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ARMANINO^{LLP}

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FEMA-4683-DR-CALIFORNIA SEVERE WINTER STORMS Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

	-		•	•
	Go to www.irs.gov/Form990 fo	r instructions and	the latest inform	nation.



AF	or th	e 2021 calendar year, or tax year beginning MAY 1, 2021 and e	ending AI	PR 30, 2022	
B C a	heck if pplicab	e: C Name of organization		D Employer identific	cation number
	Addre	Je WEINGART CENTER ASSOCIATION			
	Name Chang	pe Doing business as	95-6054617		
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Final	J 566 SAN PEDRO STREET		(213) 627-90	00
	termi ated	J		G Gross receipts \$	30,483,874.
	Amer	HOS ANGELLES, CA 90013		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: SENATOR REVIN MORRAL, REI		for subordinates	? Yes 🗴 No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		te: > WWW.WEINGART.ORG		H(c) Group exemption	n number 🕨
		f organization: 🕱 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year (of formation: 1984	State of legal domicile: CA
Pa	rt I	Summary			
¢	1	Briefly describe the organization's mission or most significant activities:	BAT POVER	TY AND	
anc		HOMELESSNESS BY DELIVERING INNOVATIVE SOLUTIONS.			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	I	
Š	3				17
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)		17	
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		347	
ivit	6	Total number of volunteers (estimate if necessary)	6	17	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
	_			Prior Year 16,931,505.	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)	10,931,303.	25,382,024.	
Revenue	9	Program service revenue (Part VIII, line 2g)		50,570.	2,287,324. 134,152.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,865,811.	2,053,233.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,847,886.	29,856,733.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		988,997.	2,649,961.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	2,049,901.
		Benefits paid to or for members (Part IX, column (A), line 4)		10,551,982.	7,948,664.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . Professional fundraising fees (Part IX, column (A), line 11e)		0.	,,540,004.
en:				••	••
Ä		Total fundraising expenses (Part IX, column (D), line 25) 4,511,6 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,095,979.	14,027,751.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18,636,958.	24,626,376.
	19	Revenue less expenses. Subtract line 18 from line 12	210,928.	5,230,357.	
or	19			ginning of Current Year	End of Year
ets o	20	Total assets (Part X, line 16)		33,365,091.	41,010,221.
t Assets - d Balanc	20 21			8,953,014.	11,389,249.
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		24,412,077.	29,620,972.
Pa	rt II	Signature Block		,, , , , , , , , ,	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer									
Here	SENATOR KEVIN MURRAY, RETIRED,									
	Type or print name and title	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	KATY BROWN 10/16/23									
Preparer	rer Firm's name ARMANINO LLP Firm's EIN > 94-									
Use Only	Only Firm's address 🔊 11766 WILSHIRE BLVD 9TH FLOOR									
	LOS ANGELES, CA 90025 Phone no.310-478-4148									
May the II	May the IRS discuss this return with the preparer shown above? See instructions									
				- 000 (*****)						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

		F	orm 990 (202
4e	Total program service expenses 14,564,791.		000
т и	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program convises (Describe on Schedule Q.)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	REINTEGRATE INTO THE COMMUNITY.		
	TO ASSIST THE CLIENTS STABILIZE THEIR LIVES, SECURE INCOME AND		
	PROGRAM DESIGNS INCORPORATE RESIDENTIAL SERVICES, RECREATIONAL ACTIVITIES, SPECIALIZED REFERRALS AND OTHER SUPPORT SERVICES CALCULATED		
	ANNUALLY TO MEET THE INDIVIDUALIZED NEEDS OF HOMELESS MEN AND WOMEN.		
	PRINCIPAL RESIDENTIAL SERVICE PROGRAMS, WHICH PROVIDE OVER 600 BEDS		
	CYCLE OF HOMELESSNESS. THE WEINGART CENTER ASSOCIATION MAINTAINS 16		
	SPECTRUM OF SUPPORT SERVICES TO HELP HOMELESS MEN AND WOMEN BREAK THE		
	SHORT TERM AND TRANSITIONAL RESIDENTIAL PROGRAMS LINKED TO A BROAD		
	RESIDENTIAL SERVICES: WCA, A PRIVATE NON-PROFIT, 501(C)(3) CALIFORNIA CORPORATION, HAS OVER THIRTY YEARS OF EXPERIENCE PROVIDING QUALITY		
4a	(Code:) (Expenses \$14,564,791. including grants of \$2,649,961.) (Revenue	\$	3,199,602.
	revenue, if any, for each program service reported.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	If "Yes," describe these changes on Schedule O.		
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
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
	OF HOMELESSNESS.		
	THE WEINGART CENTER ASSOCIATION EMPOWERS AND TRANSFORMS LIVES BY DELIVERING INNOVATIVE SOLUTIONS TO COMBAT POVERTY AND BREAK THE CYCLE		
1	Briefly describe the organization's mission:		
	Check if Schedule O contains a response or note to any line in this Part III		X

Form 990 (2021)

Part IV Checklist of Required Schedules

WEINGART CENTER ASSOCIATION

95-6054617 Page 3

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	hedule D, Part III			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, VII, VII, 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		х	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	А	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d	х	
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
<u></u>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, if "Vea" approaches Schedule L. Darte Land II.	04		x
120000	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	990	 (2021)
102003	3 12-09-21	1 000		(ຕິບຕິເ)

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Form	aan	(2021)
FOUL	990	(2021)

WEINGART CENTER ASSOCIATION

Yes Nu 2 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 J, Parts I and III 22 X 20 Did the organization answer Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization answer Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization face at ac-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule J. 23 X 24 24 24 X 24 24 X 24 24 X 24 X 24 24 X 24 24 X 25 24 24 X 25 24 X 25 24 X 24 24 X	Par	t IV Checklist of Required Schedules (continued)				<u>.go</u>
Part N, column (A), Ime 27, If 'Yes,' complete Schedule / Parts 1 and III 22 X 23 Did the organization answer 'Yes' to Part VIII, Section A, Ime 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 24 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than S100,000 as of the Issteed after December 31, 2002? If 'Yes,' answer lines 24b through 24t and complete Schedule J 24a X 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 26 Did the organization invest any proceeds of tax exempt bonds outstanding at my time during the year' 24c 24a X 28 Section 50(4), 301(6)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year' If 'Yes,' complete Schedule L, Part I 25a X 29 Did the organization acta as an 'on bahal of 'issue for bonds outstanding at my time during the year'. 24d 2					Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 6, about compensation of the organization's current and former officer, director, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule J. 241 Did the organization mave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 at 000 at	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
 23 Did the organization answer "Yes" to Part VII. Section A. Jine 3. 4, or 5. about compensation of the organization scurent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 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 22 th trough 22 da all complete Schedule K. If 'No.', "go to line 25a. 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d Did the organization music tas an 'on behalf of' lissuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations on the year of the section sign of parts and maxer that it engaged in an excess benefit transaction space in a proxy set, and that the transaction has not been reported on any of these person? If 'Yes,' complete Schedule L, Part I. 25b Zi Did the organization provid a grant or thar assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If 'Yes,' complete Schedule L, Part II. 26a Xi Si Schedule L, Part I. 27a X and the organization provide thereof of animity member of any individual deschedule or granization schedules, and exceptions? 27a Vis, 'complete Schedule L, Part I. 28a Xi Si Schedule L, Part I. 29a Xi Did the organization necesive more than \$25,000 in non-cash co		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22	х	
Schedule J 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a 24a X 24b Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24a X 25b Did the organization meant as an "on behaft of" issuer for bonds outstanding at any time during the year? 24d 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ("receivables from or payables to any current or tome officer, director, trustee, key employee, creator or fourmer officer, director, trustee, key employee, creator or former of ficer, director, trustee, key employee, creator or former officer, director, trustee, key employee, creator or foruder, substantial c	23					
24 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 24 b through 24d and complete Schedule K. If 'No,'' go to line 25a. 24a 24a 2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 2 bit the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b 2 bit the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? 24d 24d 2 bit the organization avait at it engaged in a excess benefit transaction with a disqualified person during the year? 24d 25a X 2 bit the organization avare that it engaged in a excess benefit transaction with a disqualified person during the year? 1 'Yes,' complete Schedule L, Part I 25a X 2 bit the organization avare thin the response I'' 'Yes,' complete Schedule L, Part I 25b X 2 bit the organization expont any amount on Part X, line 5 or 22, tor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 25b X 2 bit the organization report any amount on the ray of these persons? I' 'Yes,' complete Schedule L, Part II 26b X 2 bit the organization report any or finamember of any of		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				1
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 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>				30		х
Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part 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 within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O And provide explanations on Schedule O for Part VI, lines 11b and 19? 37				31		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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> 34 <i>X</i> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				1
 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 		Schedule N, Part II		32		Х
 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> <i>Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				1
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 within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X				33		X
 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>						1
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 37 X 38 X X X X		,				
 within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O 			ſ	358	A	
 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	b		-	25h		x
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X	36			330		
 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>				36		х
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>						
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Image: Note: All Form 990 filers are required to complete Schedule O 38 X				37		х
	38					
Part V Statements Degarding Other IDS Filings and Tax Compliance				38	х	
	Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V		Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>		
			r		Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24						
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			-			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	С		ing		y	
(gambling) winnings to prize winners? 1c X 132004 12-09-21 Form 990 (202	130004					2021

