Form 990	J
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PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 pen to Public

348,286.

811,881.

487,209.

26,796

460,413

-199,225.

End of Year

147,176.

572,380.

335,305.

659,638.

659,638.

0.

Beginning of Current Year

Depa	artment	of the Treesury	ial security numbers on this form a .gov/Form990 for instructions and	-	•	Open to Public Inspection
		e 2022 calendar year, or tax year beginning	-	lending		moposition
B	Check if applicab	C Name of organization		<u> </u>	D Employer identific	ation number
	Addre	ess PRESIDENTIAL PRECIN	СТ			
	Name	e			46-108454	10
	Initial		not delivered to street address)	Room/suite	E Telephone number	
	 Final	107 ολοκ αποττη	,		434-200-8	
	termi ated		y, and ZIP or foreign postal code		G Gross receipts \$	612,656.
	Amer returr	CHARLOTTESVILLE, VA			H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer:	TOYOSI OGUNSEYE		for subordinates	? Yes 🔀 No
	pend	ING SAME AS C ABOVE			H(b) Are all subordinates inc	cluded? Yes No
1	Tax-ex	kempt status: 🚺 501(c)(3) 📃 501(c) () (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a	list. See instructions
	Vebs				H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust [Association Other	L Year	of formation: 2012 M	I State of legal domicile: VA
Pa	art I	Summary				
e	1	Briefly describe the organization's mission o	r most significant activities: <u>SEE</u>	SCHEDU	LE O	
anc						
Governance	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its n Number of voting members of the governing body (Part VI, line 1a)				
200	3	Number of voting members of the governing				<u> 12</u> 12
~	4	Number of independent voting members of				6
ties	5	Total number of individuals employed in cale				12
Activities &	6	Total number of volunteers (estimate if nece Total unrelated business revenue from Part				0.
Å	'a	Net unrelated business taxable income from				0.
					Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			910,741.	612,351.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.
eve	10	Investment income (Part VIII, column (A), line			-3,056.	305.
č	11	Other revenue (Part VIII, column (A), lines 5,			0.	0.
	12	Total revenue - add lines 8 through 11 (must			907,685.	612,656.
	13	Grants and similar amounts paid (Part IX, co	lumn (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, col	umn (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee ber			425,204.	463,595.
Expenses	16a	Professional fundraising fees (Part IX, colum			0.	0.
xpe	. b	Total fundraising expenses (Part IX, column		82.		
Ш	17	Other expenses (Part IX, column (A), lines 1-	(2.11d) $(11f.2/1a)$	1	147 176	348 286.

Signature of officer Date Sign TOYOSI OGUNSEYE, CHIEF EXECUTIVE OFFICER Here Type or print name and title

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses. Subtract line 18 from line 12

Net assets or fund balances. Subtract line 21 from line 20

Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

Part II Signature Block

	Type of print name	anu title					
	Print/Type preparer		Preparer's signature	Date			
Paid	JEFFREY D	• ULMER			self-employed P00147690		
Preparer	Firm's name H	IANTZMON WIEBEL LI	ΓP		Firm's EIN 54-0618213		
Use Only Firm's address PO BOX 1408							
	C	CHARLOTTESVILLE, \	7A 22902		Phone no. (434) 296-2156		
May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-13	3-22 LHA For F	Paperwork Reduction Act Notic	e, see the separate instructions.		Form 990 (2022)		

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

Form	990 (2022) PRESIDENTIAL PRECINCT	46-1084540 Page 2
	t III Statement of Program Service Accomplishments	¥
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: FROM THE BIRTHPLACE OF MODERN DEMOCRACY, WE ENGAGE AND	
	EMERGING LEADERS TO ADDRESS THE MOST PRESSING CHALLENGE	
	COUNTRIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	I	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	?
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers, the total expenses, and
	revenue, if any, for each program service reported.	
4a		venue \$)
	THE PRECINCT EMPOWERS THE NEXT GENERATION OF GLOBAL LEA	DERS THROUGH A
	COLLABORATION WITH SOME OF THE BRIGHTEST MINDS AND MOST	HISTORIC
	RESOURCES IN THE UNITED STATES. THE PRECINCT IS A UNIQU	E PARTNERSHIP
	THAT INCLUDES THE UNIVERSITY OF VIRGINIA, THE COLLEGE O	
	MARY, MONTICELLO, MONTPELIER, HIGHLAND, AND MORVEN. BY	
	ACADEMIC RESOURCES OF THE UNIVERSITIES WITH THE RICH HI	
	PRESIDENTIAL HOMES, THE PRECINCT IS ABLE TO LEAD PROGRA	
	ENCOURAGE YOUNG LEADERS TO EXCHANGE IDEAS, SEEK EXPERT	
		-
	FROM WORLD HISTORY, AND SOLVE THE MOST PRESSING CHALLEN	GES IN THEIR
	COMMUNITIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
40		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	venue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 479,029.	
		Form 990 (2022)
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Form 990 (2022) PRESIDENTIAL PRECINCT
Part IV Checklist of Required Schedules

