** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2021 calendar year, or tax year beginning	and ending		
	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	CRESCENT COVE			
	Name change	Doing business as		27-10355	15
	Initial return Final return/	Number and street (or P.0. box if mail is not delivered to street address) 4201 58TH AVENUE N.	Room/sui	te E Telephone numbe 952-426-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	l e	G Gross receipts \$	3,119,281.
	Amende return			H(a) Is this a group r	
	Applica tion	F Name and address of principal officer: GEOFF KAUFMANN		for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates i	
ī	Tax-exe	mpt status: $\boxed{\mathbf{X}}$ 501(c)(3) 501(c) () \blacktriangleleft (insert no.) 4947(a	ı)(1) or 5	27 If "No," attach a	list. See instructions
		E: ► WWW.CRESCENTCOVE.ORG		H(c) Group exemption	n number
<u>K</u>	Form of o	organization: X Corporation Trust Association Other	L Ye	ar of formation: 2009 i	M State of legal domicile; MN
P		Summary			
4	, 1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{CR}}$			
Governance		SUPPORT TO CHILDREN AND YOUNG ADULTS WI			
r 2	2	Check this box if the organization discontinued its operations or di	sposed of mo		
Š	3 1			3	12
		lumber of independent voting members of the governing body (Part VI, line 1			11
Activities &	5 5 ⊺	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			42
	6 ⊺	otal number of volunteers (estimate if necessary)			165
Ϋ́	[7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	l b l	let unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
		Sandributions and sweets (Doub VIII line 41s)		Prior Year 1,236,615.	Current Year 1,777,416.
٩	8 (Contributions and grants (Part VIII, line 1h)		630,648.	515,141.
Revenue	9 F	Program service revenue (Part VIII, line 2g)		-49,080.	165,489.
ď	10	ovestment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,635.	54,846.
	1			1,853,818.	2,512,892.
_		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45 0	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		1,338,250.	1,469,558.
Fynenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
9	В в т	otal fundraising expenses (Part IX, column (D), line 25) > 236		<u> </u>	
Ĭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		417,397.	539,345.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,755,647.	2,008,903.
	1	Revenue less expenses. Subtract line 18 from line 12		98,171.	503,989.
or	S	·		Beginning of Current Year	End of Year
sets	텔 20 T	otal assets (Part X, line 16)		5,895,235.	6,185,591.
ASS	ਸ਼ੁੱ 21 ⊺	otal liabilities (Part X, line 26)		1,760,594.	1,409,098.
Net Assets or	∄ 22 №	let assets or fund balances. Subtract line 21 from line 20		4,134,641.	4,776,493.
	art II	Signature Block			
	-	ies of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
true	e, correct	and complete. Declaration of preparer (other than officer) is based on all information	of which prepar	er has any knowledge.	
		PUBLIC DISCLOSURE COF	γ	Data	
Sig	1	• • • • • • • • • • • • • • • • • • • •		Date	
He	re	RAENELL DORN, TREASURER Type or print name and title			
		7 31 4 1		Date Check	PTIN
D - '		Print/Type preparer's name Preparer's signature		14	
Pai		IEAL EVERT NEAL EVERT	T III D	06/28/22 self-emplo	
	· -	Firm's name CARPENTER, EVERT & ASSOCIATES,	, LTD.	Firm's EIN ▶	41-1534805
US	e Only	Firm's address > 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435		Phone no. (9	52) 831-0085
N 4 -	w the ID			Phone no. (9	
IVI	ıy tne iK	S discuss this return with the preparer shown above? See instructions			X Yes No