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		(2021) WEINGART CENTER ASSOCIATION 95-605461	.7	Р	age 5			
Par	נע	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
				Yes	No			
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
		for the calendar year ending with or within the year covered by this return 2a 347	-					
b		least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note	e: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			x			
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?							
b	lf "Y	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<u>3b</u>		<u> </u>			
4a		ny time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	finar	ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	lf "Y	es," enter the name of the foreign country 🕨						
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
		the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5</u> a		X			
		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	lf "Y	es" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>			
6a		s 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	lf "Y	es," did the organization include with every solicitation an express statement that such contributions or gifts						
	were	e not tax deductible?	6b					
7	Orga	anizations that may receive deductible contributions under section 170(c).						
а	Did t	he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х				
b	lf "Y	es," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
с	Did	the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to fil	e Form 8282?	7c		X			
d	lf "Y	es," indicate the number of Forms 8282 filed during the year 7d						
е	Did	the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	spor	nsoring organization have excess business holdings at any time during the year?	8					
9	Spo	nsoring organizations maintaining donor advised funds.						
а	Did	the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did 1	the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Sec	tion 501(c)(7) organizations. Enter:						
а	Initia	ation fees and capital contributions included on Part VIII, line 12 10a	1					
b	Gros	ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1					
11	Sec	tion 501(c)(12) organizations. Enter:						
а	Gros	ss income from members or shareholders	1					
b	Gros	ss income from other sources. (Do not net amounts due or paid to other sources against						
	amo	unts due or received from them.)						
12a	Sec	tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	lf "Y	es," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Sec	tion 501(c)(29) qualified nonprofit health insurance issuers.						
а	ls th	e organization licensed to issue qualified health plans in more than one state?	13a					
	Note	e: See the instructions for additional information the organization must report on Schedule O.						
b	Ente	er the amount of reserves the organization is required to maintain by the states in which the						
		anization is licensed to issue qualified health plans						
с	Ente	er the amount of reserves on hand						
14a		the organization receive any payments for indoor tanning services during the tax year?	14a		x			
b	lf "Y	es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 			
15	ls th	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	exce	ess parachute payment(s) during the year?	15		X			
	lf "Y	es," see the instructions and file Form 4720, Schedule N.						
16	ls th	e organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x			
	lf "Y	es," complete Form 4720, Schedule O.						
17	Sec	tion 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activ	vities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	lf "Y	es," complete Form 6069.						
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Form	990 (2021) WEINGART CENTER ASSOCIATION		95-60540	517	Р	age 6			
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b	below, and for	a "No"	respon	se			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See insti	ructions.		,				
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	ion 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	7					
	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	.7					
2									
	officer, director, trustee, or key employee?			2		x			
3									
			•	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 99					x			
5	Did the organization become aware during the year of a significant diversion of the organization's asse					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 app								
	more members of the governing body?			7a		х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto								
	persons other than the governing body?			7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?			8a	х				
	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 reac	hed at th	e						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х			
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Co	de.)						
					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 cha	pters, af	filiates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before fi	ling the form?	11a	X				
	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	Х				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," desc	ribe						
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approval	by indep	endent						
	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				
40	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 arrangem			10		x			
	taxable entity during the year?			16a					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	cipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi			404					
Sec	exempt status with respect to such arrangements?			16b					
	List the states with which a copy of this Form 990 is required to be filed CA								
17 10			a action 501(a)(2		ovoilol				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply.	u 990-1 (ns orny)	avalidi				
	Own website X Another's website X Upon request Other (explain	on Cobe							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			nd finan	cial				
19	statements available to the public during the tax year.		norest policy, al	iu iii afi	oidi				
20	State the name, address, and telephone number of the person who possesses the organization's bool	is and ro	cords						
20	State the name, address, and telephone number of the person who possesses the organization's book SENATOR KEVIN MURRAY, RETIRED - (213) 689-2184								
	566 SOUTH SAN PEDRO ST, LOS ANGELES, CA 90013								
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Form 990 (2	2021) WEINGART CENTER ASSOCIATION	95-6054617	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated							
	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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unles	ss pe	rson i	is botł	n an	compensation	compensation	amount of
	week		cer an	dad	Irecto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	nstitutional trustee	_	Key employee	st col	5	1000 1120/		organizations
	line)	Indivi	Institu	Officer	Key el	Highest compensated employee	Former			5
(1) SENATOR KEVIN MURRAY, RETIRED	40.00									
PRESIDENT & CEO	2.00			х				408,026.	0.	24,162.
(2) TONJA BOYKIN	40.00									
<u> </u>						X		250,660.	0.	11,320.
(3) BEN ROSEN	40.00									
SR. DIR. REAL ESTATE						X		177,643.	0.	13,553.
(4) YVETTE MERRITT	40.00									
VP HUMAN RESOURCES						X		134,618.	0.	11,095.
(5) JOSE NAJERA	40.00									
DIR OF COMPLIANCE						X		124,049.	0.	13,738.
(6) JOSE FAUSTINA	40.00									
DIR OF FACILITIES						X		125,913.	0.	2,125.
(7) WARREN LOUI	2.00									
CHAIR		Х		Х				0.	0.	0.
(8) ANTONIO MANNING	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) SEAN MONROE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(10) DAVE JONES	1.00									
TREASURER	1.00	Х		Х				0.	0.	0.
(11) ALFRED A. PLAMANN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BARBARA ALLEN-WATKINS	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CHRISTINE P. BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) GILLIAN WAGNER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) GREGORY B. KOLTUN	1.00									
DIRECTOR		х						0.	0.	0.
(16) JEFFREY M. SMALL	1.00									
DIRECTOR		Х						0.	0.	0.
(17) JONATHAN KAYE	1.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2021)

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Form 990 (2021) WEINGART CENTER ASSOCIATION 95-60546									5461	7	Р	age 8	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	Desition						(D)	(E)		_	(F)		
Name and title					more	than o		Reportable Reportable compensation compensati		n		stimate nount	
	week			ss per nd a d				from	from related		a	other	
	(list any	ctor						the	organizations		com	pensa	
	hours for	r director				ted		organization	(W-2/1099-MIS	C/	fi	om th	e
	related	stee o	trustee			oensa.		(W-2/1099-MISC/	1099-NEC)	ľ		anizat	
	organizations below	Individual trustee or	onal t		ƙey employee	ee comp		1099-NEC)				d relat	
	related each of the second sec										orga	anizati	ions
(18) KRISTEN I. HEMENEZ 1.00 1.00													
DIRECTOR		х						0.		Ο.			٥.
(19) LYNDSAY HARDING	1.00												
DIRECTOR		х						0.		Ο.			0.
(20) MIKE TUSING	1.00												
DIRECTOR		х						0.		Ο.			0.
(21) NATSUO KAWADA	1.00												
DIRECTOR		Х						0.		0.			0.
(22) RICHARD SIMITIAN	1.00									ľ			
DIRECTOR		Х						0.		0.			0.
(23) SCOTT LANGE	1.00												
DIRECTOR		х						0.		0.			0.
										ľ			
1b Subtotal								1,220,909.		0.	0. 75,993.		993.
c Total from continuation sheets to Part VI								0.		0.	0. 0.		٥.
d Total (add lines 1b and 1c)								1,220,909.		0.		75,	993.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													8
												Yes	No
3 Did the organization list any former officer,	,	,				·	0		,		-		
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su	=							-	-			v	
and related organizations greater than \$150	,		•								4	X	
5 Did any person listed on line 1a receive or a					-			-		ľ	5		x
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	blete Schedule	<u> </u>	or si	icn į	oers	on .					5		
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensa	tion fro	om	
the organization. Report compensation for t										onou			
(A)	,			5				(B)			(0	C)	
Name and business	address							Description of s	ervices	С		nsatio	n
GARDAWORLD													
P.O. BOX 843886, KANSAS CITY, MO 6418	34							SECURITY SERVICES			5	,331,	529.
CHRYSALIS													
522 S MAIN STREET, LOS ANGELES, CA 90013						HOUSEKEEPING SERVI	CES		2	,183,	501.		
FEEDFOLKS	4.05												
1434 W COLORADO BLVD, PASADENA, CA 91							_	MEAL SERVICES			1	,325,	415.
CRIMSON IT, 633 W. 5TH STREET, SUITE	010,											3 .0 ⊑	561
LOS ANGELES, CA 91189 ARAMARK UNIFORM SERVICES							-	IT SERVICES				525,	564.
P.O. BOX 101179, PASADENA, CA 90505								UNIFORM AND LINEN	PROVIDER			288	105.
2 Total number of independent contractors (ir	icludina but n	ot lin	niter	to	thos	e lis	-					,	
\$100,000 of compensation from the organiz	•			-		5							
												aan /	0001

