# **990-EZ**

# **Short Form Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

20**21** 

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 B Check if applicable: C Name of organization D Employer identification number Address change UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC 52-1945861 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return PO Box 38315 202-375-8393 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return Baltimore, MD 21231 Number ▶ Application pending G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check **▶** ✓ if the organization is **not** required to attach Schedule B I Website: ▶ www.upperfellspoint.org J Tax-exempt status (check only one) — 🗹 501(c)(3) 🗌 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 990). **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 8,687 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . ~ 1 5,876 2 Program service revenue including government fees and contracts 2 2.811 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses . . . . . . . . . . . . b 0 С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 **c** Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . 7a 0 Less: cost of goods sold . . . . . . . . . . . . . . . . 7b b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 0 8 8 0 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . . . . 9 8,687 10 10 0 11 Benefits paid to or for members . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . . . . . 12 0 13 Professional fees and other payments to independent contractors . . . . . . 13 0 14 14 0 15 15 3,575 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 1 . . . . . . 16 4,863 17 17 8,438 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . 18 18 249 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 15,218 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . 21 15,467

Form 990-EZ (2021) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . (A) Beginning of year (B) End of year 15,218 22 22 Cash, savings, and investments . . . 15,467 0 23 23 Land and buildings . . . . . . . . . . . . . . . . 0 Other assets (describe in Schedule O) . . . . . . . 24 0 24 0 25 15,218 25 15,467 Total liabilities (describe in Schedule O) . . . 26 0 26 0 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 15.218 27 15,467 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? **Community Organization** 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Media / Newsletter (See Schedule O) 0) If this amount includes foreign grants, check here 28a (Grants \$ 4,129 Community Garden (See Schedule O) 29a (Grants \$ 0) If this amount includes foreign grants, check here . 1,249 Beautification (See Schedule O) 0) If this amount includes foreign grants, check here . . . . 30a 682 31 Other program services (describe in Schedule O) See.Schedule O,.Statement 2. 0) If this amount includes foreign grants, check here . . . . 31a 2,378 32 8,438 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV . . . . . . . . (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (e) Estimated amount of (Forms W-2/1099-MISC/ (a) Name and title hours per week benefit plans, and other compensation devoted to position 1099-NEC) deferred compensation (if not paid, enter -0-) Bill Miltenberger 4.00 0 0 0 **President** Brian Megali 2.00 0 0 n Vice President Lynnie Moad 3.00 0 0 0 Secretary Marla Hallacy 3.00 0 0 0 Treasurer Erik Franklin 2.00 0 0 0 Parliamentarian

Part V

	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	۷.	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	0.4		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	34		•
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		<b>✓</b>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>/</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a  0	_		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	38a		<b>✓</b>
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 $\blacktriangleright$			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed ► MD			
42a	The organization's books are in care of ► Marla Hallacy  Telephone no. ► 2	202-37	5-8393	3
	1 1 1 1 h === = =======================		-8315	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<b>&gt;</b>
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>&gt;</b> [_
4.4			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		/
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>&gt;</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>/</b>
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	15h		

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 99	90-EZ (2)	J21)							Page -
								Yes	No
46		ne organization engage, directly or ir							
	to ca	ndidates for public office? If "Yes," o	omplete Schedule C,	, Part I			. 46	;	~
Part	VI	Section 501(c)(3) Organizations	s Only				•		•
		All section 501(c)(3) organization		stions 47–49b ar	nd 52, and	complete th	e tables	for lin	nes
		50 and 51.	•		,	•			
		Check if the organization used Sch	nedule () to respond	to any question i	n this Part	VI			
		Check in the organization asea con	icadic o to respond	to arry question i	ii tillo i dit	VI		Yes	No
47	Did +	he organization engage in lobbying	activities or have a	section 501/h) elec	tion in offe	oct during the	tay	163	NO
71		If "Yes," complete Schedule C, Par				ct during the		.	١.,
40	-	•					. 47	_	<b>V</b>
48		organization a school as described in					. 48	_	<b>'</b>
49a		ne organization make any transfers to	-						~
b		es," was the related organization a se							
50		olete this table for the organization's							
	empl	oyees) who each received more than	\$100,000 of comper	nsation from the or	ganization.	If there is non	e, enter '	None.	"
			(b) Average	(c) Reportable		ealth benefits,			
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MIS		ions to employee ans, and deferred	(e) Estima	ited amo ompensa	
			devoted to position	1099-NEC)		npensation	01101 00	or i por ioc	411011
None									
f		number of other employees paid over				_			
51	Com	olete this table for the organization'	s five highest compe	ensated independe	ent contrac	tors who eacl	n receive	d more	e thar
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	service	(c	) Compensa	ation	
	,			(4, 3)			, ,		
None									
				1					
	T-4-1			<b>#</b> 4.00,000					
		number of other independent contra	<del>-</del>						
52		the organization complete Schedu	ile A? <b>Note:</b> All se	ection 501(c)(3) or	ganizations	s must attac			
	comp	oleted Schedule A					► <u>∨</u> Ye	s 🗌	No
		of perjury, I declare that I have examined this r					nowledge a	nd belief	f, it is
uue, co	rect, an	d complete. Declaration of preparer (other than	onicer) is based on all into	milation of which prepa	rei nas any kn	owieage.			
۵.		·							
Sign		Signature of officer				Date			
Here		Marla Hallacy, Treasurer							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature		Date	Check _	if PTIN		
	arar					self-emplo			
Prep		Firm's name ▶	<u>'</u>			Firm's EIN ▶			
Use	Utily	Firm's address ►				Phone no.			
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions			►   Ye	s $\square$	No
,									

