducting, or ma	ke significant	changes in how	v it conducts, any p	orogram 🐧			
							1 mm m.	Yes	XN	lo
4	Describe	describe these change	s on Schedule	0.			No. of the last		1	
100	expenses	the organization's pro	gram service a	ccomplishme	nts for each of	its three largest pro	ogram services,	s measured by		
		s. Section 501(c)(3) an expenses, and revenue	U 30 1(C)(4) 01(ianizations ar	e required to re	nort the amount of	grants and alloc	ations to others,		
		periodo, and revenue	s, ii arry, for ea	on program s	ervice reported.		00			
4a	(Code:) /Evno	neae ¢	44.000 :-	-1 -1					
	General F	Programs) (Expe					(Revenue	\$)	
	A STATE OF THE PARTY OF THE PAR									

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4b	(Code:) (Exper	nses \$	10,005 In	duding grants of	of \$) (Revenue :		1	-
	KEEPERS	HOUSE RENOVATION	N	4.)		/ (1.0001100 1)	
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										-
		***************************************	P. W.							
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	********		7							
4c	(Code:	(Expen	eac ¢	inc	dudio a accesta a	£ #				_
		The state of the s	250 A	inc	cluding grants o	15) (Revenue \$)	
										1
4d		ram services (Describ	e on Schedule	0.)	7317					-
	(Expenses	\$	0 including g			0) (Revenue \$		0)		
le	Total progra	am service expenses	•		5,004					-

Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
		١.		
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X	X
3	and organization origage in direct or indirect political campaign activities on help it at	-		1^
4	Pasilo Cilide: II 165. Cumplete Scriedula C. Part I	3		X
	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			
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives	4	-	X
6	and the state of similar difficults as defined in Rev Proc 98-192 if "Vec " complete Cabady to C. D. J. W. &	5		x
0	and the digalization maintain any donor advised funds or any similar funds or accounts for which do			^
	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			
7	Did the organization receive or hold a conservation easement, including easements to proceed	6		X
	are environment, historic land areas, or historic structures? If "Yes." complete Schedule DePort il	7		X
8	bid the organization maintain collections of works of art, historical treasures or other similar access? It "Voo "	1		^
9	complete Scriedule D, Part III	8		X
-	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 and its exercise and its e			
	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			
10	Did the organization, directly or through a related organization, hold assets in doors, see	9		X
	of in quasi endownents? If Yes, complete Schedule D. Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.	1	100	
a	Did the organization report an amount for land buildings and an in-			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
b	Did the organization report an amount for investments—other securities in Part V. line 12, that is 50/	11a		X
	or its total assets reported in Part X, line 16? If "Yes," complete Sebedule D. Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 252 If "Vos." complete School to D. Dart X	11e	X	^
1	bid of garrization a separate of consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
	Schedule D, Parts XI and XII	40		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a		X
	one if the organization driswered No. to the J2a. then completing Schedule D. Parts VI and VII is onlined	12b		х
13 14a	is the organization a school described infection 170(b)(1)(A)(ii)? If "Yes " complete Schedule E	13		X
0.4000	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
	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 Land IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		^
16	for any loreign organization at "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		X
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	19		X
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u>X</u>
21	bid 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		X

Part IV Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Yes No Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 22 X organization's current and former officers, directors, trustees, key employees, and highest compensated 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 23 X \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24a c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24b X d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 24d transaction with a disqualified person during the year? If "Yes," complete Schedule L, Particular b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 25a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from ar 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 . . . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 26 X 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.

Was the organization a party to a business transaction with one of the following parties (see the Schedule L, 27 Part IV, instructions for applicable filing thresholds, conditions and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV • 28a A family member of any individual described in line 28a? | Yes, " complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. "Yes," complete Schedule L, Part IV.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . 31 31 X Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," 32 X 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . 37 X Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Part 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 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 10

- Distriction	n 990 (2021) FRIENDS OF THE OLD CROTON AQUEDUCT		
3,940	Statements Regarding Other IPS Filings and Tay Co. 11	570850	Page 5
2:	Tropper it - 1/1/	-	Yes No
	- within the voca and the calefular year ending with or within the year and the state of the sta	100 H	区型 成的
t	The is reported the VS fill the organization file all assets to the	0	RE-EE
		2b	
38		1	100 and 100 an
t	The it mod at offit 380-1 for this vage? It "MA" to line at	3a	X
48		3b	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
b		4a	X
	See instructions for filing requirements for FinCEN Form 114 Percent of Ferral Park Inc.	3488	
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form same 7a.	5a	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b	X
6a	Does the organization have annual gross receipts that are pormally groster than the control of t	5c	
	Samuel of the control		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a	X
	gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under postion 470/	6b	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100	12 31
	Provided to the payor?	国政治	Mark Mark
b	If "Yes," did the organization notify the donor of the value of the goods as a said.	7a	X
C	order organization sell, exchange, or otherwise dispose of tangible personal seasons to the sell of th	7b	
		-	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c	X
е	Did the organization receive any funds, directly or indirectly to payors the payors of	2000	
f	and organization, during the year, pay premitims directly orandirectly orangers	7e	X
g	and organization received a continuous of continuous properties and continuous continuou	7f	X
h	Samuel 1 cool to a coll library to a coll librar	7g	-
8	- 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	7h	SMOOD SERVER
	organization have excess business holdings atteny time during the year?	8	202 202
9	oponsoring organizations maintaining donor advised funds	3043	500 6043
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
10	the sponsoring organization make a distribution to a donor donor advisor or related passage	9b	X
а	The state of the s	2000	See Have
b	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		100
а	Gross income from many		
b	Gross income from other sources (Date)	200	
	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		
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. Section 501(c)(29) qualified in a part of the actual interest received or accrued during the year.	12a	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	100 m	医
a	Is the organization licensed to issue qualified health plans in more than one state?	200	
	Note. See the instructions for additional information the organization must report as Calant to	13a	
b	Little die diriourit antescrives the organization is required to maintain by the atotal in which	1	
	the organization is inconsent to issue qualified health plans		
C	Enter the amount of reserves on hand	ALC: N	
14a	order organization receive any payments for indoor fanning services during the tox years	の	200 1000
b	" 105, Tas it filed a Form 720 to report these payments? If "No " provide an explanation on Cabart to C	14a	X
15	and a subject to the section 4900 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	-
	excess paracrute payment(s) during the year	45	V
	If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		
	If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust care discussion.	100	
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.	17	X

Form 990 (2021)

William Toscani

PO BOX 240, Cedar Mountain, NC 28718

FRIENDS OF THE OLD CROTON AQUEDUCT Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year . . . No If there are material differences in voting rights among members of the governing body, or 17 if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 17 Did the organization delegate control over management duties customarily performed by or under the 2 X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 4 5 Did the organization have members, stockholders, or other persons who had the powerto elect 6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Did the organization contemporaneously document the meetings held or written actions undertaken during 7b the year by the following: Each committee with authority to act on behalf of the governing body?

Is there any officer, director, trustee, or key employee listed in PartVII, Section A, who cannot be reached X X at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Did the organization have local chapters, branches, or affiliates?. Yes No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10a X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 10b b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12b X describe on Schedule O how this was done. Did the organization have a written whistleblower policy? . 12c 13 13 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official.

Other officers or key employees of the organization. 15a X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 15b X Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its X 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? . . . Section C. Disclosure 16b List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20

Form 990 (2021)	THEREOUT THE OLD GROTON AQUEDUCT							
	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, trustops (whether individual).