132008 12-09-21

Form **990** (2021)

10111016 701245 136840.1

ar	t VI							_
		Check if Schedule O contains	a response o	or note to any line		(D)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
nts nts		Federated campaigns	1a					3000013 0 12
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
õ		Fundraising events		141,000.				
ΓA		Related organizations		,				
nila		Government grants (contributions)		24,190,821.				
Si		All other contributions, gifts, grants, ar						
her	-	similar amounts not included above		1,050,203.				
ō	ç	Noncash contributions included in lines 1a-1f	1g \$	4,928.				
anc	h	Total. Add lines 1a-1f		►	25,382,024.			
				Business Code				
	2 a	DEVELOPER FEES		541511	2,287,324.	2,287,324.		
0	b)						
nu	c	;						
Revenue	с	i						
ш	e							
	f	All other program service revenue						
$ \rightarrow $	g	Total. Add lines 2a-2f		►	2,287,324.			
	3	Investment income (including divid	dends, intere	st, and				
		other similar amounts)		►	134,152.			134,1
	4	Income from investment of tax-exe	• •	· · · · ·				
	5	Royalties						
			(i) Real	(ii) Personal				
			,316,432.					
		Less: rental expenses	404,154.					
		Rental income or (loss)	912,278.					
		· · · · ·	<u> </u>		912,278.	912,278.		
	7 a		Securities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		I Net gain or (loss)		▶				
	8 9	Gross income from fundraising events including \$ 141,000	·					
		contributions reported on line 1c).						
		Part IV, line 18		613,827.				
	h	Less: direct expenses		222,987.				
		Net income or (loss) from fundrais	····· <u> </u>	, · ·	390,840.			390,8
		Gross income from gaming activiti	-		,			
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming		▶				
		Gross sales of inventory, less return						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales of		>				
T				Business Code				
Ð	11 a	INSURANCE PROCEEDS		900099	478,623.			478,6
Shue	b	EHAP LOAN AMORTIZATION		900099	156,552.			156,5
eve	c	VOA MEALS		900099	109,819.			109,8
Revenue	c	All other revenue		900099	5,121.			5,1
		• Total. Add lines 11a-11d			750,115.			
	12	Total revenue. See instructions			29,856,733.	3,199,602.	0.	1,275,1

10111016 701245 136840.1

9

WEINGART CENTER ASSOCIATION

95-6054617 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 2,649,961 2,649,961 individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 818,972. trustees, and key employees 818,972. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,492,164. 4,993,207. 401,126. 97,831. Other salaries and wages 7 8 Pension plan accruals and contributions (include 75,242. 17,808 section 401(k) and 403(b) employer contributions) 94,524 1,474. 1,163,191 956,427, 188,025 18,739. 9 Other employee benefits 379,813 302,334 71,555 5,924. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 452,519 452,519 b Legal 230,934, 230,934 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 5,012,694 2,910,468 31,617 2,070,609. column (A), amount, list line 11g expenses on Sch 0.) 44,250 7,559 25,385 11,306. Advertising and promotion 12 772,506. 141,312 44,211. 958,029 13 Office expenses _____ 218,663 6,101. 212,562 14 Information technology Royalties 15 5,298,045 716,288. 2,338,227. 2,243,530. 16 Occupancy 28,170, 11,003 46,017 6,844. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 17,874, 17,874 20 Interest Payments to affiliates 21 943,960 690,671 253,289 22 Depreciation, depletion, and amortization 299,551 248,071 51,480 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) PROPERTY TAX 114,011, 66,978, 47,033 а DUES-PROFESSIONAL ORG 100,078 88,104 11,974 b FEES, AND PERMITS 49,656. 49,656, DUES С TRAINING AND PERSONNEL 13,358. 6,504 20,564. 702 d 220,906 171,076 39,346 10,484. All other expenses е 4,511,654. 24,626,376 14,564,791 5,549,931 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

132010 12-09-21

10 2021.06010 WEINGART CENTER ASSOCIATI 136840.1

Form 990 (2021)

Form 990 (WE:
Part X	Ba	lance Sheet	

SINGART CENTER ASSOCIATION

1				(A)		(B)
				Beginning of year		End of year
2	Cash - non-interest-bearing	1,399,751.	1	1,864,228.		
~	Savings and temporary cash investments			268,606.	2	1,270,089.
3	Pledges and grants receivable, net	622,278.	3	269,000.		
4	Accounts receivable, net			3,375,230.	4	7,295,760.
	Loans and other receivables from any current					
	trustee, key employee, creator or founder, sub					
	controlled entity or family member of any of th		5			
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describe	ed in section	1 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8					8	
				607,044.	9	733,424
			Γ			
		10a	30,013,137.			
b			19,775,119.	10,857,750.	10c	10,238,018.
11					11	12,073,585.
		3,897,994.		3,241,117.		
				i		
	•	4,025,000.		4,025,000		
				41,010,221		
						5,746,685
				,		
	—					
			National da D			
			·····			
					22	
9 3		-		4 450 000.		4,450,000.
	00 19					684,235.
					27	
20						
		5 17-24). 00		664 881.	25	508,329.
26				· · ·		11,389,249.
20				•,•••,•••,••••	20	,000,,0
97				23 854 450	27	29,063,345.
					557,627.	
20					20	
		550, CHECK				
20		_			20	
				24 112 077		29,620,972.
						41,010,221.
	8 9 10a b	 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must eq 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete 22 Loans and other payables to any current or for trustee, key employee, creator or founder, subcontrolled entity or family member of any of the 23 Secured mortgages and notes payable to unrelate 25 Other liabilities (including federal income tax, p parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch and complete lines 27, 28, 32, and 33. 27 Net assets with donor restrictions 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current fund: 30 Paid-in or capital surplus, or land, building, or e 31 Total net assets or fund balances 	 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b Less: accumulated depreciation 10c 10b 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of St 22 Loans and other payables to any current or former officer, trustee, key employee, creator or founder, substantial cont controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third part 24 Unsecured notes and loans payable to unrelated third part 25 Other liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 28 Net assets with donor restrictions 29 Capital stock or trust principal, or current funds 20 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment for 30 Paid-in or capital surplus, or land, building, or equipment for 31 Accound palaences 	 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,013,137. 10b 19,775,119. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 11 Investments - program-related. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 27 Net assets without donor restrictions 28 Organizations that follow FASB ASC 958, check here 29 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 	8 Inventories for sale or use 607,044. 9 Prepaid expenses and deferred charges 607,044. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,013,137. b Less: accumulated depreciation 10b 19,775,119. 10,857,750. 11 Investments - publicly traded securities 8,311,438. 3,897,994. 12 Investments - program-related. See Part IV, line 11 3,897,994. 33,365,091. 14 Intagible assets 4,025,000. 33,365,091. 15 Other assets. See Part IV, line 11 4,025,000. 33,365,091. 16 Total assets. Add lines 1 through 15 (must equal line 33) 33,365,091. 33,365,091. 19 Deferred revenue 2,386,733. 2,386,733. 11 Escrow or custodial account liability. Complete Part IV of Schedule D 2 2 12 Lacans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 4,450,000. 23 Secured mortgages and notes payable to unrelated third parties 1,451,400. 664,881. 25	8 Inventories for sale or use 8 9 Prepaid expenses and defered charges 607,044. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,013,137. b Less: accumulated depreciation 10a 30,013,137. 10,857,750. 10c 11 Investments - other securities. Securities. Securities Securities. Securities Securities. Securities. See Part IV, line 11 3,897,994. 12 13 Investments - other securities. See Part IV, line 11 3,897,994. 12 14 Intangible assets. 4,025,000. 15 15 Other assets. Add lines 1 through 15 (must equal line 33) 33,365,091. 16 17 Accounts payable and accrued expenses 2,386,733. 17 16 Tata assets. Add lines 1 through 15 (must equal line 33) 33,365,091. 16 18 Grants payable 19 20 21 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Cans and other payables to any current of former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons