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

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

Insp

Employer identification number

Open to Public Inspection

		LLS POINT IMPROVEMENT AS					52-19		
Par		Reason for Public Char	<u> </u>					ons.	
The o	_	zation is not a private founda		,		•	,		
1		church, convention of church					′0(b)(1)(A)(i).		
2		school described in section		,		•	43.7.43.7.113		
3		hospital or a cooperative hos						(:::\	4 4l
4		medical research organization ospital's name, city, and state	•	onjunction with a nosp	oital desc	ribed in s	section 1/U(b)(1)(A)	(III). En	ter the
5		n organization operated for		collogo or university	owned o	r operate	ad by a gavernment	ol unit	doooribad in
5		ection 170(b)(1)(A)(iv). (Com		college or university	owned c	п ореган	ed by a government	ai uiiii	described in
6		federal, state, or local govern							
7		n organization that normally			port from	a gover	nmental unit or fron	n the g	eneral public
		escribed in <b>section 170(b)(1)</b>							
8	_	community trust described in							
9		n agricultural research organi							
	u	r university or a non-land-gra niversity:		•	,		•		
10	☐ A	n organization that normally receipts from activities related	eceives (1) more	than 33 <sup>1</sup> /3% of its su	pport fro	m contrib	outions, membership	fees,	and gross
	SI	upport from gross investment	t income and uni	related business taxal	ble incon	epuons, a ne (less s	ection 511 tax) from	busine	SSES
		cquired by the organization a		-		•	,		
11		n organization organized and	•	•	-		` ', '		
12		n organization organized and							
		ne or more publicly supported	•						
	u –	ne box on lines 12a through 12		*			•		-
а		Type I. A supporting organ							
		the supported organization supporting organization. Ye					the directors or trust	ees or	tne
<b>L</b>	_			· ·				- :- (-) l	
b	_	Type II. A supporting organ control or management of							
		organization(s). You must				Persons	that control of man	age in	s supported
С		Type III functionally integ	-	-		onnectio	n with and functions	ally inte	arated with
·	_	its supported organization(						any mic	igratoa with,
d		Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted o	rganization(s)
		that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	d an a	ttentiveness
		requirement (see instructio	ns). <b>You must c</b>	omplete Part IV, Sec	tions A	and D, ar	nd Part V.		
е		Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	e II, Ty	pe III
		functionally integrated, or T			oporting	organizat	ion.		
f		er the number of supported of	_						
g		vide the following information			1		1		
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	, ,	organization ur governing	(v) Amount of monetary support (see		) Amount of r support (see
				above (see instructions))		ment?	instructions)		structions)
					Yes	N-	-		
					162	No			
(A)									
(B)									
(C)									
<del>(U)</del>									
(D)									
(E)									
Tota									

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 12,825 10,409 13,702 11,869 5,763 54,568 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 12,825 13,702 11,869 10,409 5.763 54,568 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 23,077 Public support. Subtract line 5 from line 4 31,491 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 12,825 11,869 5,763 13,702 10,409 54,568 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 0 0 0 0 **Total support.** Add lines 7 through 10 11 54,568 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 17.148 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 57.71 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, 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 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, 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 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

### 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 falls to quality	under the te	ists listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	<del> </del>		1				
ı a	received from disqualified persons .						
	· · · · · ·		-				
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
01:	line 6.)						
	on B. Total Support	/ ) 0047	# N 0040	( ) 0040	/ IN 0000	( ) 0004	(n =
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2021 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39	
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a						
b	331/3% support tests-2020. If the organize	_	_	-		=	
-	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	Private foundation If the organization did	_	=	•	-		_

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

Cu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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	5a		
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>			
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	6		
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
_	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
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.	10a		
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.)	10b		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

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.