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
 of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.
 See the instructions for the order in which to list the persons above.

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

		(c)					7 04	n ent object, or	ccior, or trustee.	
(A) Name and title	(0) Average hours per week (let any hours for related organizations below dotted line)	box,	unie er an	heck ss po d a c	erson i	the control of the co	an old	(D) Reportable compensation from the organization (W-2/1099-MISC/1089 NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organization.
(1) Mavis Caln	1.00	1	-	-	H	-	-+			
President	0.00	X	-	x						
(2) Robert Kornfield	1.00			^		-	+			
VP	0.00			X						
(3) Edward Brody	5,00	_		-			\forall			
Troasurer	0.00			X						
(4) John Flack	1.00			-		-	+			
Sec'y	0.00	X		X						
(5) Eliza Zazzera	1.00	-		-			+			
Sec'y	0.00	X		X						
(6) Dine Alden	1.00			-			+			
Director	0.00	×								
(7) Carl T Grimm	1.00			-		-	+			
Director	0.00	x	10							
(8) Aram Aslanian-Persico	1.00				-	\rightarrow	+			
Director	0.00	X								
(9) Joanne Jaeger	1.00				-		+			
Director	0.00	X								
(10) Joanna Riesman	1.00				-	\neg	+			
Director	0.00	X								
(11) Thomas Tarnowsky	1.00						\top			
Director	0.00	X								
(12) Lesley Walter	1.00									
Director	0.00	X								
(13)					T		1			
(14)					+	+	+			

Part	VII Section A. Officers, Directors, Trus	Stees Koy Em	-laur							13-357	0850 Pa	ge		
	VII Section A. Officers, Directors, Trus	stees, Key Em	proye	es,	and	HI	ghes	t Co	ompensated Em	ployees (contin	ued)	1		
	(A) Name and title	(B) Average hours	licox,	unles	Posi eck i	noition more	then is bot or/trus	nan tee)	(O) Reportable compensation	(E) Reportable compensation	(F) Estimated amor			
		par week (list any hours for related organizations below dotted line)	individual trustee or director	Institutional meteo individual trustee or director		Officer Institutional trustees	DHESSE	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1029-MISC/ 1099-NEC)	from related organizations (W-2/ 1089-MISC/ 1089-NEC)	compensation from the organization as reliated organization.	nd
(15)					-		4		A 400	1				
(16)							3 /			(
(17)					1				1			_		
(18)					+			-						
(19)				-	+		4							
(20)				-	+		()						
(21)				4	4		9	4				-		
(22)			4	0	1	9	•	-						
(23)			1	1	4	,		+				_		
(24)			1	>	+	+		+						
(25)		. C	9	+	+	+		-						
	ibtotal	1	, .		1			-	0	0		0		
c To	tal from continuation sheets to Part VII, Sec	tion A						-	0	0		0		
d To	tal (add lines 1b and 1c).	9	-			+		-	0			0		
ren	tal number of individuals (including but not limit portable compensation from the organization)	teg to those list	ed ab	ove) wh	no n	ecelv	ed r	more than \$100,0	00 of				
	The state of the contract of t		_	-	- 1	-		_				0		
3 Did err	d the organization list any former officer direct aployee on line 1a? If "Yes," complete Schedule	or, trustee, key	empl	oye	e, or	r hig	ghest	cor	mpensated	F		lo a		
	r any individual listed on line da, is the sum of r				200	d at	hore				3 3	X		
une	e organization and related organizations greate	r than \$150,000	71 50	Yes	," 00	omp	olete	Sch	edule J far such					
5 Dic	any person listed on the respective or accrue	compensation	from	any	uni	rela	ted o	rgai	nization or individ	lual	4	X		
Section	services rendered to the organization? If "Yes, B. Independent Contractors	"complete Sch	edulo	Jf	Or Si	uch	pers	on.			5	X		
1 Co	implete this table for your five highest compens impensation from the organization. Report comp	ated independe	ent co	ontra	ictor	rs th	nat re	ceiv	ved more than \$1	00,000 of				
	(A)	au isologi i joj ul	e car	critos	as ye	SON	GUIUII	ry w	(B)	organization's (a	(C)	-		
	Name and business address			-					Description of service	es Co	mpensation			
						-	-					0		
				-			1					0		
												0		
2 Tot	al number of independent contracts of the Contract	e b. 1 . 1	11		-		I				- 100	0		
mo	al number of Independent contractors (including the than \$100,000 of compensation from the organic	g out not limited	o to th	1050	list	ed :	abov	4	no received	200		100		
	and the dec	- TEGOOII			-	_	-	0	-	12:30:30	SALES PROPERTY.	588		

Part VIII

Statement of Revenue Check if Schedula O

		oned in Schedule O contains a respon	nse or r	note to any line in				🔲
	14				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	ince militable
Contributions, Gifts, Grants	1		1a	0	Grand Pales	2507 M20 47600	CONTRACTOR AND	Sections 512-514
Contributions, Gifts, Grants	0 '		1b	32,698	May 10 10 10 10 10 10 10 10 10 10 10 10 10	La constant	通过螺纹药	
gi.	1		1c	0		19290000		100
8		Grand organizations	1d	0		阿米斯斯斯	医	
8		Government grants (contributions)	10	0				在 对人对外。
윤	2	f All other contributions, gifts, grants, and similar amounts not included above					4	100 Brown
9	į,	Noncash contributions included in	1f	31,173		10000		A. S. C. S. C. C.
E S	2 8	lines 1a–1f.					-	
ŏ:		Total. Add lines 1s-1f	1g	\$ 0	Charles E.			
-	1	Total. Add lines 13-11			63,871	SERVICE T		
90	28	KEEPERS HOUSE CAMPAIGN	-	Business Code		JF 100	and the gold	轮布工业大小会
Service	b				2,068	1		
Revenue					3,512			
ES	d				0	State of the state		
Ba	e				0			
Program	f	All other program service revenue						
	g	LOTAL Artet linear Do Of			0	1 16		
	3	Investment Income (including dividends, in	tornet a	and	5,580		師所有於於	和中国的
		other similar amounts)		and 4				
	4	Income from investment of tax-exempt bon	d proce	P.A show	2,849			
	5	Royalties	o proce	July 1	0			
		(I) Ros	1	(i) Dersonal	0	STREET, STREET, STREET, ST.	Water and Second	
	6a	Gross rents 6a			61.52			
	b	Less: rental expenses . 6b		1				
	C	Rental income or (loss) 6c	0	400 0				
	d	Not rental income or (loss)		E. 8 -	0	THE REAL PROPERTY.	AND MEDICAL CONTRACTOR	98年6月1日 日本田田田
	7a	- To similarity month	ins b	St. Offer (5	Photo Bulletone	SECTION OF SECTION SECTION	Machine Machine Co.	TO ANGULAR MATERIAL
		sales of assets	1	0	200			
		other than inventory 7a	10	0				
her Revenue	b	Less: cost or other basis	1	85				国际区域 医
ve.		and sales expenses . 7b	0	0				
S.	c	Gain or (loss) 7c	0	0 8		深远的 图象	100	2000年的
PE	0	Net gain or (loss)			0		- Control of the Cont	TICAS NA SANTESTANIA
5	Od	Gross income from fundraising		. 2	AND DESCRIPTION OF THE PERSON	ALL CONSTRUCTION	3075025066	SI ASSESSED ON
		cvents (not including \$		18		全国企业的 和		
		of contributions reported on the 1d See Part IV, line 18					1	語音等級
	ь	Less: direct expenses	88	0 8				
	c	Net income or (legality)	8b	0 8	SECTION OF THE PROPERTY.			Sec. Land
	9a	Net Income or (loss) from fundraising events Gross income from gaming activities.	S		0			
	-	See Part IVI DB 10.	-	18				The state of the s
	ь		9a	0 0				
	c	Net income or (loss) from gaming activities .	9b	0	STATE OF STA	The second of	400年《42年》。 第	Hart Land
		Gross sales of inventory, less		500	0	a Solore Name and a second		
	-	and tong and all and	40-				35	
	b		10a	0				
		Not income or (loss) from sales of inventory	10b	0 %	SERVICE STATE			
un I		to any individual of inventory		Business Code	0	SCHOOL SCHOOL ST	and the second second	Maria de la companio della companio
evenue	11a	Capital Gains	-	Talino Code	200		SVACES CO.	
Revenue	b				329			
946	C		-		0			
200	d	All other revenue	-		0			
3	е	Total, Add lines 11a-11d	-		0 0	A PORTON NOTICE OF	Decree Andrews	Service of the Servic
11 77	12	Total revenue, See instructions			72 829	CONTRACTOR OF THE		
					E / PO /24	[3]	0.1	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4)	amanizations must as	man to to a state of	TO STATE OF THE ST		
131-7 201 (0)(17)	organizations must co	mpiete all columns	All other oras	anizations must complete column (
Charlette t		9.0000000	Fill Olivies Orga	ariizations must complete column (/	4)