Form 990 (2021)

132011 12-09-21

Form	1990 (2021) WEINGART CENTER ASSOCIATION	95-605461	7	Pa	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,	856,	733.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,	626,	376.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,	230,	357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,	412,	077.
5	Net unrealized gains (losses) on investments	5	-	380,	593.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-45,	023.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		404,	154.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	29,	620,	972.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
		ſ		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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	, , , , , , , , , , , , , , , , , , ,		2b	Х	
	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:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			1
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			v	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	L

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2021
Open to Public

	Inspection
Employer	identification number

Name	of the	organization	
------	--------	--------------	--

Nan	ne of t	he organization	DE CENEED ACCOC	таштом				Employer	of costs and the second s			
Do	rt I	Reason for Public (RT CENTER ASSOC		omplata th	via nant \ C	an instruction		95-6054617			
							ee instruction	5.				
	organ	ization is not a private found			•	-						
1		A church, convention of ch				n 170(b)(1	I)(A)(I).					
2		A school described in sect										
3		A hospital or a cooperative					•					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for section 170(b)(1)(A)(iv). (C		lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X											
		-	-		5			5				
8		section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college			
Ū		or university or a non-land-g				-		-	-			
		university:	frank bolloge er agnos			lame, enj	, and state of	the conege				
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns membersh	in fees and	d aross receipts from			
10		activities related to its exem		••				•	•			
		income and unrelated busir							-			
		See section 509(a)(2). (Col				ses acqui		jai lization e				
11		An organization organized a	-	volv to tost for public so	foty Soo	coction 5(O(a)(4)					
12	\square	An organization organized a	•	, .	•			rn/out tho	nurneses of one or			
12		more publicly supported or	•	•	•				• •			
		lines 12a through 12d that	-									
		Type I. A supporting orga	• •					-	aivina			
а				-	• • •	-						
		the supported organization			majonty o	in the direc			ipporting			
		organization. You must o	-									
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ns that co	ntroi or manag	ge the supp	orted			
_		organization(s). You mus										
С		J Type III functionally inte						ly integrate	a with,			
		its supported organization		-								
d		Type III non-functionally						-				
		that is not functionally int			•		-	l an attentiv	/eness			
		requirement (see instructi	,	•								
е		Check this box if the orga					Туре I, Туре	II, Type III				
		functionally integrated, or	• •	nally integrated supportion	ng organiz	ation.			[]			
t		er the number of supported of	-									
g		vide the following information i) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	fmonetany	(vi) Amount of other			
	,	organization		(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)			
Tota	al											

Page **2**

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

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

<u>Se</u>	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.")	20,418,706.	12,437,566.	13,275,211.	16,931,505.	25,241,024.	88,304,012.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20,418,706.	12,437,566.	13,275,211.	16,931,505.	25,241,024.	88,304,012.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						88,304,012.
		()	(1) 00 (0)	() 00/0	()) 00000	() 000 ((0
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	20,418,706.	12,437,566.	13,275,211.	16,931,505.	25,241,024.	88,304,012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 222 201	1 207 220	1 201 950	1 227 072	1 525 052	6,585,506.
~	and income from similar sources	1,223,301.	1,297,320.	1,301,859.	1,237,973.	1,525,053.	0,585,500.
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	77,948.	51,256.	117,721.	604,398.	271,492.	1,122,815.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	51,250.	117,721.	004,330.	2/1,152.	96,012,333.
	Gross receipts from related activities,					12	1,299,228.
	First 5 years. If the Form 990 is for th	,	,	ourth or fifth tax y		· · ·	-,,
10	organization, check this box and stop					01(0)(0)	
Se	ction C. Computation of Publi						
	Public support percentage for 2021 (I		-	olumn (f))		14	91.97 %
	Public support percentage from 2020		•			15	91.37 %
	a 33 1/3% support test - 2021. If the o					· · · ·	,,,
	stop here. The organization qualifies						► X
t	33 1/3% support test - 2020. If the c		•				s box
	and stop here. The organization qual	•				•	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-	-	J	
k	0 10% -facts-and-circumstances test	0	•		•	7a, and line 15 is 1	0% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization				• •		
							Form 990) 2021

132022 01-04-22

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.)

Sec	ction A. Public Support		-	-	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
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								
	Amounts included on lines 1, 2, and								
	3 received from disgualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	organizatic	on,	
	check this box and stop here						<u></u>		
Sec	ction C. Computation of Public	c Support Pe	rcentage						
15	Public support percentage for 2021 (li	ne 8, column (f), d	divided by line 13,	column (f))		15			%
	Public support percentage from 2020					16			%
Sec	ction D. Computation of Inves	tment Incom	e Percentage						
17	Investment income percentage for 20	21 (line 10c, colu	ımn (f), divided by l	ine 13, column (f))		17			%
18	Investment income percentage from 2	2020 Schedule A,	, Part III, line 17			18			%
19a	33 1/3% support tests - 2021. If the	organization did	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%,	and line 17	7 is not	
	more than 33 1/3%, check this box an	nd stop here. The	e organization qual	ifies as a publicly s	supported organiza	ation		▶□	
b	33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than	33 1/3%, a	nd _	
	line 18 is not more than 33 1/3%, chee	ck this box and s	top here. The orga	anization qualifies	as a publicly suppo	orted org	janization	▶[
20	Private foundation. If the organization	<u>n did not check a</u>	u box on line 14, 19	a, or 19b, check tl	his box and see ins	struction	IS	▶[
13202	23 01-04-22					5	Schedule A	(Form 990) 2	021

15

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021	WEINGART CENTER ASSOCIATION	95-6054617	Pa	age 5
Par	t IV Supporting Org	anizations _(continued)			
				Yes	No
11	Has the organization accept	ed a gift or contribution from any of the following persons?			
а	A person who directly or inc	irectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing be	ody of a supported organization?	11a		
b	A family member of a person	n described on line 11a above?	11b		
с	A 35% controlled entity of a	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide)		
	detail in Part VI.		11c		
Sec	tion B. Type I Support	ing Organizations			
				Yes	No

1	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>ted organizations and what conditions or restrictions, if any, applied to such powers during the tax year</i> .		
	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		

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

Section C. Type II Supporting Organizations	

 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).

Section D. All Type III Supporting Organizations	

			163	NU
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

2

Yes No

Voc No

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Sche	edule A (Form 990) 2021 WEINGART CENTER ASSOCIATION			95-6054617	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona		
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				
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sec	tion C - Distributable Amount			Current Y	ear	
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-functiona	lly integrat	ed Type III supporting orga	anization (see		
	instructions).					

Schedule A (Form 990) 2021

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	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	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.	C I		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2021			ns	(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				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
P	Excess from 2021				

Schedule A (Form 990) 2021

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Current Year

1

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

Schedule A	(Form 990) 2021	WEINGART CENTER ASSO	CIATION	95-6054617	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 lines 2 and 3; Part IV, Sectior	9b, 9c, 11a, 11b, and 11c; Part I\ n E, lines 1c, 2a, 2b, 3a, and 3b;); Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Secti Part V, line 1; Part V, Section B, line 1e; F part for any additional information.	on C,
	(See instructions.)				
132028 01-04-2	2			Schedule A (Form	990) 2021
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Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Employer identification number

95 - 6054617

	WEINGART CENTER ASSOCIATION
Organization type (chec	sk one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

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

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)

Name of or	ganization	Employer identification number	
WEINGART	CENTER ASSOCIATION		95-6054617
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
1		- _ \$3,452 -	,900. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
2		- _ \$637	,000. Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
3		- _ \$1,264 -	,852. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
4	, , , , , , , , , , , , , , , , ,	- _ \$16,884 -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 2

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Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page
Name of o	rganization		Employer identification number
WEINGART	CENTER ASSOCIATION		95-6054617
Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
123453 11-11		\$	