Forn	n 990 (2021) CRESCENT COVE	27-1035515	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	CRESCENT COVE OFFERS CARE AND SUPPORT TO CHILDREN AND YO	דואם אחווו.דים	
	WITH A SHORTENED LIFE EXPECTANCY, AND THEIR FAMILIES WHO		
	WITH A SHORTEMED LIFE EXPECTANCE, AND THEIR PARTITIES WHO	LOVE THEM.	
	·		
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		ad
		s, trie total expenses, a	IU
_	revenue, if any, for each program service reported.	E10	710
4a			719.
	FAMILY SUPPORT - IN 2021, CRESCENT COVE INCREASED THE NU		
	FAMILIES SUPPORTED FROM 195 IN 2019 TO 251 IN 2020 TO 29		
	CHILDREN AND FAMILIES WERE SERVED FOR RESPITE OR END-OF-	LIFE CARE OV	ER
	575 NIGHTS IN 2021. FOLLOWING RECEIPT OF A REFERRAL AND	COMPLETING	
	ENROLLMENT PAPERWORK, FAMILIES WHO HAVE CHILDREN WITH LI		NG
	CONDITIONS RECEIVE SUPPORT BY BRINGING THEIR CHILD AND/O		
	SHORT STAY AT CRESCENT COVE'S HOSPICE AND RESPITE HOME I		
	A NECESSARY BREAK FROM THE DEMANDING 24/7 CARES FOR THEIR		
	SACRED AND SUPPORTIVE PLACE TO BE WHEN A CHILD IS DYING.		VE
	HAS REGISTERED NURSES AND CERTIFIED NURSING ASSISTANTS C.	ARING FOR	
	CHILDREN 24/7 WITH SUPPORT FROM A SOCIAL WORKER, MEDICAL	DIRECTOR AN	D
	DIRECTOR OF NURSING AND OPERATIONS. IN 2021, A CHILD LIF	E SPECIALIST	
4b	(Code:) (Expenses \$ including grants of \$) (Reven		
	, , , , , ,		
4c	(Code:) (Expenses \$	ue \$	
A -1	Other pregram continue (Decembe on Cab - 1-1- O.)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 -	Total program service expenses ▶ 1,577,141.		

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		77	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ـِـر	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u>X</u>	_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

Form 990 (2021) CRESCENT COVE
Part IV Checklist of Required Schedules (continued)

	- (sortimass)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X
38		38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021) CRESCENT COVE
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 42			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		$\stackrel{\wedge}{=}$
17	If "Yes," complete Form 4720, Schedule O. 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?	17		
	If "Yes," complete Form 6069.			

Form 990 (2021) CRESCENT COVE 27-1035515 Page 6

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

						X
Sec	tion A. Governing Body and Management				•	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	2		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	l by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	_
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
_	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	0-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, ar	nd finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	THE ORGANIZATION - 952-426-4711 4201 58TH AVENUE N. BROOKLYN CENTER MN 55429					
	4201 58TH AVENUE N. BROOKLYN CENTER MN 55429					

Form 990 (2021) CRESCENT COVE 27-1035515 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KATIE LINDENFELSER	32.00	.								
EXECUTIVE DIR.		Х		Х				79,129.	0.	0
(2) ALICIA BAME-ANDERSON	5.00	.,							,	•
SECRETARY	F 00	Х		Х		_		0.	0.	0
(3) BILL HICKEY	5.00	. ,							0	_
DIRECTOR (4) BRIAN OSBERG	5.00	Х						0.	0.	0
DIRECTOR	3.00	Х						0.	0.	0
(5) DARREN BECKSTRAND	5.00	^						0.	0.	U
DIRECTOR	3.00	х						0.	0.	0
(6) ERIC CURRY	5.00	-25						•	•	
DIRECTOR	3100	Х						0.	0.	0
(7) GEOFF KAUFMANN	5.00									
CHAIR		Х		Х				0.	0.	0
(8) JENNIFER THIENES	5.00									
DIRECTOR		Х						0.	0.	0
(9) KEITH MOELLER	5.00									
DIRECTOR		Х						0.	0.	0
(10) MARGRETTE NEWHOUSE	5.00									
DIRECTOR		Х						0.	0.	0
(11) RAENELL DORN	5.00	1							_	
TREASURER		Х		Х				0.	0.	0
(12) RICH FORSCHLER	5.00	ļ								
DIRECTOR		Х				_		0.	0.	0
		-								
	-	1								
						\vdash				
		1								
		1								
		1								

Form **990** (2021)

Form 990 (2021) CRESCENT COVE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) 27-1035515 Page **8**