Check If Schedule O contains a response or note to any line in this Part IX . Do not include amounts reported on lines 6b, 7b, (A) (C) 8b, 9b, and 10b of Part VIII. (D) Total expenses Program service Management and Fundraising Grants and other assistance to domestic organizations 1 Cxpenses general expenses expenses domestic governments. See Part IV, line 21. 0 Grants and other assistance to domestic individuals. See Part IV, line 22 0 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 0 0 5 Compensation of current officers, directors, trustees, and key employees 0 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . 9 10 11 Fees for services (nonemployees): a Management...... C 900 d Professional fundraising services. See Part IV, line 17. e 0 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . 0 0 12 Advertising and promotion 0 13 Office expenses 2,203 2,203 14 Information technology . . . 0 15 0 16 520 520 17 Travel....... 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and moetings 19 1,060 1,060 20 0 21 Payments to affiliates . . . 0 Depreciation, depletion, and amortization. 22 0 0 0 23 Insurance 2,329 Other expenses, Itemize expenses not covered 2,329 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 O.) Member Communications 12,761 12,761 Program Expenses 14,999 14,999 Keepers House Renovation 10,005 10,005 Miscellaneous 2,560 2.560 All other expenses Other 687 687 25 Total functional expenses. Add lines 1 through 24c. 48,024 25,004 23,020 0 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 🕨 following SOP 98-2 (ASC 958-720)

Part X

Balance Sheet

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

1	Cash—non-interest-hearing	(A) Beginning of year		(B) End of year
2	Cash—non-interest-bearing .	47,81	5 1	
3	Savings and temporary cash investments	317,93	-	20
4			3	004
5			0 4	
	- The other receivables from any current or former at		5 500	E PARTIE VINCEN
	trustee, key employee, creator or founder, substantial contributor, or 35%			引命或自然的特殊
6	controlled entity or family member of any of these persons	(5	CONTRACTOR OF THE PERSON OF TH
1	Loans and other receivables from other disqualified persons (as defined		1000	E AZUBU WE BUS DE
7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		B	A STATE OF THE PROPERTY OF THE PARTY OF THE
8	Notes and loans receivable, net	A 1	74	
9	and the sale of use .	9 90	8	
10a	Prepaid expenses and deferred charges		9	
1.00	Other basis Complete Book M. 4 Day		1800	TO STATE OF THE PARTY OF THE PA
b	other basis. Complete Part VI of Schodule D 10a 0		199	
11	Loss: accumulated depreciation 10b 0	0	100	CO 41000000000000000000000000000000000000
12	Investments—publicly traded securities		11	
13	Investments—other securities. See Part IV, line 11		12	
14	Investments—program-related, See Part IV, line 11	8.48	13	
15	Intangible assets		14	
16	Other assets. See Part IV, line 11	2,140		2,1
17	Total assets. Add lines 1 through 15 (must equal line 33)	367,892		385,7
18	Accounts payable and accrued expenses .	0	-	300,7
19	Grants payable	0	-	
20	Deferred revenue .	14,525		7,9
21	Tax-exempt bond liabilities	0	-	1,0
22	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	_	
-	Loans and other payables to any current or former officer, director,	100 HE - 100 HE - 15	100	NO. TO A CONTROL OF THE PARTY O
	trustee, key employee, creator or founder, substantial contributor, or 35%	第八年 1987年		
23	controlled entity or family member of any of these persons	0	22	any controlled the transmitted of the transmitted o
24	Secured mortgages and notes payable to unrelated third parties	0	23	
25	Unscoured notes and loans payable to unrelated third parties	0	24	
	Other liabilities (including foderal income tax payables to related third			
	parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D			
26		219	25	13
20	Total liabilities. Add lines 17 threuch 25	14,744		
	Organizations that follow FASB ASO 958, check here ► X	ALL THE STATE OF T	ES AS	8,04
	and complete lines 27, 28, 32, and 33.	和 医生产性 自然		CARRY CONTRACTOR
27	Net assets without donor restoctions	247,207	27	270.04
28	Net assets with dopor restrictions.	105,941	28	278,64
	Organizations that the not follow FASB ASC 958, check here	58:3519000000000000000000000000000000000000	90000	99,11
	and complete incs 29 through 33		91	
29	Capital stocker trust principal, or current funds	0	29	ACTOR SET STATE STATE OF
JU	Paid-in or capital surpais, or land, building or equipment fund	0	30	
	retailiou earlings, endowment, accumulated income, or other funds	0	31	
~~	rotal fiet assets of fund balances	353,148	_	
33	Total liabilities and net assets/fund balances			377,75
		367,892	33	385,79 Form 990 (202

Pa	TAXI Reconciliation of Net Assets	13-3570850	Page 1
- 19	Check if Schedule O contains a second		rage 1
1	Check if Schedule O contains a response or note to any line in this Part XI		
2	Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part IX, column (A), line 25).	1	72,62
3	Total expenses (must equal Part IX, column (A), line 25)		48,02
4	Revenue less expenses. Subtract line 2 from line 1. Net assets or fund balances at beginning of year (must equal Deat V. 5. as.	-	24,60
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		353,14
6	Net unrealized gains (losses) on investments		000,14
7	Donated services and use of facilities		
8	Investment expenses 6 Prior period adjustments 7		
9	Prior period adjustments		
10	Net assets or fund balances at end of year Combine lines 3 though 0		
-	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32) t XII Financial Statements and Reporting		
Par	XII Financial Statements and Reporting		377,753
	Check if Schedule O contains a response or note to any line in this Part XII		_
	The state of the country line in this Part All		. [
1	Accounting method used to prepare the Form 990: X Cash Account		Yes No
	If the organization changed its method of accounting from a prior year as about 188	250	200
2a	The state of the s	10000	
	The state of the s	- 2a	X
	reviewed on a separate basis, consolidated basis, or both:		62 A
	Senarala hasia V a	1963	
b	Were the organization's financial statements with all		
	If "Yes," check a box below to indicate whether the financial statements for the year wore audited on a separate basis, consolidated basis, or both:	2b	X
	separate basis, consolidated basis, or both:		
	Special basis Ta		
c		1921	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
	If the organization changed either its oversight process of selection process during the tax year, explain on Schedule O.	. 2c	X
	Schedule O. Schedule O.	8132F	A. 1883
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1300.17	
b	If "Yes," did the organization undergo the require the required to the control of	. 3a	X
	required audit or audits, explain why on SchedulerO and describe any steps taken to undergo such audits		
	any steps taken to undergo such audits	3b	
		Form 9	990 (2021)
	Y/		
	. 01		
	.10		
	4/;		