 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 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 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 II and IV 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 II and IV 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and II and IX and IX and IX is audited financial statements to this return? 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H is audited financial statements to this return? 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II				Yes	No
2 Is the organization engage in the complete Schedule C, Part I 2 X 3 Did the organization engage in the complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Dud the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy end '' ''se, 'complete Schedule C, Part I 4 X 5 Is the organization activities of the complete Schedule C, Part I 5 X 5 6 Did the organization matchin any doner activities of the complete Schedule C, Part I 5 X 6 Did the organization matchin any doner activities of maximus in such time of account's Prog.' complete Schedule D, Part I 5 X 7 Z X 6 Che organization matchin account in balt with a cocount any Prog.' complete Schedule D, Part I 7 X 7 Did the organization matchin account in balt with account in account in account in balt with account in account account in account account in account in account	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or patical campaign activities on bahal of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(b) organizations. Did the organization engage in k0b/ying activities, or have a section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II 6 Did the organization maxima and yound activities or part of the organization that receives membership dues, assessments, or an imitar amounts as defined in Rev. Proc. 8119 (If 'Yes," complete Schedule C, Part II 6 Did the organization report an amount in Part X, line 19, for escore or custodial account for which donors have the organ to amounts and thread organization. The analysis of the organization maxima collectors of vorks of art, historical trassures, or other similar assets? (If 'Yes," complete Schedule D, Part II 9 Did the organization report an amount in Part X, line 19, for escore or custodial account liability, serves a routplete schedule D, Part IV 9 Did the organization account for through a related organization, hold assets in donorrestric for ondownments or of a nuclei tax of the organization accounts of the following questions is "Yes," templete Schedule D, Part IV 9 Did the organization amount for investments - other securities in Bart X, line 10? If "Yes," complete Schedule D, Part IV 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part IV 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X 11 Did the organization report an amount for investments a rother was the report of in Stotal assets reported in Part X,		If "Yes," complete Schedule A			
public office? # 'Yes,' complete Schedule Q, Part I 3 X 4 Section 501(k) organization. Bit the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 Is the organization a section 501(k), 601(c)(k), or 501(k) (k) 701(c)(k), or 501(k) 5 X 6 Did the organization matinia any done advised kinds or any aimlar thads or accounts for which dones have the right to provide advise or the distribution or investment of amounts in acid kinds or accounts for which dones have the right to provide advise or the distribution or investment of anomaxins in acid kinds or accounts for which dones have the right to provide advise or the distribution or investment of provide advised kinds or acounts for which do a cocounts for which do a cocount for Ves, 'complete Schedule D, Part II. 5 X 7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability serves as a custodial nor amounts not being Part X, reprovide credit conselling, debt management, credit repair, of debt negations envices? 7 X 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10, 'r Ves, 'complete Schedule D, Part V. 7 X 11 If the organization report an amount for linestimets - other securities in Part X, line 10, 'r Ves, 'complete Schedule D, Part V. 7 X 2 Did the organization report an amount for investimets - other securities in P	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
 Section 501(c)(3) organizations. Did the organization engage in tobying activities, or have a section 501(n) election in effect Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Rev. Proc. 81:97. // Yes, 'complete Schedule C, Part II. Did the organization and the organization asset in building easements to previse open sectors. Depart J Did the organization nerve may donor advised in thosis or any similar tudie or accounts? // Yes, 'complete Schedule D, Part II. Did the organization nerve may donor advised of at, historical treasures, or other similar asset? // Yes, 'complete Schedule D, Part II. Did the organization nerve may of the following questions is "Yes, "then complete Schedule D, Part II. Did the organization and a mount in Part X. Ine 21. for ecrow or custodial account liability serve as a custodian for serve any of the following questions is "Yes," then complete Schedule D, Part IV. Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part IV. Did the organization and amount for investments - other securities in Part X, line 12, there is the organization nerver as any of the following questions is "Yes," then complete Schedule D, Part IV. Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part X, V. Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part X, line 167. If "Yes," complete Schedule D, Part X, line 167. If "Yes," complete Schedule D, Part X, line 167. If "Yes," complete Schedule D, Part X, line 167. If "Yes," complete Schedule D, Part X, line 167. If "Yes," complete Schedule D, Part X, line 170. If Yes," complete Sc	3				
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section 50(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 00(16)(5) 5 6 Did the organization martain any domo advised funds or any similar funds or accounts for which domors have the netto to provide advised on anounts in such funds or accounts for which domors have the netto to provide advised on anounts in such funds or accounts (16) (16) (16) (16) (16) (16) (16) (16)			3		<u> </u>
5 Is the organization asciolor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97. If Yea," complete Schedule C, Part II. 5 X D dt the organization marken any donor advised funds or any similar hands or accounts? If Yea," complete Schedule D, Part II. 6 X D dt the organization neither any donor advised introd or accounts? If Yea," complete Schedule D, Part II. 7 X B Dd the organization neither any donor advised intractional researces. In chulding easements to preserve open space. 7 X B Dd the organization neither any donor advised intractional reserves or outstodel account liability. Serve as a coupted in for amounts not listed in Part X, ine 21, for secree or outstodel account liability. Serve as a coupted in for amounts not listed in Part X, ine 21, for secree or outstodel account liability. Serve as a coupted in for amounts not listed in Part X, ine 21, for secree or outstodel account liability. Serve as a coupted in for amounts not listed in Part X, ine 10, Part IV 10 X D Dd the organization resport an amount for investments - other secreties in Part X, ine 12, that is 5% or more of its total assets reported in Part X, line 100, Part IV. 11a X D Dd the organization report an amount for investments - other secreties in Part X, line 12, that is 5% or more of its total assets report on Part X, line 107, If Yea," complete Schedule D, Part IV. 11a X D dt the organization report an amount for investment	4				37