(A) Name and title	(B) Average hours per	(do	not cl	((Pos heck	C) ition		one	(D) Reportable compensation	(E) Reportable compensation			(F) timate	
	week (list any hours for related organizations below line)	tee or director				Highest compensated sharp semployee	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)		comp fro orga and	other pensate om the anizati I relate nizatio	tion e on ed
										4			
										\dashv			
										+			
										+			
1b Subtotal								79,129.		0.			0.
c Total from continuation sheets to Part VI							>	79,129.		0.			0.
 Total number of individuals (including but n compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
3 Did the organization list any former officer,												Yes	No
 line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$150 	ım of reportabl	е со	mpe	ensa	tion	and	oth		ne organization		3		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ			5		X
Section B. Independent Contractors 1 Complete this table for your five highest co									100,000 of compe	nsati	on fro	m	
the organization. Report compensation for (A) Name and business					ith c	or wi	thin	the organization's tax y (B) Description of s			(C) nsatior	
Ivalle and busiless	address	MC	ONE	<u> </u>				Description of s	el vices		лпрег	isatioi	
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	zation >				()					-orm C	990 (c	2021\

132008 12-09-21

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Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response or no	ote to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1d 1e 1,44	1,515. 5,901.				
ont nd (_	Noncash contributions included in lines 1a-1f		1,777,416.			
O a	n	Total. Add lines 1a-1f	siness Code	1,///,410.			
Program Service Revenue	2 a b	PROGRAM SERVICE FEES	siness code	515,141.	515,141.		
n S	С						
<i>Jrar</i> Rev	d						
rog	е						
ъ		All other program service revenue		515,141.			
	<u>g</u> 3	Total. Add lines 2a-2f		313,141.			
	3	other similar amounts)	I	42,746.			42,746.
	4	Income from investment of tax-exempt bond proce		12,7100			12,7100
	5	Royalties					
	Ŭ) Personal				
	6 a		,				
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		· '	(ii) Other				
		assets other than inventory 7a 670,414.	()				
	b	Less: cost or other basis					
e		and sales expenses 75 5 4 7 . 6 7 1 .					
enr	С	Gain or (loss) 7c 122,743.					
Revenue	d	Net gain or (loss)		122,743.			122,743.
Other	8 a	Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See	0 006				
			8,986. 8,718.				
		Less: direct expenses	0,710.	50,268.			50,268.
		Gross income from gaming activities. See		30,200.			30,200
	Эа	Part IV, line 199a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			siness Code				
sno	11 a	MISCELLANEOUS		4,578.	4,578.		
Miscellaneous Revenue	b						
eve	С						
Aisc	d	All other revenue					
	е	Total. Add lines 11a-11d		4,578.			
	12	Total revenue. See instructions	▶	2,512,892.	519,719.	0.	215,757.

Form 990 (2021) CRESCENT COVE Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	l) organizations must complet	e all columns. All other organiz	ations must complete column (A).