Form 8949

Sales and Other Dispositions of Capital Assets

Go to www.lrs.gov/Form8949 for Instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

Attachment

Department of the Treasury Internal Revenue Service Name(x) shown on return

FRIENDS OF THE OLD CROTON AQUEDUCT

Social security number or taxpayer identification number

13-3570850

Before you check Box A, B, or C below, see whother you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or loss are generally short-term (see Part I instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	X	(A) Short-term transactions reported on Form(s)	1099-R showing basis was	reported to the IDO	
1		(B) Short-term transactions reported on Exem(s)	toos o showing basis was	reborded to the IK2	(see Note above

reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(Mo., day, yr.)	(c) Date sold or disposed of		(c) Cost or other basis. See the Note below	Adjustment, if a If you enter an a enter a cod See the separ	(h) Gain or (loss), Subtract column (e)	
(Example: 100 sh. XYZ Go.)		(Mo., day, yr.)		and see Column (c) in the separate Instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
2508 shs ISHS ESG	3/9/2021	6/21/2021	65,208	65,027			18
2 Totals, Add the amounts in columns (d)	, (c), (g), and (h) (su	btract					
negative amounts). Enter each total has Schedule (), line 1b (if Box A above is a above is checked), or line 3 (if Box C al	re and include on yo checked), line 2 (if E	ur	65,208	65.027		0	181

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2021)

Form 6251

Alternative Minimum Tax—Individuals

Go to www.irs.gov/Form6251 for Instructions and the latest Information.

OMB No. 1545-0074

Attachment Sequence No.

Department of the Treasury Internal Revenue Service (89) Namu(x) shown on Form 1040, 1040-SR, or 1040-NR

Attach to Form 1040, 1040-SR, or 1040-NR.

FRIENDS OF THE OLD CROTON AQUEDUCT

Your social security number

Pa	Alternative Minimum Taxable Income (See instruction 6.1		13-3570850	
1	Alternative Minimum Taxable Income (See instructions for how to complete each I Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero, if Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 as 1040-SR, line 15,	ine.)		
	is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR, line 15, here. (If less than zero, extended an extended and enter the result			
	here. (If less than zero, enter as a negative amount.). If filing Schedulc A (Form 1040), enter the transition Schedulc A (Form 1040), enter the transition Schedulc A (Form 1040).			
2a	If filing Schedulc A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from	1		
	The state of the s			
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2a		
C	Investment interest expense (difference between regular tax and AMT)	2b	(
d	Depletion (difference between regular tax and AMT) . Not operating loss deduction from Schedule 4 (Source 1040) if a control of the control	2c		
e	The state of the s	2d		
f	Alternative tax net operating loss deduction . Interest from specified private activity bonds execut from the	Ze		
9		2f	(
h	and the state of t	2g_		
i	The state of the s	2h		_
j	and basis (emount from Schedulo K-1 (Form 1041), how 12 code A)	21		
k	property (demonstrate between AM I and regular tax gain or local	21		_
1	of assets pieced in service after 1986 (difference between require the and same	2k		
m	- and require delivering occurrence occurrence of the company of t	21		_
n	and regular tax income or love)	2m		
0	week (unicidated between regular tax and AMT)	2n		
p	and regular tay income)	20		_
q		2p		_
r	and Experimental Costs (difference between raquiar lay and AMT)	2q 2r		_
1000	and the first contain installment sales octore January 1, 1987		1	-
t	managed and preliability .	25	1	
	out adjustments, including income-passed related adjustments	2t 3		
4	The state of the s	-		_
	and the second deel instructions.)	4		0
_	Automative minimum rax (AMT)	-		-
5	Exemption.	100000		_
	IF your filing status is AND line 4 is not over THEN enter on line 5			
	Single or head of household \$ 523,600 \$ 73,500			
	matried liting jointly of qualifying widow(er) 1,047,200			
	Married filing separately 523,600 57 and	5		
	If line 4 is over the amount shown above for your filing status, see Instructions			_
0	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter .O. here and on lines 7.0			
-	and it, and go to inc 10	6		0
	" you are ming Form 2555, see instructions for the amount to enter.	3695		-
	If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported	300		
	qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and	200		
	16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the	7		
	back and enter the amount from line 40 here.	能調		-
	All others: If line 6 is \$199,900 or less (\$99,950 or less if married filing separately), multiply			
	line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$3,998 (\$1,999 if married filing separately) from the result.			
8				
9	Alternative minimum tax foreign tax credit (see Instructions)	8		
10 /	Add Form 1040 or 1040 SP, line 16 (minus agustus for 15 agustus a	9		0
-	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2.		in the second	
1	Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978,	375		
	ine 14 (treated as a positive number). If zero or less, enter -0 If you used Schedule J to figure your tax on			
1	Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See	1		
		10		33
Eor Da	AMT. Subtract line 10 from line 9. If zero or less, enter -0 Enter here and on Schedulo 2 (Form 1040), line 1	11		0

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(x)(1) nonexampt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2021

Open to Public

OMB No. 1545-0047

	ne of the organization		ormssu for instructions	and the la	atest inforr		Inspection
FR	IENDS OF THE OLD CROTON A	QUEDUCT				Employer Identificati	
Pa	Reason for Public C	harity Statue (All	organizations must	complete	e this nor	13-3	3570850
1	organization is not a private four	ndation because it is:	(For lines 1 through 1	2, check o	nly one bo	x) See instruction:	S
2		area, or association	1 of churches describe	d in anati-	on 170(b)(1	1)(A)(i).	
3	coulon described It! secti	on 170(b)(1)(A)(ii), (Attach Schedule F /Fo	rm 0000 1			
4	— A nuspital or a cooperative	hospital service orga	nization described in a	ection 17	0(b)(1)(A)(III). §	
	hospital's name, city, and si	ation operated in cor late:	junction with a hospita	l describe	d in sectio	n 130(b)(4)(A)(lii). F	
5	An organization operated to section 170(b)(1)(A)(iv). (C						scribed in
6	An organization that	emment or governm	ental unit described in	section 1	70(H)(1)(A	A. A.	
7	described in section 170(b)	ly receives a substar (1)(A)(vi). (Complete	itial part of its support (from a gov	vernmental	unit or from the gen	eral public
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Pa	+ II \	1		
9	An agricultural research org or university or a non-land-g university	anization described i	n anding dyna trace.		ed in conju	inction with a land-g	rant college
10	X An organization that normali	v roceiver (4) many	the an along	-420	1		
	receipts from activities relate support from gross investme acquired by the organization	income and uprol	olad bushes to certain	CWEBBRIOL	15; and (2)	no more than 33 1/3	s, and gross 3% of its esses
11	An organization organized a	nd operated exclusive	mly to teet for publication	(Gomple	ete Part III.)	
12	of one or more publicly supp	nd operated exclusiv	ely for the penefit of, to	perform t	the function	ns of, or to carry out	the purposes in 509(a)(3).
а	Type I. A supporting orgal the supported organization	nization operated, su	pervised, or controlled	orung orga	anization a	ind complete lines 12	e, 12f, and 12g.
Ь	Type II. A supporting orga control or management of	nization supervised	controlled in connec				
с	Type III functionally Inter	grated A supporting	annimit and o,				Supported
d	Type III non-functionally that is not functionally inte	integrated. A suppo	rting organization oper	ated in co	nnection w	vith its supported org	
e	requirement (see instruction	ons) You must com	plete Part IV, Section:	s A and D	and Part	V.	entiveness
-	Check this box if the organ functionally integrated, or	HARRING LARCETVOA O W	rittaa datarrii aati ee te-	18 18 18 18 18 18 18 18 18 18 18 18 18 1	and the second	Type I, Type II, Type	e III
f	Enter the number of supports	porganizations	any intograted supporti	ng organiz	zation.		
g	Provide the following informati	on about the suppor	ted organization(s)				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	47		(described on lines 1–10 above (see instructions))	listed in you	ur governing mont?	support (see instructions)	other support (see Instructions)
A)				Yes	No		
3)							
-)							
0)							
E)							
otal			19672 VIII - WILLIAM 25 WAY WAY	down selection of	NAME AND DESCRIPTION OF THE PARTY OF THE PAR		