similar amounts as defined in Rev. Proc. 98:197 (#*es* complete Schedule D, Fart III 5 X O Did the organization maintain any doora oxisional finands or accounts? (# *Yes,* complete Schedule D, Part II 6 X 7 Did the organization maintain collection of works of art, historical treasures, or other seminar seases? (# Yes,* complete Schedule D, Part II 7 X 8 Did the organization maintain collection of works of art, historical treasures, or other similar assets? (# Yes,* complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for sercow or custodial account liability, serve as a custodian for amounts not listed in Part X, complete Schedule D, Part III 8 X 10 Did the organization, directly or through a related organization, hold assets in donor restricted organization services? 9 X 10 Did the organization amount for land, buildings, and equipment in Part X, line 10? If Yes,* complete Schedule D, Part W 10 X 11 If the organization report an amount for rivestments - other securities in Part X, line 10? If Yes,* complete Schedule D, Part W 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If Yes,* complete Schedule D, Part W 10 X 13 X 0 Did the organization report an amount for investments - program related in Part X, line 10? If Yes,* complete Schedule D, Part X			4		<u> </u>
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 a mounts in such funds or accounts? If "Yes," complete Schedule D, Part II I 7 ZX 7 ZX 8 Did the organization meaker on hold a conservation assemet, funduing assemments to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization maintain any donor advices of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization directly of through a related organization, nicetly or through a related organization, sing "Yes," complete Schedule D, Part V 10 X 9 Did the organization report an amount for investments - orbits is advices and part X, line 10? If "Yes," complete Schedule D, Part X 11a X 10 Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 11a X	5				77
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7 Did the organization receive or hold a conservation assement, including easements to preserva 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 vortex of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repart, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part IV. 10 X 11 The organization report an amount for investments - other securities in Part X, line 10? III''yes, "complete Schedule D, Part VI. 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? II''yes, "complete Schedule D, Part VI. 11a X 13 Did the organization report an amount for investments - program related In Part X, line 10? II''yes, "complete Schedule D, Part VI. 11a X 14 Did the organization report an amount for investments - program related In Part X, line 10? II''yes, "complete Schedule D, Part VI. 11a X 15 Did the organization sport an amount fo	6				v
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 4/ Yas," complete Schedule D, Part VII 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 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 is answer to any of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VII, IX, or X, as applicable. 10 X 12 Did the organization report an amount for lined, buildings, and equipment in Part X, line 127. If Yes,' complete Schedule D, Part VI 11 X 13 Did the organization report an amount for whestments - program related m Part X, line 130. If X, Se or more of its total assets reported in Part X, line 167. If Yes,' complete Schedule D, Part XI 11 X 14 Did the organization report an amount for other assets in Part X, line 130, that is 5% or more of its total assets reported in Part X, line 167. If Yes,' complete Schedule D, Part X 114 X 15 Did the organization schedule D, Part X 114 X 114 X 16 the organ	1		_		v
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9 Did the organization report an amount in Part X, line 121, for escrow or custodial account liability: serve as a custodial for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or dot the optication services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 13 Did the organization report an amount for investments - other securities in Part X, line 12, If at is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 116 X 14 X Did the organization report an amount for there assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 X 116 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 X 116 Did the organization subal masset in Part X, line 15, If "Yes," complete Schedule D, Part X 1116 X 1110 <td< td=""><td>8</td><td></td><td></td><td></td><td>v</td></td<>	8				v
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X ID Ott the organization, directly or through a related organization, hold assets in donor-restrictly endowments 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restrictly endowments 10 X 11 If the organization, directly or through a related organization, should assets in donor-restrictly endowments 10 X 12 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 114 X 12 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part XI 114	0	,	•		<u></u>
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restriction anowers of the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11c X 14 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 111 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 112 Did the organization separate or consolidated financial statements for the tax yea? If "Yes," complete Schedule D, Part X 11d X 113 X 11d X 11d X 11d X 114 Did the organization onbud tor other	9				
10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VI, VIII, VII, VII, VI			•		x
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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 X 18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 	15				
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 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X	17				
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21	18				77
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19				v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If yes, complete Schedule N, Part I</i>	- 51		
52		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
		<u>35a</u>		- 23
U	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07	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?	- 0/		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
-	filed for the calendar year ending with or within the year covered by this return	2a 6		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	X
		~	3a oh		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		<u>4a</u>		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (EBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
°u		o organization conoic	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d	If "Yes," 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 co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	3 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?				
	9 Sponsoring organizations maintaining donor advised funds.				
			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
D		116			
1 2 2	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 / 12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		_	000	(0.0.5
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Form 990	(2022)
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Form 990 (2022) PRESIDENTIAL PRECINCT Part VI Governance, Management, and Disclosure. Form