	Check if Schedule O contains a response t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	79,128.	66,895.	6,100.	6,133
	Compensation not included above to disqualified	,===	00,000	0,200	0,200
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,250,253.	1,036,882.	69,210.	144,161
	Pension plan accruals and contributions (include	,,	, ,	,	,
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	140,177.	111,731.	12,999.	15,447
	ees for services (nonemployees):	•	,	,	•
	Management				
	.egal				
	Accounting				
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
_	olumn (A), amount, list line 11g expenses on Sch O.)	158,404.	79,182.	54,661.	24,561
	Advertising and promotion	40,453.	79,182. 24,723.	6,811.	24,561 8,919
	Office expenses	17,842.	14,654.	2,773.	415
	nformation technology	40,094.	23,378.	1,735.	14,981
	Royalties	·	,	·	•
	Decupancy	40,481.	36,433.	3,238.	810
	ravel	488.	189.	·	299
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,704.	1,667.	1,010.	27
	nterest	44,837.	40,353.	3,587.	897
1 F	Payments to affiliates		-		
	Depreciation, depletion, and amortization	73,553.	66,198.	5,884.	1,471
	nsurance	60,621.	54,559.	4,850.	1,471 1,212
4 0	Other expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
	mount, list line 24e expenses on Schedule 0.)				
	BANK AND CREDIT CARD FE	25,957.	100.	20,450.	5,407
ьΞ	FAMILY SUPPORT EXPENSES	16,749.	16,749.		
c I	PRINTING AND COPYING	10,843.	1,933.	391.	8,519
d E	POSTAGE	4,238.	223.	1,020.	2,995
_	All other expenses	2,081.	1,292.	584.	205
	otal functional expenses. Add lines 1 through 24e	2,008,903.	1,577,141.	195,303.	236,459
	oint costs. Complete this line only if the organization	-	-		•
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
_	theck here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2021) Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	388,412.	1	440,304		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		207,989.	3	171,675	
	4	Accounts receivable, net			4	27,070	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
g	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			23,014.	9	35,821
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,390,698.	2 1 2 2 5 5 2		
	b				2,122,570. 3,085,222.	10c	2,187,094 3,265,741
	11	Investments - publicly traded securities	3,085,222.		3,265,741		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		0 5 6 1	13	0.055	
	14	Intangible assets	9,561.	14	8,257		
	15	Other assets. See Part IV, line 11	58,467.	15	49,629		
4	16	Total assets. Add lines 1 through 15 (must equ		1	5,895,235.	16	6,185,591
	17	Accounts payable and accrued expenses	191,834.	17	58,718		
	18	Grants payable	02 060	18	110 200		
	19	Deferred revenue			83,060.	19	110,380
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S C	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs				00	
Liabillities	00	controlled entity or family member of any of the			1,485,700.	22	1,240,000
	23	Secured mortgages and notes payable to unrela			1,403,700.	23	1,240,000
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-	· 1		25	
	26	of Schedule D Total liabilities. Add lines 17 through 25			1,760,594.	25 26	1,409,098
+	20	Organizations that follow FASB ASC 958, che	ock hore	X	1,700,334.	20	1,400,000
2		and complete lines 27, 28, 32, and 33.	ok nere				
Š	27				4,055,084.	27	4.626.393
) als	28		79,557.	28	4,626,393 150,100		
<u> </u>		Organizations that do not follow FASB ASC 9		ck here	,		
בַּ		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds				29	
ers	30	Paid-in or capital surplus, or land, building, or ed				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32			or other funds	4,134,641.	32	4,776,493
	33				5,895,235.	33	6,185,591
					-,,	-55	Form 990 (20)

Pa	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		2,51			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,00	<u>8,9</u>	<u>03.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			89.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	4,13			
5	Net unrealized gains (losses) on investments	5	13	7,8	63.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,77	6,4	93 <u>.</u>	
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	c 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?		2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?		3a		<u> X</u>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization CRESCENT COVE 27-1035515 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	1789989.	1369367.	913,121.	940,296.	1200200.	6212973.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	150000	106006	212 121	242 225	100000	6040000
4	Total. Add lines 1 through 3	1789989.	1369367.	913,121.	940,296.	1200200.	6212973.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						E10 C1C
	column (f)						719,616.
	Public support. Subtract line 5 from line 4.						5493357.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017 1789989.	(b) 2018 1369367.	(c) 2019 913,121.	(d) 2020 940, 296.	(e) 2021 1200200.	(f) Total 6212973.
	Amounts from line 4	1/09909.	1309307.	913,141.	940,290.	1200200.	0212973.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,902.	19,729.	71,369.	45,863.	42,746.	182,609.
	and income from similar sources	4,904.	13,743.	11,303.	45,003.	42,740.	102,009.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.)						6395582.
	Gross receipts from related activities,	oto (ooo inotruotio	.no)			12	0333302.
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			
10	organization, check this box and stop	_		•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	85.89 %
	Public support percentage from 2020					15	78.94 %
	33 1/3% support test - 2021. If the c					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation		·	ightharpoons
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances te		•	-	•		▶ □
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets th	ne facts-and-circum	stances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an Estilate	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Schedule A (Form 990) 2021

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	01		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	- Fh		
	5b 5c		
	00		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	- 3		
	10a		
	10b A (Forn	~ 000°	0001
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Pa	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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.	11c		
Sec	tion B. Type I Supporting Organizations	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	INO
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		Щ
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	n <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Par	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Secti	ion D - Distributions		•	•	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