	art II Support Schedule for (DS (OF THE OLD CE	ROTON AQUEDU	JCT		13-35708	isn .
-	(Complete only if you cho	orga ecke	d the box on i	scribed in Sec	tions 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	D. P.
_	Part III. If the organization	n fai	ls to qualify ur	ider the teete li	cted below ale	organization fa	iled to qualify u	nder
Se	ection A. Public Support			1001 1110 (0313 11	sted below, pie	ase complete F	art III.)	
Ga	lendar year (or fiscal year beginning in)	-	(a) 2017	(b) 2018	(c) 2019	(4) 0000		
1	Gifts, grants, contributions, and			10,000	(6) 2018	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not							
	Include any "unusual grants.")	.						
2	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf							
3	The value of services or facilities	-					1	
	furnished by a governmental unit to the					0.4	las	
	organization without charge					-	1	
4	Total. Add lines 1 through 3		0	0	0			
5	The portion of total contributions by	9	No. of the last of		350000000000000000000000000000000000000	THE PARTY OF THE P	O Security and break and	-
	each person (other than a	13		3 A 3 S				
	governmental unit or publicly	100	5,35 334					
	supported organization) included on	9000						
	line 1 that exceeds 2% of the amount	25.00						
	shown on line 11, column (f) ,	. 0	A SALES					
6	Public support. Subtract line 5 from line 4	18	从第三教堂	A SEASON OF THE		A Stern Section	AND THE RESERVE OF	
26	ction B. Total Support					1	DANAGE STREET,	
Cane	endar year (or fiscal year beginning in)	-	(a) 2017	(b) 2018	(6) 2019	(d) 2020	(e) 2021	(6) Total
7	Amounts from line 4		0	8	0 0	0		(f) Total
8	Gross income from interest, dividends,			. 4	1000	0	0	
	payments received on securities loans,				10			
	rents, royalties, and income from similar sources .			V	*			
9	Net income from unrelated business	-		-				
	activities, whether or not the business is			Mary .				
	regularly carried on		4	6 9				
10	Other Income. Do not include gain or		-	1				
	loss from the sale of capital assets		P	1				
	(Explain in Part VI.)		4	0				
11	Total support. Add lines 7 through 10.	200	5000	SATISFIES TO SELECT	9050 AFF NEW YORK OF	MINE VARIABLE OF SALE	Pagarinton School School	
12	Gross receipts from related activities, etc.	(see	instructions)	AND DESCRIPTION OF THE PERSON	STORY WOOD STORY	CONTROL DESCRIPTION OF THE PERSON OF T	A CONTRACTOR OF THE PARTY OF TH	
13	First 5 years. If the Form 990 is for the o	ganiz	zation's first seco	nd third fourth or	fifth toy ware as a	Total Control	12	
	and allow and solv allo arob liel	A . All			mui tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Public S	ngo	officercentar	10				
14	Public support percentage for 2021 (line 6	colu	ma (f) divided by	line 11 column (D	0	T		
-	anno anti-hour benceutage trout 2020 209	edule	W. Part II line 14				14	0.00
W.	33 113 % Support test-2021 at thellorder	contro	on did not chack to	he hav an line 40			15	0.00
	and stop here. The organization qualities	68 a	publicly supported	d organization	and line 14 is 33 1/	3% of more, check	this box	
	33 1/3% support test—2020, Jothe organ	izatio	on did not check a	hay an line 12	10 15 15-			• • • • •
	box and stop here. Thorographization qual	fies a	as a publicly supp	orted ornanization	108, and line 15 IS	33 1/3% or more, o	heck this	
7a	10%-facts-and-circumstances rest—20	21 If	the organization	Sid and about a boo			ter treate	▶
	and an administration of the 1st	ts-an	id-circumstances	test. The organizat	tion qualifies as a p	ublicty supported		
D	10%-facts-and-circumstances test-20	20. If	the organization of	did not check a box	x on line 13, 16a, 1	6b, or 17a, and line		
	in Part VI how the organization meets the organization.	9000	ario-circumstance	s test. The organiz	ration qualifies as a	publicly supported		R. L. Friday
	Private foundation. If the organization dis	not	check a box on lin	e 13, 16a, 16b, 17	a, or 17b, check th	is box and sec		
	instructions							. [