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Schedule B	(Form	990)	(2021)	
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EINGART CENTER ASSOCIATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (6) from any one contributor. Complete columns (a) through (e) and the following line entry. For organizatio completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift (a) No. from Part I (b) Purpose of gift (c) Use of gift	ons					
from any one contributor. Complete columns (a) through (e) and the following line entry. For organizatio completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional space is needed. a) No. from Part I (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relations (b) Purpose of gift (c) Use of gift	ons tter this info. once.) ► \$ (d) Description of how gift is held ship of transferor to transferee					
completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (En Use duplicate copies of Part III if additional space is needed. a) No. from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relations a) No. from (b) Purpose of gift (c) Use of gift (c) Use of gift	(d) Description of how gift is held					
a) No. From (b) Purpose of gift (c) Use of gi	ship of transferor to transferee					
from Part I (b) Purpose of gift (c) Use of gift	ship of transferor to transferee					
a) No.						
Transferee's name, address, and ZIP + 4 Relations						
a) No.						
a) No. room (b) Purpose of gift (c) Use of gift						
from (b) Purpose of aift (c) Use of aift	(d) Description of how gift is held					
from (b) Purpose of gift (c) Use of gift	(d) Description of how gift is held					
Part I	(-, + 3					
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relations	ship of transferor to transferee					
a) No. from (b) Purpose of gift (c) Use of gift						
from (b) Purpose of gift (c) Use of gift Part I	(d) Description of how gift is held					
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relations	ship of transferor to transferee					
[
a) No. from (b) Purpose of gift (c) Use of gift Part I	(d) Description of how gift is held					
· · · · · · · · · · · · · · · · · · ·						
(e) Transfer of gift	(e) Transfer of gift					
Transferee's name, address, and ZIP + 4 Relations	ship of transferor to transferee					
454 11-11-21 24	Schedule B (Form 990) (2					

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SCHEDULE D Supplemental Financial Statements							OMB No.	1545-0047
	Form 990) ► 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.						20	121
Doporter	ent of the Treasury			0, 11a, 11b, 11c, 11d, 11e ∙ Attach to Form 990.	, 11f, 12a, or 12b.		Open	to Public
	Revenue Service	►Go		990 for instructions and t	he latest informatio	n.	Inspe	ction
Name	of the organization		CENTER ASSOCIATIO	N		Em	ployer identificat 95-60546	
Part			-	ed Funds or Other Si	milar Funds or	Accour	nts. Complete if	the
	organization	ranswered res	on Form 990, Part IV, lii	(a) Donor advised	t funds	(b) Fur	nds and other acc	ounts
1	Total number at en	d of year						ounto
			(during year)					
			ing year)					
				writing that the assets hel	d in donor advised f	unds		
	0			exclusive legal control?			Yes	
				advisors in writing that gra				
	0	0	, ,	0 0				
	ior chantable purp							
	impormissible prive			or donor advisor, or for any		5		
Part	Purpose(s) of cons	te benefit?	ents. Complete if the or nts held by the organizat	rganization answered "Yes ion (check all that apply).	" on Form 990, Part	IV, line 7.		
Part 1	t II Conservation Purpose(s) of cons Preservation Protection of Preservation	te benefit? ation Easement ervation easement of land for public natural habitat of open space	ents. Complete if the on the held by the organizat c use (for example, recrea	rganization answered "Yes ion (check all that apply).	on Form 990, Part Preservation of a h Preservation of a c	IV, line 7.	/ important land al istoric structure	rea
Part 1 2	t II Conservation Purpose(s) of cons Preservation Protection of Preservation	te benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the	ents. Complete if the on the held by the organizat c use (for example, recrea	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c	IV, line 7.	/ important land al istoric structure	rea the last
Part 1 2	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year	te benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the	ents. Complete if the on nts held by the organizat c use (for example, recrea organization held a qual	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7.	/ important land and istoric structure	rea the last
Part 1 2 a	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year	te benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the nservation easem	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7.	/ important land and istoric structure	rea the last
Part 1 2 a b	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of co Total acreage restr	the benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the nservation easent icted by conservat	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7. istorically ertified his conserva	/ important land and istoric structure	rea the last
Part 1 2 a b c	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of co Total acreage restr Number of conserv	te benefit? ation Easemer ervation easemer of land for public natural habitat of open space through 2d if the nservation easem icted by conserva- ation easements	ents. Complete if the on nts held by the organizat c use (for example, recrea organization held a qual nents ation easements o n a certified historic st	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7. istorically ertified his conserva	/ important land and istoric structure	rea the last
Part 1 2 a b c d	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of co Total acreage restr Number of conserv Number of conserv	te benefit? ation Easemer ervation easemer of land for public inatural habitat of open space through 2d if the nservation easements ation easements	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements o on a certified historic sta i included in (c) acquired	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7. istorically ertified his conserva	/ important land and istoric structure	rea the last
Part 1 2 a b c d	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of conserv Number of conserv Number of conserv listed in the Nation	te benefit? ation Easemer ervation easemer of land for public natural habitat of open space through 2d if the nservation easements ation easements ation easements al Register	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements on a certified historic sta included in (c) acquired	rganization answered "Yes ion (check all that apply). ation or education)	on Form 990, Part Preservation of a h Preservation of a c tion in the form of a	IV, line 7. istorically ertified his conserva	important land an istoric structure ation easement on Held at the End of	rea the last
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Part 1 2 4 3 4 5	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of conservation Number of conservation Number of conservation Number of conservation Number of conservation Number of states values Does the organization	the benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the nservation easements ation easements	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements on a certified historic str included in (c) acquired modified, transferred, re	rganization answered "Yes ion (check all that apply). ation or education) ified conservation contribu ructure included in (a) after 7/25/06, and not on a eleased, extinguished, or te sement is located ▶ riodic monitoring, inspecti	on, handling of	IV, line 7. istorically ertified his conserva 2a 2b 2c 2c 2d anization	important land and an istoric structure ation easement on Held at the End of Held at the End of during the tax	the last the Tax Ye
Part 1 2 4 3 4 5	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of conserva- Number of conserva- Number of conserva- Number of conserva- Number of conserva- Number of states va- Does the organization violations, and enfor-	the benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the inservation easements ation easements ation easements ation easements ation easements ation easements ation easements of the property sub- ion have a writter procement of the comparison	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements on a certified historic stra included in (c) acquired modified, transferred, re- ubject to conservation ea n policy regarding the per- conservation easements	rganization answered "Yes ion (check all that apply). ation or education) ified conservation contribu ructure included in (a) after 7/25/06, and not on a eleased, extinguished, or te sement is located ▶ riodic monitoring, inspecti	on Form 990, Part	IV, line 7. istorically ertified his conserva . 2a . 2b . 2c . 2d anization	v important land an istoric structure ation easement on Held at the End of during the tax	the last the Tax Ye
Part 1 2 4 3 4 5	t II Conservation Purpose(s) of cons Preservation Protection of Preservation Complete lines 2a day of the tax year Total number of conserva- Number of conserva- Number of conserva- Number of conserva- Number of conserva- Number of states va- Does the organization violations, and enfor-	the benefit? ation Easement ervation easement of land for public natural habitat of open space through 2d if the inservation easements ation easements ation easements ation easements ation easements ation easements ation easements of the property sub- ion have a writter procement of the comparison	ents. Complete if the or nts held by the organizat c use (for example, recrea organization held a qual nents ation easements on a certified historic stra included in (c) acquired modified, transferred, re- ubject to conservation ea n policy regarding the per- conservation easements	rganization answered "Yes ion (check all that apply). ation or education) ified conservation contribu ructure included in (a) after 7/25/06, and not on a eleased, extinguished, or te sement is located ▶ priodic monitoring, inspection it holds?	on Form 990, Part	IV, line 7. istorically ertified his conserva . 2a . 2b . 2c . 2d anization	v important land an istoric structure ation easement on Held at the End of during the tax	the last the Tax Ye
Part 1 2 a b c d 3 3 4 5 6 7	t II Conservation Purpose(s) of cons Preservation Protection of Protection of Preservation Complete lines 2a day of the tax year Total number of conserva- Number of conserva- Number of conserva- Number of conserva- Number of states variable Number of	te benefit? ation Easemer ervation easemer of land for public natural habitat of open space through 2d if the nservation easements ation easements ation easements ation easements where property suction have a writter procement of the of hours devoted to	ents. Complete if the or nts held by the organizat c use (for example, recrea- organization held a qual nents ation easements on a certified historic stra- included in (c) acquired modified, transferred, re- ubject to conservation ea- n policy regarding the per- conservation easements o monitoring, inspecting.	rganization answered "Yes ion (check all that apply). ation or education) ified conservation contribu ructure included in (a) after 7/25/06, and not on a eleased, extinguished, or te sement is located ▶ priodic monitoring, inspection it holds?	on Form 990, Part	IV, line 7. istorically ertified his conserva 2a 2b 2c 2d anization	v important land and istoric structure ation easement on Held at the End of Held at the End of during the tax	the last the Tax Ye

	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes th	е
	organization's accounting for conservation easements.	