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VI	Governance, Management, and Disclosure.	For each	ach "Yes" response to lines 2 through 7b below, and for a "No" re	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, p			

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 12								
	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 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_							
a	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed <u>VA</u>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE ORGANIZATION - 434-200-8822								
	427 PARK STREET, CHARLOTTESVILLE, VA 22902		000						
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Form 990 (2022)
Part VII	Coi

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

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

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

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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	(do	not c	Pos heck	ition	l than (ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndàd I	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	suadi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		hold	t con /ee	_	1099-INEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NEAL PIPER	40.00	_			-					
EXECUTIVE DIRECTOR				x			K	131,211.	0.	3,444.
(2) JAMES B. MURRAY, JR.	5.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) FRANCOIS BAIRD	2.00									
DIRECTOR		Х						0.	0.	0.
(4) SARA BON-HARPER	2.00									
DIRECTOR		Х						0.	0.	0.
(5) STEWART GAMAGE	2.00									
DIRECTOR		х						0.	0.	0.
(6) TERESA LONGO	2.00									
DIRECTOR		Х		<u> </u>				0.	0.	0.
(7) TIMOTHY SULLIVAN	2.00									
DIRECTOR		х						0.	0.	0.
(8) PETER MCHUGH	4.00									
TREASURER		х		X				0.	0.	0.
(9) LINDA KLEIN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) JOHN OLAJIDE	2.00									
DIRECTOR		Х						0.	0.	0.
(11) STEPHEN MULL	2.00									•
DIRECTOR		Х						0.	0.	0.
(12) ELIZABETH CHEW	2.00									•
DIRECTOR		X						0.	0.	0.
(13) OLUWATOYOSI OGUNSEYE	2.00								0	0
GLOBAL ADVISORY COMMITTEE CHAIR		Х						0.	0.	0.
					<u> </u>	-				
					-					
		1								
222007 12 13 22										Form 990 (2022)

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Form 990 (2022)

Form 990 (2022) PRESIDEN	FIAL PRE	CI	NC'	Т					46-10	845	40	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	not ch , unles cer and	s per	ition more son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	(F Estim amou oth	nated Int of
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/	comper from organi and re organiz	nsation the zation elated
								\mathbf{G}				
1h Subtatal								131,211.		0.	3	444.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							0. 131,211.		0.		0. 444.
2 Total number of individuals (including but r compensation from the organization	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Ye	<u>1</u>
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s		<u> </u>		W .		,	0		2	[3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportabl 0,000? If "Yes,	e co " coi	mpe mple	nsat te S	tion Sche	and edule	oth J f	ner compensation from the form the form the form the formation of the form	ne organization		4	x
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>con</i> Section B. Independent Contractors		-									5	X
1 Complete this table for your five highest co the organization. Report compensation for								the organization's tax y		ensatio		
(A) Name and business	address	NC	ONE				_	(B) Description of s	ervices	Cor	(C) mpensa	ition
							_					
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	to t	thos		ted	above) who received mo	ore than			
										Fo	orm 99	0 (2022)