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, ple

	endar year (or fiscal year beginning in)	(a) 2017	(h) 2040 T				
1	Gifts, grants, contributions, and membership fees	(4) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	received. (Do not include any "unusual grants.")	40,241	44 500				
2	Gross receipts from admissions, merchandles	40,241	41,522	45,754	44,568	62,429	234,5
	sold or services performed, or facilities furnished in any activity that is related to the				F 13 27 19 19		
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					1	
4	Tax revenues levied for the				4.5		
	organization's benefit and either paid to				-	and I	
	or expended on its behalf					b 8	
5	The value of services or facilities				-4		
	furnished by a governmental unit to the			4	10		
	organization without charge			-	9		
6	Total. Add lines 1 through 5	40,241	41,522	45,754	14.500		
7a	Amounts included on lines 1, 2, and 3		11,022	40,734	44,568	62,429	234,5
	received from disqualified persons	100		1			
	Amounts Included on lines 2 and 3						
	roceived from other than disqualified			The same of)		
	persons that exceed the greater of \$5,000			1 1 4			
	or 1% of the amount on line 13 for the year		4	18.0			
	Add lines 7a and 7b	0	40	0	0		
8	Public support (Subtract line 7c from	25 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			Edition of the State of the Sta	0	
0	line 6.)	张启动	16 17	Property of			
Seçi	tion B. Total Support	The second second	X		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	CENTRAL DESCRIPTION OF THE PERSON OF T	234,5
vallen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	40 T-1-1
	Amounts from line 6	40,241	41,522	45,754	44,568	62,429	(f) Total
	Gross income from interest, dividends,	4			11,000	02,428	234,5
	rayments received on socurities loans, rents,	9					
	royalties, and income from similar sources		•				
D 1	Unrelated business taxable income (less	1	•				
	section 511 taxes) from businesses	1					
- 1	acquired after June 30, 1975	()					
		0	0	0	0	0	
	Net income from unrelated business	1		16.11			
	ctivities not included on line 10b, whether	V.					
2 0	or not the business is regularly carried on						
2 1	Other income. Do not include gain or	,					
	oss from the sale of capital assets Explain in Part VI.)						
	otal support. (Add lines, 10c.						
	nd 12.)						
	nu 12.1	40,241	41,522	45,754	44,568	62,429	234,51
a			third fourth or 68	th tax year as a se	ction 501(c)(3)		201,01
4 F	irst 5 years. If the Form 990 is to the organiza	tion's first, second	coma, south, or mil				
4 F	irst 5 years. If the Form 990 is for the organization, check this box and stop here						
4 F	irst 5 years. If the Form 990 is to the organizar ganization, check this box and stop here on C. Computation of Public Suppo	rt Percentage					
4 F o ecti 5 P	irst 5 years. If the Formean is to the organizar ganization, check this box and stop here on C. Computation of Public Suppo- ublic support percentage for 2021 (line 8, column	rt Percentage in (f), divided by lir	ne 13, column (f)) .		1	15	100.009
4 F o ecti 5 P	irst 5 years. If the Form 990 is to the organizar ganization, check this box and stop here on C. Computation of Public Suppo- ublic support percentage for 2021 (line 8, column ublic support percentage from 2020 Schedule A	rt Percentage in (f), divided by lin	ne 13, column (f)) .		1		
4 F of ecti 5 P ecti	irst 5 years. If the Form 990 is for the organization, check this box and stop here. On C. Computation of Public Suppoublic support percentage for 2021 (line 8, columnabile support percentage from 2020 Schedule A on D. Computation of Investment In	nt Percentage in (f), divided by lin , Part III, line 15 come Percent	ne 13, column (f)) .			15	
4 F oriecti 5 P ecti 7 In	irst 5 years. If the Form 890 is for the organization, check this box and stop here on C. Computation of Public Suppo- ublic support percentage for 2021 (line 8, column ublic support percentage from 2020 Schedule A on D. Computation of Investment In vestment income percentage for 2021 (line 10c	rt Percentage in (f), divided by lin Part III, line 15 come Percent column (f), divide	ne 13, column (f)) .			15	100.009
4 F of oction Section Sectio	irst 5 years. If the Form 890 is for the organization, check this box and stop here on C. Computation of Public Suppo- ublic support percentage for 2021 (line 8, colum- ublic support percentage from 2020 Schedule A on D. Computation of Investment In- vestment income percentage from 2021 (line 10c) vestment income percentage from 2020 Schedule vestment income percentage from 2020 Schedule	rt Percentage in (f), divided by lin , Part III, line 15 come Percent , column (f), divide	tage	ın (f))		15	100.009
4 F octi 5 P 6 ecti 7 In 8 In	irst 5 years. If the Form 990 is for the organization, check this box and stop here. on C. Computation of Public Suppose ublic support percentage for 2021 (line 8, column ublic support percentage from 2020 Schedule Aton D. Computation of Investment Investment Income percentage for 2021 (line 10c vestment income percentage from 2020 Schedule 3 1/3% support tests—2021. If the organization	nt Percentage in (f), divided by lin Part III, line 15 come Percent column (f), divide ulc A, Part III, line in did not check the	tage d by line 13, column 17	in (f)).	1	15	0.009
a 4 F of section 5 P 8 P section 7 In 8 In 9a 3:	irst 5 years. If the Formean is for the organization, check this box and stop here. on C. Computation of Public Suppose ublic support percentage for 2021 (line 8, column ublic support percentage from 2020 Schedule Aton D. Computation of Investment Investment Income percentage from 2021 (line 100 vestment income percentage from 2020 Schedule 3 1/3% support tests—2021. If the organization of more than 33 1/3%, check this box and stop of the stop in the stop i	nt Percentage in (f), divided by lin part III, line 15 come Percent column (f), divide ulc A, Part III, line in did not check the	tage d by line 13, column 17.	on (f))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 16 17 18 18 19 19 19 19 19 19	0.009
a 4 F o iectii 5 P ectii 7 In 3 in 19a 3:	irst 5 years. If the Form 990 is for the organization, check this box and stop here. on C. Computation of Public Suppose ublic support percentage for 2021 (line 8, column ublic support percentage from 2020 Schedule Aton D. Computation of Investment Investment Income percentage for 2021 (line 10c vestment income percentage from 2020 Schedule 3 1/3% support tests—2021. If the organization	nt Percentage in (f), divided by lin in Part III, line 15 come Percent column (f), divide ulc A, Part III, line in did not check the here. The organiza	tage d by line 13, column 17. b box on line 14, ar	on (f))	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 16 17 18 19 19 19 19 19 19 19	0.009

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	Organizatio	ons
	100	A . Shows a simple print	7113

- 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.
- 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 surfaceted 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(d, (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when single ow 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 uso.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12s 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 yearts to the foreign supported organization? If "Yes," describe in Part VI how the organization read such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 decument 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, lean, 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 confributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a pan to a disqualified person (as defined in section 4958) not described on line 7?
- If "Yes," complete Part I of Schedule L (Form 990).

 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schodule C, Form 4720, to determine whether the organization had excess business holdings.)

		TY	'C:S	N
				No.
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1		100		護
10b	-		-	_

r a	Supporting Organizations (continued)	00	-	Page :
11	Has the organization accorded a 15	1000	Yes	No
a	Has the organization accepted a gift or contribution from any of the following persons?	ES HER	AT ALL	2000
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	1500	233	100
b	A family member of a person described on line 11a above?	11a		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11b		
		220	156	1
Sec	tion B. Type I Supporting Organizations	11c		
			Von	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of oge or	0433	168	NO
	The second state of the se		1	PAGE 1
	and the supported areas at all times during the tax year? If "No," describe in Part VI how the supported areas the supported a			
	and the constraint had made the angent selection and the constraint had made the constraint had been selected as the constraint had been s	1000		際
	", describe now the powers to appoint and/or remove officers directors or leveless with the	2.000		180
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the taxovear. Did the organization operate for the hopefit of any supported and the such powers during the taxovear.	1		
	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	188	N.S.	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	15,000		
	supervised, or controlled trie supporting organization	SER.		2393
Sec	tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	段指法	168	140
	or busices of each of the organization's supported organization(s)? If "Mo " Book and in Book Mit how and the			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sect	and supported organization(s).	1	-	
000	tion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			80
	organization's governing documents in effect on the dateth findification. In the extent not proviously security and	5350	300	SARRE
2	were any or the organization's officers, directors, officers either (i) appointed or elected by the currented	Negeci I	rivetra	SUPPLY
	organization(8) or (ii) serving on the governing body of Bellingorded organization? (fills if surface in December 1)			
	and organization maintained a close and continuous which relationship with the supported organization(s)	2	COLUMN	200204
3	by reason of the relationship described on line 2. above, did the organization's supported organizations have	\$ SE	27995	SOUR S
	a significant voice in the organization's investment policies and in direction the use of the occapitation's			
	income or assets at all times during the tax wear? If "Yes," describe in Part VI the role the organization's	100		
Sect	supported organizations played in this regard.	3		
1	ion E. Type III Functionally Integrated Supporting Organizations			
а	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction and satisfied the activities Test. Complete line 2 below.	uctions).	
b				
	The organization is the paperts 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	e Instructio	ins).	
2	Activities Test. Answer Ilnes 2a and 2b below.	_	Yes	Mo
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	3874	500	NO.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			150
	those supported organizations and explain how those activities directly furthered their exempt purposes			
	now the organization was responsive to those supported organizations, and how the organization determined			200
b	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			施設
	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.	2252	200	經濟
3	Parent of Supported Organizations. Answer lines 3a and 3b bolow.	2b	ALEXAND TO	200
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			ANTE DES
	trustoes of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3875	200	E835
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	District	Security 1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	ERC N	2003
	the contract of the contract o	1 20		