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
	ergenization elected, as permitted under EASE ASC 058, pet to report in its revenue statement and belance short works

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990. Part VIII, line 1	▶ \$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2021
b	Assets included in Form 990, Part X		\$
а	Revenue included on Form 990, Part VIII, line 1		\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pu	rovic	le
	(ii) Assets included in Form 990, Part X		\$
	(i) Revenue included on Form 350, Fait VIII, line 1		ψ

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Schedule	D (Forr	n 990)

25

2021.06010 WEINGART CENTER ASSOCIATI 136840.1

Sche		ENTER ASSOCIATIO						54617	P	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, oi	^r Other S	imilar Asse	ts _{(contil}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the t	following that	make signi	ificant use of its	;		
	collection items (check all that apply):	,	,	,	0	0				
а	Public exhibition	d		Loan or exc	hange progra	ım				
b	Scholarly research	е			515					
c	Preservation for future generations	-								
4	Provide a description of the organization's co	lections and explain	how th	nev further th	ne organizatio	n's exempt	purpose in Pa	+ XIII		
5	During the year, did the organization solicit o	-		-	-	-		.,		
•	to be sold to raise funds rather than to be ma				-			Yes		No
Par	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par			oliganizatio	anowered		, nin 000, nait iv	, 1110 0, 01		
19	Is the organization an agent, trustee, custodi		iany for	contribution	s or other ass	ets not inc	luded			
Ia								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						L	1es		
b	in res, explain the arrangement in Part All	and complete the lol	lowing	lable.				Amoun	+	
	De sienie a balance							Amoun		
	Beginning balance									
a	Additions during the year						1d			
e	Distributions during the year						1e			
	Ending balance									.
	Did the organization include an amount on Fe					-	، L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	t V Endowment Funds. Complete i						Three years had	((a) Fou		haali
		(a) Current year	(a)	Prior year	(c) Two year	s dack (d)	Three years bac	< (e) Fou	r years	DACK
1a	Beginning of year balance							_		
b	Contributions									
С	Net investment earnings, gains, and losses							_		
d	Grants or scholarships							_		
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held ar	nd administer	ed for the c	organization			-
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?				3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	V, line 11a. S	See Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Accu	umulated	(d) Boo	k valu	e
		basis (investm		• •	(other)	• •	ciation	(,		-
1a	Land	``			,431,552.			1	,431,	552.
	Buildings			1	,053,023.	16	,622,154.		, <u>4</u> 30,	
	Leasehold improvements				. , .				. /	
	Equipment			3	,507,650.	3	,152,965.		354	685.
	Other			1	20,912.		, , , , , ,		,	912.
	Add lines 1a through 1e. (Column (d) must e		V oolu	nn (P) line 1	,			10	,238,	
TUL	Add lines ta through te. (Column (d) MUSI e	<u>qual Form 990, Part</u> /	∧, coiur	<u>ші (в). line I</u>	<u>UC.</u>)			le D (Forr		
							Schedu	רט (רטון) אי	າ ອອບ)	2021

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN 600 SAN PEDRO	2,361,601.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN WEINGART TOWER, LP	469,825.	END-OF-YEAR MARKET VALUE
(C) WCA INVESTMENT IN WILLIOWS 14032		
(D) VERMONT	122,256.	END-OF-YEAR MARKET VALUE
(E) WCA INVESTMENT IN 10317 WHITTIER	279,375.	END-OF-YEAR MARKET VALUE
(F) INVESTMENT IN WEINGART TOWER 1B	8,060.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	3,241,117.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X. col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM 600 SAN PEDRO LP	4,025,000.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,025,000.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) NOTES PAYABLE DUE TO LOAN FORGIVENESS	508,329.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	508,329.

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

10111016 701245 136840.1

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 WEINGART CENTER ASSOCIATION		95-6054617 Page 4
Part XI Reconciliation of Revenue per Audited Financ	al Statements With Reven	
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statem	ents	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 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	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I	. line 12.)	
Part XII Reconciliation of Expenses per Audited Finance	cial Statements With Exper	nses per Return.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		······
	4a	
 b Other (Describe in Part XIII.) 		
		40
5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part</i> XIII Supplemental Information.	[], IIne [8.)	
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 /: Part X, line 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		
lines 20 and 4b, and Fart λn , lines 20 and 4b. Also complete this part to p	tovide any additional information.	
PART X, LINE 2:		
WCA IS EXEMPT FROM TAXATION UNDER INTERNAL REVENUE CODE	E SECTION 501(C)(3)	
	Section Sol(c)(S)	
AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 237011		
AND CALIFORNIA REVENUE AND TAXATION CODE SECTION 237011	•	
GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING PRINCIPLES	TING AND DISCLOSURE	
ANTENNAL ADDIE DOGESTONG SAVEN DV AN ADDIVESTOR		
GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN I	TS TAX RETURNS THAT	

MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND

BELIEVES THAT ALL OF THE POSITIONS TAKEN BY WCA IN ITS FEDERAL AND STATE

EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION. WCA RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND

STATE TAXING AUTHORITIES, GENERALLY FOR THREE AND FOUR YEARS,

RESPECTIVELY, AFTER THEY ARE FILED.

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Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15	or if the	2021					
Department of the Treasury Internal Revenue Service		Attach to Form 990		Open to Public Inspection					
Name of the organization									
Part I Fundrais		ENTER ASSOCIATION			E 000 D 1 1 1 / 1		95-60546		
	complete this part	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E₂	2 filers are not	
		ed funds through any of the followin							
a X Mail solicitat	tions email solicitations				overnment grants nment grants				
c X Phone solici		g X Special							
d X In-person so			<i>/</i> :						
		or oral agreement with any individual art VII) or entity in connection with p				tees,	or Ye	s X No	
) highest paid indiv	viduals or entities (fundraisers) pursu			•	ne fur	ndraiser is to b		
	a af iadiuidual		(iii)	Did		(v)	Amount paid	(vi) Amount paid	
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con contribi	ustody trol of	(iv) Gross receipts from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization	
			Yes	No	-				
3 List all states in wh		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration	
Or licensing.									
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Ζ.		Schedul	e 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 NONE	(d) Total events
		GOLF	GALA		(add col. (a) through
υ		(event type)	(event type)	(total number)	- col. (c))
	Gross receipts	588,836.	165,991.		754,827.
2	Less: Contributions	120,000.	21,000.		141,000.
3	Gross income (line 1 minus line 2)	468,836.	144,991.		613,827.
4	Cash prizes				
5	Noncash prizes	5,600.			5,600.
6 Seuses	Rent/facility costs	73,628.			73,628.
Ulrect Expenses	Food and beverages	1,000.			1,000.
5 8	Entertainment				
9	Other direct expenses	74,574.	68,185.		142,759.
10	Direct expense summary. Add lines 4 through	h 9 in column (d)			222,987.
11	Net income summary. Subtract line 10 from I	line 3, column (d)		►	390,840.
Part		4 4			
1		1	(h) Dull tabe/instant		(d) Total coming (a)

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
zpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes %	
	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)			
	ls tł	er the state(s) in which the organization conducter or a conducter or a conducter of the organization licensed to conduct gaming action." explain:	tivities in each of these s	states?		_ Yes No
		re any of the organization's gaming licenses re Yes," explain:		• •		. Yes No
13208	32 10-	-21-21			Sche	edule G (Form 990) 2021

Sch	edule G (Form 990) 2021	WEINGART CENTER ASSOCIATION	3	95-6054617	Page 3
	Is the organization a grantor, ben	eficiary or trustee of a trust, or a memb	per of a partnership or other entity formed		
10				L Y	′es 🔛 No
	Indicate the percentage of gamin			13a	%
					%
			on's gaming/special events books and records:	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name 🕨				
	Address 🕨				
15a	Does the organization have a con	ract with a third party from whom the	organization receives gaming revenue?	Y	/es 🗌 No
k		ing revenue received by the organizati \mathfrak{b} third party \blacktriangleright \$	ion > \$ and the amoun	nt	
c	: If "Yes," enter name and address				
	Name ►				
	Address 🕨				
16	Gaming manager information:				
	Name 🕨				
	Gaming manager compensation	▶ \$			
	Description of services provided				
	Director/officer	Employee Inde	ependent contractor		
	Mandatory distributions:				
a	Is the organization required under retain the state gaming license?	state law to make charitable distributi			/es 🗌 No
k			ited to other exempt organizations or spent in t		
	organization's own exempt activit	ies during the tax year 🕨 \$			
Pa		mation. Provide the explanations re applicable. Also provide any additionation	equired by Part I, line 2b, columns (iii) and (v); and al information. See instructions.	nd Part III, line	s 9, 9b, 10b,
1320	83 10-21-21	3	s2	Schedule G (F	orm 990) 2021