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.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	on 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	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	-	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	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 whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6  Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC

Employer identification number 52-1945861

Form 990-EZ, Part I, Line 17 - Part I, Line 15 - Printing, publications, postage & shipping: Program Service: \$3,575 Part I, Line 16 - Other Expenses: Other Program Services: \$3,406; Insurance: \$1,339; Management \$118 Part III, Line 28 - Media/Communications- Newsletter: Our newsletter is delivered to each residence and business in our entire neighborhood, regardless of membership, to communicate info. regarding the Assoc., neighborhood issues, the neighborhood public school, businesses, social activities, voter registration and elections, & government taxes, regulations & resources. We provide contact info. for all 5 UFPIA officers, 8 committees, City council members, president and state general assembly members. Detailed trash & recycling info., incl. items allowed, containers & storage, pickup or drop-off times & locations, is included in every issue. In 2021, we promoted local businesses and featured those that help fund our newsletter; 73% of our newsletter printing costs were funded by local business ads in 2021. We also provided a Spanish translation of the newsletter. We promoted activities that were held in person or virtually, including the New Year's Day Resolution Race for Earl's Place, a men's shelter; our neighborhood theatre; Black History month; Baltimore Heritage's 5 minute history about Billie Holiday who grew up in our neighborhood; local artists; traffic calming measures to ensure safe walking, biking, etc.; the Fell's Point farmers' market and Baltimore farmers' market; Earth Day; Fell's Point Blood Drive April; Benevolent Bubbles in May, which focuses on mental health awareness; Fiesta Baltimore in Oct.; the Creative Alliance's Great Halloween Lantern Parade & Day of the Dead parade in Oct.; Native American Heritage Month and Cranksgiving in Nov., & a scavenger hunt/food drive for Moveable Feast, a local food bank. We held several social events incl. a National Night Out event in Aug. to promote police-community partnerships and neighborhood camaraderie; garden open houses for neighbors to visit our community garden; a Honey Happy Hour with a local beekeeper; a Sip N' Stroll; an Oktoberfest; a Winter Wander in Dec. that included a scavenger hunt and refreshments. Residents also made donations of childrens' masks & books for the summer reading program at Wolfe Street Academy. We beautified the neighborhood by holding monthly cleanups to pick up trash; planted over 20 trees and added mosaic medallions to several tree beds, as well as spruced up 45 planters. We encouraged residents to participate in the CitiWatch Community Partnership which helps police by sharing video footage from private security cameras, and gave updates on COVID and proper mask disposal. In addition to the newsletter, our website, (www.upperfellspoint.org) enhances communications with our neighbors and fully discloses our regulations and financials. Committees have news/events pages, and all newsletters are viewable. An electronic newsletter (e-blast) is provided monthly. UFPIA also posts on Facebook, Twitter, a Google calendar for area residents, and a Nextdoor site. Our PayPal and Stripe accounts accept payments online for membership dues, donations, fund-raisers and events, as well as payments for newsletter ads and garden dues. An average of 1,200 four-page printed newsletters were composed by 1 member, printed by a business in the neighborhood & distributed 11 months by an average of 17 volunteers, requiring a total of over 200 volunteer hours in 2021. Two members contributed an additional 69 volunteer hours to electronic media efforts in 2021. Part III, Line 29 - Community Garden: The Assoc. has maintained 3 vacant lots at 1825-27-29 E Pratt St. (4,600 sq ft) as a community garden since 1987. Our garden has 16 plots for 22 gardeners with a City water line and a green space used for community events. Free compost is provided for the gardeners. The garden property is protected as a permanent green space by the Baltimore Green Space Land Trust and was purchased from the City with funds provided by our Assoc.. Our Assoc. is a Baltimore Green Space partner organization and our Garden Comm. co-chair is the Baltimore Green Space Site Manager for this property. In addition to maintaining their individual garden plots, all gardeners spend a total of 32 hours/month from April - Nov. to maintain the overall garden space by watering and weeding plants, cutting the grass, taking out the trash, etc. Also, 4 gardeners spent 22 hrs. modifying the compost area; 9 gardeners spent 13 hours reconstructing the water hydrant; and 9 gardeners spent 63.5 hours repairing a block wall and walkway. Over 50 neighbors and gardeners attended a Honey Happy Hour at our garden for National Honey Bee Day in Aug. which included a local beekeeper presentation. In addition, our website has info about pollinators and the best plants to provide food and habitat for them (provided by Bee Informed Baltimore, Sierra Club and Baltimore Bee-Friendly Apiary). The gardeners held an Oktoberfest in the garden in Oct.. There were also several garden open house days for residents to stop by for a visit. In 2021, 24 gardeners & Assoc. members contributed 1,000+ volunteer hours to the garden. Part III, Line 30 -Beautification: Conducted several community cleanups including Mayor's Spring and Fall Clean ups in 2021. Volunteers picked up litter, weeds, and swept gutters/sidewalks. For both Mayor clean-ups, the City's Department of Public Works collected debris; and community members paid for private hauling on others. Beautification arranged with the City's Dept. of Public Works to deliver/collect a community dumpster in the neighborhood 4 times in 2021. Dumpsters allow community residents to discard larger items not collected with regular household trash collection. Illegally dumped items were also cleared from the neighborhood. Metal was separated and recycled. Volunteers canvassed neighborhood on recycling day and reached out to residents to inform them about the initiative to encourage better recycling practices. There are 428 street tree beds within the community. Over 40 tree beds were provided with care which included installation of decorative fencing, cleaning or adding curbside pavers, mulching and planting of ground cover or ornamental grass. The Tree Bed Adornment Project with Mosaic Medallions included a grant for 20 large mosaic "medallions", decorative fencing, pavers, and ground cover to adorn twenty tree beds in the neighborhood. Part III, Line 31 - Other Program Services- Traffic and Parking: The primary goal for the Traffic and Parking comm. is to look at ways to make the streets of the community safer for all, pedestrians, bicyclists, scooter riders and people in cars. The committee has been exploring and discussing ways to do some traffic calming measures, Daylighting at the community intersections along with street art. Some of the committee members participated in a workshop held by Maryland Institute College of Art's