1 Check here if the organization satisfied the Integral Part Tost as a qualify Instructions. All other Type III non-functionally integrated supporting organization.	ying trust o ganizations	n Nov. 20, 1970 (explain in must complete Sections	n Part VI). See A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoverles of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses pald or incurred for production or collection of gross income or for management, conscrvation, or maintenance of property held for production of income (see instructions)	6	4	
7 Other expenses (see instructions)	7	1	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	1	(A) Prio 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):		J	
a Average monthly value of securities	1a		
b Average monthly cash balances	TB		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	ाव	0	C
e Discount claimed for blockage or other factors (explain in detail in Part VI):		表达的表面并	
2 Acquisition indebtedness applicable to non-exempt-use assets	2	Manual Control	The state of the s
3 Subtract line 2 from line 1d.	3	0	(
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	(
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	(
6 Multiply line 5 by 0.035.	6	0	(
7 Recoveries of prior-year distributions	7	0	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0	(
Section C - Distributable Amount		State of the Arman	Current Year
1 Adjusted net income for prior year (from Section A Re 8, column A)	1	San Strain Control	(
2 Enter 0.85 of line 1.	2 🖟	SECTION AND CHARLES	(
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3 8		(
4 Enter greater of line 2 or line 3.	4 8	STREET,	(
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).	e district	Carlotte Target	(

Schedule A (Form 990) 2021

	ection D - Distributions		100.1111000)	1
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that discuss the accomplish ex	Vormet name		Current Year
	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity	npt purposes of supporte	d 1	
	3 Administrative expenses paid to construct		2	
	Administrative expenses paid to accomplish exempt purpo Amounts paid to acquire exempt-use assets	ses of supported organiz	tations 3	
	5 Qualified set-aside amounts (prior IDC assets		4	
	Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instructions.	provide details in Part V	7) 5	
	7 Total annual distributions. Add lines 1 through 6.		6	
	8 Distributions to attentive supported expenses		6.7	
	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is respo	nsive	
	9 Distributable amount for 2021 from Section C, line 6		- Complete	
1	Line 8 amount divided by line 9 amount		9)	
	and a fill of the state of the		10	0.0
	Section E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions	(iii) Distributable
1	Distributable amount for 2021 from Section C, line 6	CONTROL STATES	Prg-2021	Amount for 2021
2	(reasonable cause required—explain in Part VI). See instructions.	A		
3	Excess distributions carryover, if any, to 2021		1	STATE OF THE PARTY.
8	1 From 2016.		A Charles Golden	
b		CONTRACTOR OF THE PARTY OF THE		
C	From 2018		William Control	ET WATER TO SEE
d	From 2019			A COLUMN
е	From 2020		A SECTION OF THE	对解析的产生
f	Total of miles on fill ordin 36		ROUGE COMPANY	the state of the state of
g	Applied to underdistributions of prior years	0		建设制建设
h	Applied to 2021 distributable amount	Control of the Contro	0 8	是 不是
- 1	Carryover from 2016 not applied (see instructions)	The same of the sa	Carlotte State of the	
1	Remainder, Subtract lines 3d, 3h, and 3i from line 4s		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
4	Distributions for 2021 from	0		Section of the second
_	Section D, line 7:			
9	Applied to underdistributions of prior years	ON BYSERY TO BARRIES	MOTOR VALUE REPORT OF	FIRST WARRIES AND
D	Applied to 2021 distributable amount	The state of the state of	0 8	2000年)在1980年1980
C	Remainder. Subtract lines 4a and 4b from line.	0.0	CONTROL OF THE PROPERTY OF	CANCEL CONTRACTOR OF THE PARTY
5	Remaining underdistributions for waars prior to 2021 if	A CONTRACTOR OF THE PERSON NAMED IN		CONTRACTOR OF THE PARTY OF THE
	ally. Subtract lines 3g and 4a from the 2 Por socials			
-	greater than zero, explain in Part VI Sacinstructions			
,	Remaining underdistributions (% 2024) Cubbook Forces	SACON TO THE PARTY	0 90	2000年1月1日
	and 40 from line 1. For result breater than zero avolvia	THE ALL AND ASSESSED.		
_	"I Fart VI. See Instructions."			
	Excess distributions carry over to 2022. Add lines 3j		SANTON STATE OF THE PARTY OF THE	0
21	and 4c,	0		September 1
-	Breakdown of line 7	SECRETARIAN SECRET		
a	Excess from 2017	CONTROL TO SERVICE SERVICE	STATE OF STATE OF STATE OF	
b	Excess from 2018	C. C	AVI-E IN COLUMN TO THE REAL PROPERTY.	
C	Excess from 2019			
d	Excess from 2020	3) (1) (1) (1) (1) (1)		
е	Excess from 2021	THE PERSON NAMED IN COLUMN TWO	CONTRACTOR OF THE PARTY OF	

Schedule A (Fo	mm 990) 2021 FRIENDS OF THE OLD CROTON AQUEDUCT 13-3570850 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer Identification number

2024

Department of the Treasury Internal Revenue Service

Name of the organization

FRIENDS OF THE OLD CROTON AQUEDUCT

Attach to Form 990 or Form 990-PF.

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

2021

13-3570850 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 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 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 1,0(b)(1)(A)(vi), that checked Schedule A (Form 990), 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, as 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 lear, 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 explusively 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 Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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

to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021) Name of organization Employer Identification number FRIENDS OF THE OLD CROTON AQUEDUCT 13-3570850 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Sandra and Sheldon Mallah Person 12 Hastings Landing Payroll Hastings on Hudson NY 5,000 Noncash Foreign State or Province: Foreign Country: Complete Part II for gcash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 Esmond Nissim Fdn Person 116 Kraft Ave Payroll Bronxville NY Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (d) No. Name, address, and ZIP + 4 tal contributions Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + Total contributions Type of contribution Person Payroll Noncash Foreign State or Province: (Complete Part II for Foreign Country: noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for Foreign Count noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person

\$

Foreign State or Province:

Foreign Country:

Payroll

Noncash

(Complete Part II for

noncash contributions.)