10111016 701245 136840.1

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)
132084 11-18-	18-21	

SCHEDUI (Form 990))		Go	Grants and Oth vernments, ar lete if the organizatio	d Individua	ls in the Ŭni ' on Form 990, Pa	ted States		OMB No. 1545-0047	
Department o Internal Rever				► Go to www.ir	s.gov/Form990 fc		nation.		Inspection	
Name of t	he organization	WEINGART CENT	ER ASSOCIATION	1					Employer identification number 95-6054617	
Part I	General Infor	rmation on Grants a	nd Assistance							
crite	criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.									
1 (a) 1	Name and addre or govern	ess of organization nment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3 Ente	er total number o		s listed in the line ⁻	ganizations listed in the						

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

Schedule I (Form 990) 2021

WEINGART CENTER ASSOCIATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRANSITIONAL HOUSING GOODS (FOOD, TRANSPORTATION,					THE BREAKDOWN OF GRANTS AND
AND SUPPLIES)	16500	٥.	2,649,961.	FMV	OTHER ASSISTANCE SHOWN BELOW

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

WEINGART ADHERES TO THE FUNDING AGENCY'S POLICIES AND PROCEDURES

REQUIREMENT REGARDING ISSUANCE OF DIRECT ASSISTANCE TO ITS COMMUNITY

MEMBERS. ACCOUNTING SOFTWARE HAS FEATURES IN CODING TRANSACTIONS VIA

DEPARTMENTS, CONTRACTS AND CUSTOMER.

PART III, LINE 1, COLUMN B

THE NUMBER OF RECIPIENTS IS AN ESTIMATE BASED ON THE NUMBER OF CLIENTS

Page 2

PART III, LINE 1, COLUMN F	
FOOD COST: \$2,025,215	
CLIENT SUPPLIES: \$594,110	
OTHER CLIENT RELATED EXPENSES: \$30,636	
	Schedule I (Form 990)

SC	HEDULE J	Compen	sation Information	I	OMB No. 1	1545-004	47
(Fo	rm 990)	-	tors, Trustees, Key Employees, and Highest		20	71	
			npensated Employees answered "Yes" on Form 990, Part IV, line 23.		20		1
Depa	tment of the Treasury	►A	ttach to Form 990.		Open to		ic
	al Revenue Service		90 for instructions and the latest information.		Inspe		<u> </u>
Nam	ne of the organization			Employer id		on nui	nber
Da	rt I Question	WEINGART CENTER ASSOCIATION	DN	95-60	54617		
Fd		s Regarding Compensation				M.	
10	Chook the energy	ate bay(as) if the organization provided an	, of the following to or for a parson listed on Form	000		Yes	No
1a		line 1a. Complete Part III to provide any rel	of the following to or for a person listed on Form	990,			
	First-class or d		Housing allowance or residence for perso	nalusa			
	Travel for com		Payments for business use of personal re-				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffel				
b	If any of the boxes	on line 1a are checked. did the organization	n follow a written policy regarding payment or				
~	•				1b		
2			g or allowing expenses incurred by all directors,				
			egarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to	o establish the compensation of the organization's				
	CEO/Executive Dire	ector. Check all that apply. Do not check ar	ny boxes for methods used by a related organization	on to			
	establish compensation	ation of the CEO/Executive Director, but ex	plain in Part III.				
	Compensation	committee	Written employment contract				
	Independent of	ompensation consultant	X Compensation survey or study				
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	l any person listed on Form 990, Part VII, S	ection A, line 1a, with respect to the filing				
	organization or a re	-					
а		e payment or change-of-control payment?					X
b		eive payment from a supplemental nonqua					X
С		eive payment from an equity-based compe			<u>4c</u>		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III.				
	Only continu E01/a	V_{2} = 0.1(a)(4) and = 0.1(a)(20) are entired	no must complete lines 5.0				
E		(3), 501(c)(4), and 501(c)(29) organizatio	ns must complete lines 5-9. d the organization pay or accrue any compensatio	n			
5	contingent on the r		d the organization pay of accide any compensatio	11			
-	•				5a		x
							x
		or 5b, describe in Part III.					
6			d the organization pay or accrue any compensatio	'n			
Ŭ	contingent on the r		a the organization pay of aborate any compensatio				
а					6a		x
							x
		or 6b, describe in Part III.					
7		-	d the organization provide any nonfixed payments				
	-				7	х	
8			crued pursuant to a contract that was subject to th				
		ption described in Regulations section 53.					x
9		id the organization also follow the rebuttab					
_			· · · ·	<u></u>	. 9		
LHA		eduction Act Notice, see the Instructions			le J (Forn	n 990)	2021

132111 11-02-21

95-6054617

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SENATOR KEVIN MURRAY, RETIRED	(i)	368,026.	40,000.	0.	14,262.	9,900.	432,188.	0.
	(ii)	٥.	0.	0.	0.	0.	0.	0.
(2) TONJA BOYKIN	(i)	232,660.	18,000.	0.	0.	11,320.	261,980.	0.
coo	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) BEN ROSEN	(i)	167,643.	10,000.	0.	6,753.	6,800.	191,196.	0.
SR. DIR. REAL ESTATE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii) (i)							
	(i) (ii)							
	(i)							
	(i) (ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUSES PAID TO SENATOR KEVIN MURRAY, RETIRED OF \$40,000, BEN ROSEN OF

\$10,000, AND TONJA BOYKIN OF \$18,000 ARE BASED ON PERFORMANCE DURING THE

YEAR AND ARE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. PENSION

AND MEDICAL BENEFITS ARE ALSO NOT FIXED.

Schedule J (Form 990) 2021

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ

Employer identification number 95-6054617

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

ZUZI Open to Public Inspection

Name of the organization

WEINGART	CENTER	ASSOCIATION

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contributior	•	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	1	125,018.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ► ()						
27	Other ► ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	-	•				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			<u> </u>
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			
	exempt purposes for the entire holding period?					Da	X
	If "Yes," describe the arrangement in Part II.	- P		f			v
31	Does the organization have a gift acceptance p				ions? <u>3</u>	1	X
32a	Does the organization hire or use third parties of						v
L	contributions?					2a	X
	If "Yes," describe in Part II.	lump (a) fr	a tuna of areas	(for which column (a) is the	kad		
33	If the organization didn't report an amount in co	501 (C)	a type of property	nor which column (a) is chec	NEU,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21		Schedule M (Form 990) 2021

2021.06010 WEINGART CENTER ASSOCIATI 136840.1

Page **2**

95-6054617

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions of		OMB No. 1545-0047
Department of the Treasury	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employe	Inspection dentification number
	WEINGART CENTER ASSOCIATION		054617
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
NON-RESIDENTIAL SU	PPORT SERVICES: WCA PROVIDES SERVICES TO PARTICIPANTS		
WHO DO NOT RESIDE	IN THE AGENCY-OPERATED FACILITY. THESE PROGRAMS		
INCLUDE SUPPORTIVE	AND CASE MANAGEMENT SERVICES AT THE ACCESS CENTER,		
PROJECT FATHERHOOD	, AMERICORPS' HOPE FOR THE HOMELESS AND SUBSTANCE		
ABUSE RECOVERY.			
MEALS: THE WEINGAR	T CENTER CAFE SERVES 241,015 NUTRITIOUS, BALANCED		
	OF THE CENTER, OUTPATIENT CLIENTS OF ON-SITE HEALTH		
	, MS, RESIDENTS OF THE SKID ROW AREA AND OTHERS. THE		
CAFE OPERATES 365	DAYS PER YEAR FROM 6:45AM TO 7:00PM.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
A COPY OF THE FORM	990 WAS SENT TO ALL MEMBERS OF THE BOARD OF DIRECTORS		
FOR REVIEW VIA EMA	IL BEFORE IT WAS FILED.		
FORM 990, PART VI,	SECTION B, LINE 12C:		
ALL CONFLICTS OF I	NTEREST ARE CONSISTENTLY MONITORED BY MANAGEMENT AND		
HANDLED ACCORDINGL	У.		
FORM 990, PART VI,	SECTION B, LINE 15:		
THE BOARD OF DIREC	TORS MEET IN EXECUTIVE SESSION WITHOUT THE PRESIDENT AND		
CEO PRESENT. THE E	OARD REVIEWS THE PERFORMANCE EVALUATION, REVIEWS		
COMPARABLE COMPENS	ATION AND APPROVES THE SALARY ADJUSTMENT FOR THE		
PRESIDENT, CEO, AN	D COO.		
LHA For Paperwork R 132211 11-11-21	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sche	dule O (Form 990) 2021
11016 701245	42 136840 1 2021 06010 WEINGART CE		COCTATT 13694