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					TAL	PRECINCT			46-1084	540 Page 9
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O	contains a r	espons	e or note to any lin	e in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Ś	1	2	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b			1b					
<u> </u>			Fundraising events		1c		-			
Ę,			Related organizations		1d		1			
ia je		d			1e	179,659.				
Sirs		e 4	Government grants (contr All other contributions, gifts,			177,0554	1			
er		T				132 602				
ē₽			similar amounts not included		1f 1g \$	<u>432,692.</u> 1,049.	1			
- To D		g	Noncash contributions included in	-			612,351.	_		
0 0		n	Total. Add lines 1a-1f			Business Code	012,351.			
		_								
rice	2	a								
ue,		b								
S La S		C								
grai Re		d				-				
Program Service Revenue		e 4				-				
		T	All other program service							
	3	g	Total. Add lines 2a-2f							
	3		Investment income (includ other similar amounts)				305.			305.
	4		Income from investment of				505.			505.
				-		-				
	5		Royalties	(i)	Real	(ii) Personal				
	6	_	Cross rests		пса					
	0	a ⊾	Gross rents	6a 6b						
		u e	Less: rental expenses	60 60						
		C	Rental income or (loss)							
	-	d	Net rental income or (loss) Gross amount from sales of		curities	s (ii) Other				
	'	а			ounties					
		L	assets other than inventory	7a						
đ		D	Less: cost or other basis	76						
evenue		_	and sales expenses	7b 7c						
eve			Gain or (loss)							
r R			Net gain or (loss)							
Other	0	a	including \$		of					
0			contributions reported on		- · · ·					
			Part IV, line 18			Ba				
		b	Less: direct expenses			3b				
			Net income or (loss) from							
	g		Gross income from gamin							
	Ū		Part IV, line 19	-)a				
		b	Less: direct expenses			9b				
			Net income or (loss) from							
	10		Gross sales of inventory, I							
			and allowances			0a				
		b	Less: cost of goods sold			0Ь	1			
			Net income or (loss) from		····· Ľ					
		-				Business Code				
Miscellaneous Revenue	11	а								
scellaneo Revenue		b								
iell: eve		с								
Alisc		d	All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons			612,656.	0.	0.	305.
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	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				~~ ~~ ~
	trustees, and key employees	131,211.	85,287.	24,930.	20,994.
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.01 ().0		<u> </u>	FO 000
	Other salaries and wages	271,637.	137,175.	62,229.	72,233.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20.010	15 200		0 102
	Other employee benefits	30,012. 30,735.	15,306.	6,603.	8,103. 7,125.
	Payroll taxes	30,735.	16,966.	6,644.	7,125.
	Fees for services (nonemployees):			7	
	Management				
	Legal			25 044	
	Accounting	35,044.		35,044.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	66,401.	29,738.		26 662
	column (A), amount, list line 11g expenses on Sch 0.)	10,042.	29,130.		<u>36,663</u> 10,042.
	Advertising and promotion	12,377.		12,377.	10,042.
	Office expenses	12,377.		14,577.	
	Information technology				
	Royalties	31,053.	17,766.	5,965.	7,322.
	Occupancy Travel	26,030.	17,300.	8,730.	1,522.
	Travel Payments of travel or entertainment expenses	20,0501	17,500.		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	576.		576.	
	Insurance	1,839.		1,839.	
	Other expenses. Itemize expenses not covered	,		,	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	PARTICIPANT EXPENSES	96,538.	96,538.		
	OTHER PROGRAM EXPENSES	46,084.	44,846.	1,238.	
	PROGRAM MATERIALS	18,107.	18,107.		
	DUES AND SUBSCRIPTIONS	4,195.		4,195.	
	All other expenses	-		-	
	Total functional expenses. Add lines 1 through 24e	811,881.	479,029.	170,370.	162,482.
	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)				Farm 990 (2002

Form 990 (2022)

PRESIDENTIAL PRECINCT Part IX Statement of Functional Expenses

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

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Form 990 (2022)

Form 990 (2022) PRESIDENTIAL PRECINCT Part X Balance Sheet PRESIDENTIAL PRECINCT

		Check if Schedule O contains a response or no			(A)	Γ	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			656,059.	1	454,001
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial contri	butor, or 35%			
		controlled entity or family member of any of the	se persons			5	
	6	Loans and other receivables from other disquali	fied persons	(as defined			
		under section 4958(f)(1)), and persons described		6			
'n	7	Notes and loans receivable, net				7	
Assels	8	Inventories for sale or use				8	
2	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	14,089.			
	b	Less: accumulated depreciation	10b	12,160.	525.	10c	1,929
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			3,054.	15	31,279
	16	Total assets. Add lines 1 through 15 (must equ			659,638.	16	487,209
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
<u>_</u>	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
LIADIIIUES		controlled entity or family member of any of the				22	
Ĭ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		of Schedule D			0.	25	26,796
	26	Total liabilities. Add lines 17 through 25		ΓΓ	0.	26	26,796
		Organizations that follow FASB ASC 958, che	ck here	X			
ŝ		and complete lines 27, 28, 32, and 33.					
	27				561,072.	27	345,942
	28				98,566.	28	114,471
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.	,				
Net Assets of Fund balances	29	Capital stock or trust principal, or current funds				29	
Sels	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
5	32	Total net assets or fund balances			659,638.	32	460,413
_ /							

Form 990 (2022)

Form	1990 (2022) PRESIDENTIAL PRECINCT	46-	-108454	0	Pag	_e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. [
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12,		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>11,</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		99,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	59,	63	8.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	4	<u>60,</u>	41	.3.
Pa	column (B)) rt XII Financial Statements and Reporting		*			
	Check if Schedule O contains a response or note to any line in this Part XII	<u>/</u>		<u></u>		X
			_	Y	es	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	· O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			5 Z	ζ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate) basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			c 2	<u>د</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			a	_	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>				
			Foi	m 93	90 (2	2022)

(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)	no	nexempt	char	itable	trust
			_		_		~

		of the Treasury nue Service		Open to Public Inspection								
Nam	e of	the organizati			Form990 for instruction			ormation	Employer	identification number		
		Ū		IDENTIAL P	RECINCT					6-1084540		
Pa	rt I	Reason			(All organizations must o	complete tl	nis part.) S	ee instructior				
The	orgar				For lines 1 through 12, c							
1		A church, cor	nvention of chi	urches, or associatio	on of churches described	d in sectio	on 170(b)(1	1)(A)(i).				
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state	e:									
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).				
7	X	An organizati	on that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from t	he general I	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a	land-grant	college		
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	eor		
		university:										
10					than 33 1/3% of its supp							
					t to certain exceptions;							
					(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.		
				mplete Part III.)								
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on											
										Jneck the box on		
_	_	-	-	• ·	f supporting organization		-		-			
а				-	upervised, or controlled	•	-		•••••			
			-		gularly appoint or elect a	najority c	of the aired	tors or truste	es of the su	apporting		
h		¬ -		complete Part IV, Se		tion with it		d araanizatia		in a		
b				-	l or controlled in connec			•		-		
			-	t complete Part IV,	anization vested in the s	ame perso	ns that co	ntroi or mana	ge me supp	Joned		
с				-	g organization operated	in connec	tion with	and functiona	lly integrate	ad with		
U). You must complete				ily integrate	ia with,		
d		7			orting organization oper				rted organi	zation(s)		
u			-		ation generally must sat				-			
					nplete Part IV, Sections							
е		- ·			written determination fro				II. Type III			
-			•		nally integrated supporti			.)pe., .)pe	., . , pe			
f	Ente	er the number			, , , , , , , , , , , , , , , , , , , ,	5 5						
g			••	about the supporte	d organization(s).							
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other		
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)		
						ļ						
Tota	1									1		