2021.04000 CRESCENT COVE

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

CRESCENT COVE

Employer identification number

27-1035515

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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 foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.						
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990)							

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

27-1035515

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

Page 3

Name of organization Employer identification number

CRESCENT COVE

27-1035515

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	21	\$	Schedule B (Form 990) (20

Page 4

Name of organization **Employer identification number** CRESCENT COVE 27-1035515 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

27-1035515 CRESCENT COVE

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	oture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	vation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial state	ments that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for publ	,	•
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	d balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			'
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	cial gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2021

	t III Organizations Maintaining Co		, Historical Tre	asures, o	r Other			Continu	
3	Using the organization's acquisition, accession							COntine	<u>100)</u>
•	collection items (check all that apply):	.,	,	onormig and		9			
а	Public exhibition	d	I oan or exc	hange progra	am				
b	Scholarly research	e		nango progre					
c	Preservation for future generations	Č							
4	Provide a description of the organization's coll	lections and explain	how they further th	ne organizatio	n's exem	ant nurnas	se in Part	XIII	
5	During the year, did the organization solicit or						oc iiii ait	/XIII.	
Ū	to be sold to raise funds rather than to be mail							Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								140
	reported an amount on Form 990, Part		to it the organization	ii anowerea	100 011	1 01111 000	, 1 aic iv,		
	Is the organization an agent, trustee, custodial	n or other intermedia	ary for contributions	s or other ass	sets not i	ncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							00	
_			oming talono.					Amount	
С	Beginning balance					1c			
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on For							Yes	No
	If "Yes," explain the arrangement in Part XIII. C					•		_	
	t V Endowment Funds. Complete if								
	osmpiete ii	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
12	Beginning of year balance	25,100.	25,100.	 ` ' ' ' ' ' ' ' ' ' ' ' 	0,100.	(-,	5,000.	(-,	/
b	Contributions	25,000.			5,000.		5,100.		5,000.
	Net investment earnings, gains, and losses				,		-,		
٦	g , g ,								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	50,100.	25,100.	21	5,100.		10,100.		5,000.
g	End of year balance		· · · · · · · · · · · · · · · · · · ·		5,100.		10,100.		<u> </u>
2	Provide the estimated percentage of the curre	nt year end balance		neid as:					
a	Board designated or quasi-endowment	0/	_%						
b	Permanent endowment ► Term endowment ► %	%							
С	· · · · · · · · · · · · · · · · · · ·	-							
0-	The percentages on lines 2a, 2b, and 2c shoul	•					4:		
Sa	Are there endowment funds not in the possess	sion of the organizat	lion that are neid ar	ia administer	ed for the	e organiza	шоп	Γ,	Yes No
	by:								X
	(i) Unrelated organizations							3a(i)	X
L	(ii) Related organizations	one listed as require	nd on Cobodulo D2					3a(ii)	— —
	Describe in Part XIII the intended uses of the c							3b	
4 Par	t VI Land, Buildings, and Equipme		vment iunas.						
	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X	line 10			
	<u> </u>	1						(al) Dools	
	Description of property	(a) Cost or ot basis (investm	` '	or other (other)		ccumulate oreciation	ea	(d) Book	value
	Lored	 		0,000.	uc _i	or colation		300	,000.
	Land			3,362.	1	L61,80	15		,557.
b	Buildings			8,359.		18,92			,438.
C	Leasehold improvements			8,977.		22,87			, 438.
d	Equipment			0,311.		44,0	, , , ,	40	,099.
	Other			0 1				2 1 2 7	7,094.
ıota	. Add lines 1a through 1e. (Column (d) must eq	uai Form 990.Part 🕽	K. column (B). line 1	UC.)				4,10 /	, 0) 4 •