CENTER ASSOCIATI 136840.1 2021.06010 WEINGART

Name of the organization WEINGART CENTER ASSOCIATION		Employer identification number 95-6054617
ORM 990, PART VI, SECTION C, LINE 19:		
CA MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POL	ICY AND	
INANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	THE FORM 990 IS	
AVAILABLE AT THIS WEBSITE (WWW.GUIDESTAR.ORG).		
ORM 990, PART IX, LINE 11G, OTHER FEES:		
LEANING SERVICES:		
PROGRAM SERVICE EXPENSES	1,920,090.	
IANAGEMENT AND GENERAL EXPENSES	4,462.	
UNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,924,552.	
ECURITY SERVICES:		
ROGRAM SERVICE EXPENSES	922,425.	
IANAGEMENT AND GENERAL EXPENSES	27,155.	
UNDRAISING EXPENSES	2,021,582.	
OTAL EXPENSES	2,971,162.	
THER :		
ROGRAM SERVICE EXPENSES	67,953.	
ANAGEMENT AND GENERAL EXPENSES	0.	
UNDRAISING EXPENSES	49,027.	
OTAL EXPENSES	116,980.	
OTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	5,012,694.	
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
RENTAL EXPENSES	404,154.	
32212 11-11-21		Schedule O (Form 990) 20

10111016 701245 136840.1

2021.06010 WEINGART CENTER ASSOCIATI 136840.1

Name of the organization

Employer identification number 95-6054617

CALIFORNIA SEVERE WINTER STORMS DISCLOSURE:

ON JANUARY 10, 2023 THE INTERNAL REVENUE SERVICE ANNOUNCED IN

IR-2023-03 THAT VICTIMS OF THE WINTER STORMS THAT TOOK PLACE BEGINNING

ON JANUARY 8, 2023 IN CALIFORNIA MAY QUALIFY FOR TAX RELIEF. THE RELIEF

APPLIES TO AFFECTED TAXPAYERS IN CERTAIN COUNTIES OF CALIFORNIA. THE

ANNOUNCEMENT INDICATES THAT IT IS APPLICABLE TO TAX-EXEMPT

ORGANIZATIONS THAT OPERATE ON A FISCAL-YEAR BASIS AND HAD A DUE DATE OF

MARCH 15, 2023. SINCE THE ORGANIZATION IS WITHIN THE COVERED DISASTER

AREA (LOS ANGELES COUNTY) AND THE RECORDS NECESSARY TO FILE THE FISCAL

YEAR 2022 FEDERAL FORM 990 ARE LOCATED IN THE COVERED DISASTER AREA,

THE POSTPONED DUE DATE FOR THE FEDERAL FORM 990 IS NOW OCTOBER 15,

2023. THE ORGANIZATION RESPECTFULLY REQUESTS RELIEF FROM ANY LATE

FILING PENALTY OR INTEREST.

Schedule O (Form 990) 2021

1	Department of the Treasury
	nternal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 21

Open to Public Inspection

Employer identification number

95-6054617

Name of the organization

WEINGART CENTER ASSOCIATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
WC BROADWAY GP LLC - 85-1707915					
566 S SAN PEDRO ST	TO DEVELOP AFFORDABLE				WEINGART CENTER
LOS ANGELES, CA 90013	HOUSING	CALIFORNIA	0.	0.	ASSOCIATION
WC 600 SAN PEDRO LLC - 82-4478523					
566 S SAN PEDRO ST	TO DEVELOP AFFORDABLE				WEINGART CENTER
LOS ANGELES, CA 90013	HOUSING	CALIFORNIA	0.	0.	ASSOCIATION
WC TOWERS 1B LLC - 83-2473125					
566 S SAN PEDRO ST	TO DEVELOP AFFORDABLE				WEINGART CENTER
LOS ANGELES, CA 90013	HOUSING	CALIFORNIA	0.	0.	ASSOCIATION
WC TOWERS II LLC - 82-4345293					
566 S SAN PEDRO ST	TO DEVELOP AFFORDABLE				WEINGART CENTER
LOS ANGELES, CA 90013	HOUSING	CALIFORNIA	0.	0.	ASSOCIATION

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(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	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
WCA DEVELOPMENT CORPORATION - 20-4330152							
566 S SAN PEDRO STREET	SOCIAL ENTERPRISE-PEST				WEINGART CENTER		
LOS ANGELES, CA 90013	CONTROL	CALIFORNIA	501(C)(3)	LINE 12A, I	ASSOCIATION INC.	х	
	-						
	7						
	1						

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WC TOWERS LLC - 30-1013105 566 S SAN PEDRO ST LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CALIFORNIA	0.	0.	WEINGART CENTER ASSOCIATION
WC 600 SAN PEDRO 2 LLC - 85-1738243 566 S SAN PEDRO ST LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CALIFORNIA	0.	0.	WEINGART CENTER ASSOCIATION
11010 SMB LLC - 85-1675957 566 S SAN PEDRO ST LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CALIFORNIA	0.		WEINGART CENTER ASSOCIATION
WEINGART BEACON LLC - 87-1858732 566 S SAN PEDRO ST LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CALIFORNIA	0.		WEINGART CENTER ASSOCIATION

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 (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	General managii partner	or Percentage ownership
		country)		sections 512-514)			Yes	No		Yes N	•
600 SAN PEDRO 2 LP - 83-4077586, 566 S SAN PEDRO	TO DEVELOP AFFORDABLE		WEINGART CENTER								
ST, LOS ANGELES, CA 90013	HOUSING	CA	ASSOCIATION		0.	0.		x	N/A	x	100%
600 SAN PEDRO LP - 81-1172208 566 S SAN PEDRO ST LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CA	WEINGART CENTER ASSOCIATION		0.	6,072,747.		x	N/A	x	100%
WEINGART TOWER LP - 30-0970557, 566 s SAN PEDRO ST, LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CA	WC TOWERS LLC		0.	1,445,950.		x	N/A	x	.01%
WEINGART TOWER II LP - 82-3122322, 566 S SAN PEDRO ST, LOS ANGELES, CA 90013	TO DEVELOP AFFORDABLE HOUSING	CA	WC TOWERS II LLC		0.	1,553,850.		x	N/A	x	.01%

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.

	<u> </u>								
(a) Name, address, and EIN of related organization	(b) Primary activity	Primary activity Legal domicile Dire (state or foreign		(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	(Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No

Part III	Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(r Disprop ate alloc Yes	oortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership
				,							
WEINGART TOWER 1B LP -	TO DEVELOP		WEINGART								
83-2500506, 566 S SAN PEDRO	AFFORDABLE		CENTER								
ST, LOS ANGELES, CA 90013	HOUSING	CA	ASSOCIATION		0.	0.		x	N/A	x	100%
WC BROADWAY LP - 84-2907491	TO DEVELOP		WEINGART								
566 S SAN PEDRO ST	AFFORDABLE		CENTER								
LOS ANGELES, CA 90013	HOUSING	CA	ASSOCIATION		0.	1,503,471.		x	N/A	x	99.00%
	TO DEVELOP		WEINGART								
566 S SAN PEDRO ST	AFFORDABLE		CENTER								
LOS ANGELES, CA 90013	HOUSING	CA	ASSOCIATION		0.	19,490,526.		x	N/A	x	1.00%
LOS ANGELES, CA 90013	HOUSING	CA	ASSOCIATION		υ.	19,490,520.		^	N/A		1.00%
	-										
	-										
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	4										
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	1										
	1										
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	1										
	1										
	1										

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es I
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	<u>1g</u>		
h Purchase of assets from related organization(s)	<u>1h</u>		
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
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)	1n	X	
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses	1q		_
r Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 WEINGART CENTER ASSOCIATION

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)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes	N or Pe ing or? ON	(k) ercentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21