Name of organization

FRIENDS OF THE OLD CROTON AQUEDUCT

Employer Identification number 13-3570850

Fartil	Noncash Property (see Instructions). Use duplicate	copies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- ss	1
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		, 0	
(a) No. from Part I	(b) Description of noncash property given	(c) EMV (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	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	4	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

Name of organization Employer Identification number FRIENDS OF THE OLD CROTON AQUEDUCT 13-3570850 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (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 information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (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 For Prov. Country (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how glft is held Part I Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferoe For. Prov. Country (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift address, and ZIP + 4 Relationship of transferor to transferee Country (a) No. from (b) F arpose 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 For. Prov. Country

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Open to Public

Employer Identification number FRIENDS OF THE OLD CROTON AQUEDUCT 13-3570850 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . . . 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant during can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements hold by the organization (check all that apply) Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7925/06, and not on a historic structure listed in the National Register. Number of conservation casements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year > Number of states where property subject to conservation pasement is located 5 Does the organization have a written policy regalding the periodic monitoring, Inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, aspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Completed the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to those items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Assets included in Form 990, Part X .

	dule D (Form 990) 2021 FRIENDS OF THE OLD	CROTON AGUEDU	CT				2000000		
Pai	Using the organization's acquisition, access	ections of Art. His	tor	ical Transus		13-3	570850		Page 2
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	is, c	theck any of the	followi	ng that make signific	ant use of	its	
a	Public exhibition	d		Loan or excha	nna nr	Annum .			
b	Scholarly research		Ħ	Other	rige pri	/graiii			
C	Proservation for future generations			Otrici					7774
4	Provide a description of the organization's of XIII.	collections and explain	n ho	ow they further t	he orga	nization's exempt pu	irpose in P	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive donations	of a	rt historical Ira		ar all and a		_	,
Par	t IV Escrow and Custodial Arrangen	nonte	Jart	or the organiza	tion's c	ollection?	Y	'es _	No
	Complete if the organization answ 990, Part X, line 21.	ered "Yes" on Forr	n 9	90, Part IV, Iir	ne 9, o	r reported an amo	unt on Fo	rm	
1a	Is the organization an agent, trustee, custoo	tian or other intermed	tiary	for contribution	ns or ot	her assets not			
	included on Form 990, Part X7,						. Пу	es T	No
Ь	If "Yes," explain the arrangement in Part XII	and complete the fo	llow	ving table:	1	11.			,
-	Besissing bottom				1	1	Amount		
d	Beginning balance					1c		2020	0
e	Additions during the year					1d			
f	Ending balance			(N	1e			
2a					-)	1f		- Process	0
b	Did the organization include an amount on I	Offin 990, Part X, line	: 21	, for esgrow a	custodia	al account liability?	L Y	es X	No
Part	If "Yes," explain the arrangement in Part XII V Endowment Funds.	. Check nore if the es	xpla	nation has bee	n provio	fed on Part XIII			
ran			*	1					
_	Complete if the organization answ			40		. 1			
1a	Beginning of year balance	O O	1	(c) 1v	vo years !		ack (e) F	our years	a back
b	Contributions	0	Sec.	-		0			-
C	Net investment earnings, gains,	,000	-						
	and losses	. 6 1							
d	Grants or scholarships , .	-							
e	Other exponditures for facilities	00						-	
11/200	and programs	10							
f	Administrative expenses	-							
a	End of year balance	0		0		0	0		0
2	Provide the estimated percentage of the cor		e (lin	ne 1g, column (a)) held	las:			
a b	Board designated or quasi-endowment Permanent endowment	%							
c	Term endowment	%							
-	The percentages on lines 2a, 2b, and 2a sho	and count 10000							
3a	Are there endowment funds not in the posse		tion	that are held a	nd adm	inlatered for the			
	organization by:	-solon or the organiza	ancre!	mer are mend a	nu aun	irristered for the		Yes	No
	(i) Unrelated organizations						. 3a(i)	res	INO
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(th, are the related organiz	ations listed as requi	red	on Schedule R'	,		3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wm	ent funds.					
Part								727/	
	Complete if the organization answer	ered "Yes" on Form	1 99	00, Part IV, lin	e 11a.	See Form 990, Pa	rt X, line	10.	
	Description of property	(*) Cost or other basis (it/vestment)		(b) Cost or other to (other)	neis	(c) Accumulated depreciation	(d) B	ook value	а
1a	Land	, and a	0	fearers	0 8			- 1-	0
b	Buildings		0		0	CONTRACTOR CONTRACTOR		-	0
C	Leasehold improvements		0		0	0			0
d	Equipment		0		0	0			0
e	Other		0		0	0			0
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	-	column (R) line		•			0

Part VII Investments—Other Secur	rities.	13-3570850 Page 3
Complete if the organization	answered "Yes" on Form 990, Part I	V, line 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	0	Cret or end-di-year market value
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B) (C)		
(D)		
(E)		1
(F)		- Lord
(G)		
(H)		1
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 12.). ▶ 0	
Part VIII Investments—Program Re	lated.	110
Complete if the organization	answered "Yes" on Form 990, Part I	V, line 11c. See Form 990, Part X, line 13.
(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end of-year market value
(1)		Cool of this di-year market value
(2)		A
(3)		
(4)	0 4	
(5)	111	
_(6)	1.00	
(7)		
(8)		
Total. (Column (b) must equal Form 990, Part X, col. ((B) line 13.) . • 0	
Part IX Other Assets.	P	
Complete if the organization	answered "Yes" only orm 990, Part IV	/, line 11d. See Form 990, Part X, line 15.
(1)	A	(b) Book value
(2)	40	
(3)		Maria de la companya del la companya de la companya
(4)	()	
(5)		
(6)		
(7)	V	
(9)		
Total. (Column (b) must equal Form 930, Par	t X col. (B) line 15.)	0
Part X Other Liabilities.		
Complete if the organization	answered "Yes" on Form 990, Part IV	/, line 11e or 11f. See Form 990, Part X,
line 25.		
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		0
(2) Sales Tax Payable (3)		130
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Pari		▶ 130
 Liability for uncertain tax positions. In Part XIII, propagation's liability for uncertain tax positions. 	provide the text of the feetnote to the organiza	tion's financial statements that reports the
organization's liability for uncertain tax positions un	INGERTAGE AGE 740. Check here if the text of	
		Schoolule D (Form 999) 2024

1	ule D (Form 990) 2021 FRIENDS OF THE OLD CROTON AQUEDUCT	12 2570050	20000
Par	Reconciliation of Revenue per Audited Financial Statements With Pevenue per I	13-3570850 Return	Page 4
-	Complete if the organization answered "Yes" on Form 990 Part IV line 12a	totarri.	
1 2	lotal revenue, gains, and other support per audited financial statements	1	
a	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2000	
b	The street gains (100000) un investinents.		
c	Donated services and use of facilities		
d	Recoveries of prior year grants		
	Other (Describe in Part XIII.)	2000	
3	Add lines 2a through 2d	2e	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	0
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	A LISSES	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	Ac	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	8	0
Part	Reconciliation of Expenses per Audited Financial Statements With Financial	r Return	- 0
	Complete if the organization answered "Yes" on Form 990, Part IV life 12a.	riotarii.	
1	lotal expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	JAN 200	
a	Donated services and use of facilities	10.00	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	HATE AND ADDRESS OF THE PARTY O	
3	Add lines 2a through 2d .	2e	0
4	Subtract line 2e from line 1	3	0
a	Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 75.	1999	
b	Other (Departs in Det VIII)		
c	Add lines 4a and 4b.	100000	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	0
Part	XIII Supplemental Information.	5	0
Provid	de the descriptions required for Part II, lines 3, 5, and 9, Bart III, lines 1a and 4: Part IV, lines 1b and 2b; P.	art V, line 4; Part)	C, line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
	X V		

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Schedule D (Form 990) 2021	FRIENDS OF THE OLD CROTON AQUEDUCT	13-3570850	
Part XIII Supplem	nental Information (continued)	13-30/0050	Page 5
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SCHEDULE O (Form 990)

Department of the Trocoury internal Revenue Service Name of the organization

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

IENDS OF THE OLD CROTON AQUEDUCT	13-3570850
rm 990, Part I, Section 1, Line 1: This represents our operations for 2021	
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Schedule () (Form 990) 2021 Name of the organization	Employer identification number
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