Schedule O (Form 990EZ) 2021 Page 2

## **Supplemental Information (Continued)**

Center for Social Design. The workshop focused on Art in the Right of Way (ROW) and the process/procedure for an art installation, from permits required to types of paint to use. The comm. is working to raise funds to do some Art in the ROW currently. Youth and Education
Committee: The Educ. Comm. organizes and sponsors events for children in our community, often in partnership with Wolfe Street
Academy (WSA), a community charter school in Upper Fells Point. Although due to the pandemic we did not sponsor our usual activities in
2021, it is anticipated that activities will resume. In 2021 the Education Committee supported the following: an initiative to provide necessary
art and school supply donations for the Wolfe Street Academy & WSA student art notecards to help support future comm. projects. Land
Use: Activities included: Monitored zoning appeals, liquor board proceedings that may directly impact the Assoc. Consulted with the
Commission on Historical and Architectural Preservation on the process for and implications of pursuing an historic district designation.
Consulted with the City's Department of Planning on land use guidelines. Led brainstorming sessions on land use guidelines to support a re-write of our guidelines. Consulted with the Neighborhood Design Center on preparation of a community master plan. Safety: The Safety
Comm. held evening walks with law enforcement. The Committee continued coordination of the Block Liaison Program which creates an
info. network between the comm., a point of contact for each block, & the residents. Organized a National Night Out event in Aug., which
included a raffle, and meet & greets with members of the fire department and City officials. We continue to advocate for cafe lighting along
sidewalks.

#### Schedule O, Statement 1

#### **UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC**

Form: **Form 990-EZ (2021)** EIN: **52-1945861** 

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Part I, Line 16

#### Other Expenses Structured Explanation

Description	Amount
insurance	1,339
Management	118
Other Program Services	3,406
Total:	4,863

Schedule O, Statement 2

#### UPPER FELLS POINT IMPROVEMENT ASSOCIATION INC

Form: **Form 990-EZ (2021)** EIN: **52-1945861** 

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Part III, Line 31

Other i rogram cervic	e Accomplianmenta		
Description	Allocations Fo	cludes oreign Grants	Program Service Expenses
Other Program Services (See Schedule O)	0		2,378
Total:			2,378