Schedule D (Form 990) 2021

Schedule D	(Form 990) 2021	CRESCENT CO	VE	2'	7-1035515 _{Page} 3
Part VII					
				11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category	y (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
. ,					
	held equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D) (E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, P	Part X. col. (B) line 12.) ▶			
Part VIII	Investments - Pr	ogram Related.			
	Complete if the organ	ization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of inv	vestment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	b) must equal Form 990, P Other Assets.	Part X, col. (B) line 13.)			
I dit ix		ization answered "Yes"	on Form 990 Part IV line	11d. See Form 990, Part X, line 15.	
	- Complete il tile organi		Description	174. 200 1 3111 200, 1 411 7, 1110 10.	(b) Book value
(1)		.,			(,,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form	n 990, Part X, col. (B) line	e 15.))	<u> </u>
Part X	Other Liabilities.				_
			on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
<u>1.</u>		cription of liability			(b) Book value
	eral income taxes				
(2)					
(3)					
<u>(4)</u>					
(5)					+
<u>(6)</u> (7)					
(8)					+
(9)					+
	mn (h) must soud Econ	1 990 Part Y cal (P) line	25.)		•
•	•		,	the organization's financial statements	that reports the

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 137,864. 48,991. Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 48,991. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE GOAL IS TO HAVE AN ENDOWMENT FUND THAT SUPPORTS THE ORGANIZATION'S OPERATING COSTS.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

CRESCEN					27-1035			
Part I Fundraising Activities required to complete this par	 Complete if the organization answrt. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	e X Solicita f Solicita g X Specia or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursu	ation of ation of al fundra I (includ professi	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes			
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)								
HOLISTIC GRANTS - 5017		Yes	No					
PORTLAND AVE, MINNEAPOLIS, MN	GRANTWRITER		Х	487,000.	21,850.	465,150.		
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	▶ utions	487,000. or has been notified	21,850. it is exempt from re	465,150. gistration		
or licensing.								

132081 10-21-21

Schedule G (Form 990) 2021

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

SEE PART IV FOR CONTINUATIONS

27-1035515 Page 2 CRESCENT COVE Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through GALA col. (c)) (event type) (event type) (total number) 440,501. 440,501. Gross receipts 331,515. 2 Less: Contributions 331,515. 108,986. 108,986. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 58,718. 58,718 Other direct expenses 58,718 **10** Direct expense summary. Add lines 4 through 9 in column (d) 50,268 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 CRESCENT COVE	27-1035515 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity form	ed
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and in	
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue	? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	e amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name ▶	
Address >	
16 Gaming manager information:	
Name ▶	
Name P	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
•	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	
organization's own exempt activities during the tax year \$\infty\$	pent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) at	nd (v): and Part III, lines 9, 9b, 10b.
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUND	DATCEDC.
SCREDULE G, PART I, DINE 2B, DIST OF TEN HIGHEST PAID FUND	MAISERS:
(I) NAME OF FUNDRAISER: HOLISTIC GRANTS	
(I) ADDRESS OF FUNDRAISER: 5017 PORTLAND AVE, MINNEAPOLIS,	MN 55417



SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

CRESCENT COVE

Employer identification number 27-1035515

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EXPECTANCY, AND THEIR FAMILIES WHO LOVE THEM.

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

WAS ALSO ADDED TO THE CLINICAL TEAM. CRESCENT COVE REMAINED OPEN DURING BUT DID HAVE FEWER CLINICAL STAFF MEMBERS AND THE PANDEMIC IN 2021, CHILDREN STAYING IN EARLY 2021. WHILE SUPPORT SERVICES LIKE MUSIC MASSAGE THERAPY, COUNSELING AND SPIRITUAL CARE ARE TYPICALLY PROVIDED IN-PERSON, FROM JANUARY - MARCH, THESE WERE EITHER NOT OFFERED OR OFFERED ON A VIRTUAL BASIS TO ASSIST WITH REDUCING STRESS, ANXIETY AND PAIN. IN APRIL, 2021, THESE THERAPIES RESUMED IN-PERSON AND WITH HIGH PRECAUTIONS AND CARE. CRESCENT COVE HOSTED A BACK TO SCHOOL GATHERING FOR CRESCENT COVE FAMILIES AND A MEMORIAL EVENT IN SEPTEMBER AT CRESCENT COVE FOR BEREAVED FAMILIES. BOTH EVENTS WERE HIGHLY 2021, OUTDOOR PLAYSPACE WAS COMPLETE FOR CHILDREN IN JUNE, ATTENDED. AND FAMILIES TO ENJOY WHILE AT CRESCENT COVE.