OMB No. 1545-0047

2022

Open to Public

Schedule A (Form 990) 2022

PRESIDENTIAL PRECINCT

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.)

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	961,358.	568,500.	586,676.	910,741.	612,351.	3639626.
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	0.61 250			010 741	610 251	2620606
	Total. Add lines 1 through 3	961,358.	568,500.	586,676.	910,741.	612,351.	3639626.
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,						
	a a luvra (f)						924,631.
6	Public support. Subtract line 5 from line 4.						2714995.
	tion B. Total Support						27149999.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	961,358.	568,500.	586,676.	910,741.	612,351.	3639626.
	Gross income from interest,	,	,				
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	3,253.	411.	2,715.	2,221.	305.	8,905.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3648531.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5/	01(c)(3)	
	organization, check this box and stop here						
Section C. Computation of Public Support Percentage							
	Public support percentage for 2022 (I		-			14	74.41 % 73.20 %
	Public support percentage from 2021					15	
108	16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X						
h	stop here. The organization qualifies as a publicly supported organization						
N							
17a	and stop here. The organization qualifies as a publicly supported organization						
a		-					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•		••••		
							(Form 990) 2022

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	Schedule A ((Form	990) 2022
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
b	3 received from disqualified persons 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.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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 the	he organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5/	01(c)(3) organiza	ition,
_							
	ction C. Computation of Publ						
	Public support percentage for 2022 (, , , , , , , , , , , , , , , , , , , ,	,	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	•						
	Investment income percentage for 2					17	%
18	Investment income percentage from			on line 14 and line		18	17 is not
198	33 1/3% support tests - 2022. If the						
h	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the	-	•				and
U	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22						A (Form 990) 2022
_ > _ 02			15				

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1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

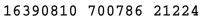
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and 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")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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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	(Form 990) 2022	PRESIDENTI
Part IV	Supporting Orga	anizations (continued)

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Vas	No

			res	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion C. Type II Supporting Organizations			
			Yes	No

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported supported ()	1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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 th	e method that the organ	ization used to satis	fy the Integral Part Test during	g 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.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

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Yes No

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	*
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		•	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

4 Enter greater of line 2 or line 3. 4 5

5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	

	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

1 Amounts paid to supported organizations to accomplish exempt purposes

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1

Current Year

Schedule A (Form 990) 2022

Section D - Distributions

Schedule A (Form 990) 2022 PRESIDENTIAL PRECINCT	46-1084540 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6d, 9a, 9b, 9c, 11a, 11b, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d, 4d	ction B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part (See instructions.)	 V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
SCHEDULE A, PAGE 2, COLUMN E	
IN THE PRIOR PERIOD, THE PRECINCT CHANGED ITS YEAR-EN	ID FROM JUNE 30, TO
DECEMBER 31. AS A RESULT OF THE CHANGE, THE PERIOD EN	IDED DECEMBER 31,
2019 IS A SIX MONTH PERIOD FROM JULY 1, 2019 THROUGH	DECEMBER 31, 2019.
232028 12-09-22 20	Schedule A (Form 990) 2022
20	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2022

Employer identification number

46-1084540

PRESIDENTIAL	PRECINCT
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Organization type (check on	le):
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

X 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 for an *exclusively* set.

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) (2022)

Name of organization

Page 2 Employer identification number

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PRESIDENTIAL PRECINCT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>179,659</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>102,021.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

23 2022.04010 PRESIDENTIAL PRECINCT 21224_1

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Name of organization

Employer identification number

46 - 1084540

PRESIDENTIAL PRECINCT

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll OKANA CONTRIBUTION Payroll OKANA CONTRIBUTION (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-15-2		\$	Schedule B (Form 990) (2

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PRESIDENTIAL PRECINCT

Schedule B (Form 990) (2022)

46 - 1084540

16390810 700786 21224

2022.04010 PRESIDENTIAL PRECINCT

21224__1

Employer identification number

Name of o	rganization		Employer identification number
PRESTI	DENTIAL PRECINCT		46-1084540
Part III	Exclusively religious, charitable, etc., contril		n 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	 from any one contributor. Complete columns completing Part III, enter the total of exclusively religiou 	(a) through (e) and the following line entry. For some of \$1,000 or less	or organizations for the year. (Enter this info. once.) \$
	Use duplicate copies of Part III if addition	nal space is needed.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	_
		_	
		_	_
-		(a) Transfor of gift	
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
	£	·	
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_	
		(e) Transfer of gift	
	Transferee's name, address	$a_{\rm A}$ and $ZIP + 4$	Relationship of transferor to transferee
		,	
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
			_
		(e) Transfer of gift	
	Transferee's name, address	a and $7IP + 4$	Relationship of transferor to transferee
(a) No.			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		_	_
		(e) Transfer of gift	
			Deletionship of two of every to two of ever
	Transferee's name, address	, anu ∠ir ' + 4	Relationship of transferor to transferee
		_	
223454 11-15	5-22		Schedule B (Form 990) (2022
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2022.04010 PRESIDENTIAL PRECINCT 21224_1

	Supplement	tal Financial Statementa		OMB No. 1545-0047
		tal Financial Statements ganization answered "Yes" on Form 990,		2022
(For		10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		
	nent of the Treasury Revenue Service Go to www.irs.gov/FormS	Attach to Form 990. 990 for instructions and the latest information.		Open to Public Inspection
Nam	e of the organization		Emp	loyer identification number
Do	PRESIDENTIAL PREC:			46-1084540
Fal	t I Organizations Maintaining Donor Advis organization answered "Yes" on Form 990, Part IV, I		coun	15. Complete if the
			b) Fund	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in			
~	are the organization's property, subject to the organization			Yes No
6	Did the organization inform all grantees, donors, and donor for charitable purposes and not for the benefit of the donor	0 0	-	
		or donor advisor, or for any other purpose comen	Ű	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (for example, recre	eation or education) Preservation of a histo	orically i	mportant land area
	Protection of natural habitat	Preservation of a certit	fied his	toric structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua day of the tax year.	alified conservation contribution in the form of a cor	nservat	ion easement on the last Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b			2a 2b	
c	Number of conservation easements on a certified historic s		2c	
d	Number of conservation easements included in (c) acquired			
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the organiz	zation o	during the tax
	year			
4	Number of states where property subject to conservation e			
5	Does the organization have a written policy regarding the p violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
-	5, 1	, , ,		5 ,
7	Amount of expenses incurred in monitoring, inspecting, ha	ndling of violations, and enforcing conservation eas	sement	s during the year
8	Does each conservation easement reported on line 2(d) abo			
~	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conserva balance sheet, and include, if applicable, the text of the foc	-		
	organization's accounting for conservation easements.		11 0030	
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Other Si	imilar	Assets.
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 8.		
1 a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and bala	ince sh	eet works
	of art, historical treasures, or other similar assets held for p		ice of p	ublic
•	service, provide in Part XIII the text of the footnote to its fin		ok 1	worke of
a	If the organization elected, as permitted under FASB ASC s art, historical treasures, or other similar assets held for pub			
	provide the following amounts relating to these items:	ine exhibition, equeation, or research in furtherance	or pub	
	(i) Revenue included on Form 990, Part VIII, line 1		9	6
	··· · · · · · · · · · · · · · · · · ·		_	S
2	If the organization received or held works of art, historical to			
	the following amounts required to be reported under FASB	0		
а	Revenue included on Form 990, Part VIII, line 1		\$	§

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22 Schedule D (Form 990) 2022

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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization accuston, and other records, check any of the following that make significant use of its contained interms (check all that apply): d Loan or exchange program 6 Debte solubition d Loan or exchange program 7 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 7 During the year, did the organization's collections? Yes No. 8 Provide a description of the organization's collection? Yes No. 9 Did to response the than to be maintained as part of the organization accelection? Yes No. 9 Did the organization and collection? Yes No. 9 Did the organization and provide the following table: Amount Yes No. 10 If the organization and the organization's collection? Yes No. 11 Yes, 'vopian the arrangement in Part XIII and complete the following table: Amount Ico Amount 12 Did the organization and the organization and the organization and the organization and table and the organization and table organization and table organization and table and ta	Sche		NTIAL PREC					108454		ge 2
colection items (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Historical Tr</th> <th>easures, o</th> <th>r Othe</th> <th>r Similar As</th> <th>sets _{(conti}</th> <th>inued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Othe	r Similar As	sets _{(conti}	inued)	
a Public exhibition d Loan or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following that	t make s	ignificant use o	f its		
b Scholarly research e Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solicit on a sender than to be maintained as part of the organization collection? Yes No Part VI Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 980, Part X, line 21. Yes No 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. No Yes No b If Yes', explain the arrangement in Part XIII and complete the following table: Amount To Id		collection items (check all that apply):								
c Preservation for future generations 4 Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dd the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 Dering the year, dd the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 7 Tecore and Custodial Arrangements. Comparison or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 18 Is the organization include an amount on Form 990, Part X, line 21. Amount 19 Is the organization include an amount on Form 990, Part X, line 21. Amount 10 Is the organization include an amount on Form 990, Part X, line 21. Amount 10 Both organization include an amount on Form 990, Part X, line 21. Incl Amount 11 Other organization include an amount on Form 990, Part X, line 21. Incl Incl Incl 10 the organization include an amount on Form 990, Part X, line 21. Incl Incl Incl 11 Tool organization include an amount on Form 990, Part X, line 21. Incl Incl Incl 12 Portinde the organization include	а	Public exhibition	d	I Loan or ex	change progra	am				
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII. During the year, did the organization alcolic or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21, line	b	Scholarly research	е	• Other						
5 During the year, did the organization solicit or receive donations of art, historical tressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? No. Part IV Escrow and Clustodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 18 Is the torganization angement in Part XIII and complete the following table: Amount c Beginning balance 1d c Beginning balance 1d 2a Did the organization angement in Part XIII and complete the following table: Amount d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. Part V The Common Fundos. Complete the explanation has been provided on Part XIII. Im d Garants or scholarships 1 1 Im Im d Garants or scholarships 1 1 Im Im Im Im Im	С	Preservation for future generations								
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d Grants or scholarships	D									
e Other expenditures for facilities and programs	C A									
and programs	a									
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organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3c 3b 3c <	3a			tion that are held :	and administer	red for th	1e			
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings c Leasehold improvements d Equipment 14,089. 12,160. 1,929. e Other	ou								Yes	No
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Image: basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990), Part X,	line 10.			
b Buildings		Description of property		• • •		1		(d) Boo	ok value	
b Buildings	1a	Land								
c Leasehold improvements	-									
d Equipment 14,089. 12,160. 1,929. e Other	с									
e Other					14,089.		12,160.		1,92	9.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	<u>e</u>									
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				1,92	9.

Schedule D (Form 990) 2022

232052 09-01-22

B 1 1 ///		011 0 111	
Dort VII	Invoetmonte_	Other Securities	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			~
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Ves" (on Form 990 Part IV line	11d See Form 990 Part X line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
(a) [on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	1,111.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT		11d. See Form 990, Part X, line 15.	1,111.
(a) (1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605.
(a) (1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) (1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) (1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7)		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6)		11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441. 82.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	1,111. 1,040. 26,605. 2,441.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191.
(a) [(1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.
(a) [(1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION (4) L-T LEASE OBLIGATION	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.
(a) ((1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION (4) L-T LEASE OBLIGATION (5)	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.
(a) [(1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION (4) L-T LEASE OBLIGATION (5) (6)	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value
(a) [(1) SECURITY DEPOSIT (2) UBS BROKERAGE ACCOUNT (3) RIGHT OF USE ASSET (4) PREPAID EXPENSES (5) ACCOUNTS RECEIVABLE (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL LIABILITIES (3) S-T LEASE OBLIGATION (4) L-T LEASE OBLIGATION (5) (6) (7)	Description		1,111. 1,040. 26,605. 2,441. 82. 31,279. 5. (b) Book value 191. 15,772.

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 🛄 🐰

Schedule D (Form 990) 2022

232053 09-01-22

	edule D (Form 990) 2022 PRESIDENTIAL PRECINCT		46-108	4540 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	612,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			612,656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue Addings 2 and 4 Trian 15 and 5 Contract		5	612,656.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			,
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ises per Return.	<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Exper	ises per Return.	
P a 1	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ises per Return.	811,881.
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Exper	ises per Return.	
1	Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With Exper	ises per Return.	
1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Exper 12a. 2a	ises per Return.	
1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2b	ises per Return.	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	ises per Return.	
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1	811,881.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d	1 1	811,881.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2b 2c 2c 2d	1 1	811,881.
1 2 b c d 3	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2c 2d 2d<	1 1	811,881.
1 2 6 6 6 3 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d 2d	1 1	811,881.
1 2 3 4 4	TXII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d 4a 4b 4b	1 1 2e 3	811,881. 0. 811,881. 0.
1 2 a b c d e 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b 4b	1 1 2e 3 4c	811,881. 0. 811,881.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE PRECINCT HAS REVIEW AND EVALUATED THE RELEVANT TECHNICAL MERITS OF

EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE

FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND DETERMINED THAT THERE ARE

NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE

FINANCIAL STATEMENTS OF THE PRECINCT.

232054 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



PRESIDENTIAL PRECINCT

46-1084540

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

FROM THE BIRTHPLACE OF MODERN DEMOCRACY, WE ENGAGE AND INSPIRE EMERGING

LEADERS TO ADDRESS THE MOST PRESSING CHALLENGES IN THEIR COUNTRIES.

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

THE FORM 990 IS REVIEWED BY THE OFFICERS PRIOR TO BEING FILED WITH THE IRS.

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

NEW BOARD MEMBERS AGREE TO A CONFLICT OF INTEREST STATEMENT THAT AFFIRMS

COMPLIANCE WITH THE POLICY AND THAT NO CONFLICTS EXIST.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION HAS ITS FORM 1023 AND FORM 990 AVAILABLE FOR PUBLIC

INSPECTION AT ITS OFFICE

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION HAS ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY AVAILABLE FOR PUBLIC INSPECTION AT ITS OFFICE

FORM 990, PART XII, LINE 2C:

NO CHANGE TO THE OVERSIGHT PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

31 2022.04010 PRESIDENTIAL PRECINCT