ADVOCACY & EDUCATION - A LARGE PART OF CRESCENT COVE'S EFFORT TOWARDS

ACHIEVING OUR MISSION IS TO RAISE AWARENESS ABOUT THE NEED FOR

ADDITIONAL SUPPORT FOR CHILDREN AND YOUNG ADULTS WITH A SHORTENED LIFE

EXPECTANCY AND THEIR FAMILIES AS WELL AS THE SUPPORT PROVIDED AT A

RESIDENTIAL CHILDREN'S HOSPICE AND RESPITE CARE HOME IN MINNESOTA.

CRESCENT COVE HOSTED ITS ANNUAL PEDIATRIC PALLIATIVE CARE SYMPOSIUM ON

A VIRTUAL BASIS IN 2021 WITH LOCAL, NATIONAL AND INTERNATIONAL

PARTICIPATION. ADVOCACY WORK WAS ALSO CONDUCTED BY SHARING OUR MISSION

BOTH VIRTUAL AND IN-PERSON WITH COMMUNITY GROUPS SUCH AS NAIOP, ROTARY

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** 27-1035515 CRESCENT COVE CLUBS, LIONS CLUBS, OPTIMISTS CLUBS, ETC. IN 2021, OUR ADVOCACY EFFORTS INVOLVED FURTHER DEVELOPING A PLAN AND VISITING WITH THE DEPT. OF HUMAN SERVICES TO INQUIRE ABOUT ROOM AND BOARD FEES FOR CHILDREN RECEIVING END-OF-LIFE CARE AT CRESCENT COVE. THIS IS A CRITICAL STEP TOWARDS BUILDING A SUSTAINABLE MODEL TO SERVE CHILDREN AND FAMILIES INTO THE FUTURE. FORM 990, PART VI, SECTION B, LINE 11B: LINE 11B EXPLANATION -BOD WILL REVIEW A DRAFT OF THE 990 AT A BOD MEETING PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOD, EXEC. COMMITTEE & FINANCE COMMITTEE OVERSEE THE FINANCIALS AND HIRED ACCOUNTANT. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION STUDIES ARE REVIEWED REGULARLY BY THE BOARD OF DIRECTORS AND USED AS A GUIDE FOR DETERMINING APPROPRIATE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-1035515

CRESCENT COV	7E				2'	7-10355	15	
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	I	ets Direct control entity		9
CRESCENT COVE LLC								
3440 BELT LINE BLVD, #207	HOLDING COMPANY FOR LAND,							
ST. LOUIS PARK, MN 55416	BUILDING AND RELATED DEBT	MINNESOTA			CR	RESCENT COV	/E	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nizations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, k	pecause it had one	or more rel	lated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct of	(f) ect controlling entity		g) 512(b)(13) rolled :ity?
				501(c)(3))			Yes	No
For Paperwork Reduction Act Notice, see the Instruc	etions for Form 990.	<u> </u>	I	I	<u> </u>	Schedule R (Form 99	90) 2021

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash		
-												
										\vdash		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-									
-									

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/			1a					
					1b					
С	c Gift, grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)				1d					
	Loans or loan guarantees by related organization(s)				1e					
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)				1g					
h	Purchase of assets from related organization(s)				1h					
i	Exchange of assets with related organization(s)				1i					
j	Lease of facilities, equipment, or other assets to related organization(s)				1j					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k					
I Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 									
р	Reimbursement paid to related organization(s) for expenses				1p					
q	Reimbursement paid by related organization(s) for expenses				1q					
r	Other transfer of cash or property to related organization(s)				1r					
	Other transfer of cash or property from related organization(s)				1s					
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b)	(c)	(d)						
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount inv	olved					
		type (a-s)								
(1)										
(2)										
رم،										
(3)										
(4)										
(4)										
<i>(</i> =\										
(5)										
(e)										
(6)	44 47 04	<u> </u>		Schedule	D (Form (200) 2024				
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership