#### EXTENDED TO MAY 15, 2023

## 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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

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

and ending JUN 30,

JUL 1, 2021

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

Open to Public

B	Check if applicable:	C Name of organization		D Employer identific	cation number	
Г	Address					
F	Name change	Doing business as		27-28980	86	
F	Initial return	· ·				
	Final return/	91 ABERDEEN AVENUE	Room/suite		3-8844	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	981,059.	
	Amende return	CAMBRIDGE, MA 02138		H(a) Is this a group re	eturn	
	Application	F name and address of principal officer: NOD1 EFFICIAL		for subordinates		
	pending	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No	
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions	
		E ► WWW.FRIENDSOFMATENWA.ORG		H(c) Group exemption		
		rganization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2010$ N	1 State of legal domicile: MA	
Pa		Summary				
ě	1 E	riefly describe the organization's mission or most significant activities: $\overline{ t FRIE}$	NDS OF	MATENWA, I	NC.	
Activities & Governance	_	SUPPORTS INITIATIVES GENERATED FROM HAIT				
ērn		check this box 🕨 📖 if the organization discontinued its operations or dispos		1 1		
ું				3	12	
જ		lumber of independent voting members of the governing body (Part VI, line 1b)			10	
ties		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			5 15	
ξį		otal number of volunteers (estimate if necessary)			0.	
Ac		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	ו מ	let unrelated business taxable income from Form 990-T, Part I, line 11	······	Prior Year	Current Year	
	8 0	Contributions and grants (Part VIII, line 1h)		926,524.	926,935.	
Jue		rogram service revenue (Part VIII, line 2g)		0.	0.	
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,978.	18,418.	
æ		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	22,083.	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		932,502.	967,436.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		479,763.	329,470.	
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ý		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		221,920.	286,737.	
nse		rofessional fundraising fees (Part IX, column (A), line 11e)		43,050.	13,047.	
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25)	57.			
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		94,532.	128,509.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		839,265.	757,763.	
	<b>19</b> F	levenue less expenses. Subtract line 18 from line 12		93,237.	209,673.	
or Ices			Ве	ginning of Current Year	End of Year	
Net Assets Fund Balanc	<b>20</b> T	otal assets (Part X, line 16)		1,240,750.	1,411,488.	
at As	<b>21</b> T	otal liabilities (Part X, line 26)		0.	4,952.	
		let assets or fund balances. Subtract line 21 from line 20		1,240,750.	1,406,536.	
	art II	Signature Block				
	-	ies of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	nas any knowledge.		
C:	_	Signature of officer		I Date		
Sig		KODY EMMANUEL, EXECUTIVE DIRECTOR		Duto		
Her	e	Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Check	TI PTIN	
Paid		SANDRA M. BROWN, CPA SANDRA M. BROWN	, CPA		I	
		Firm's name SMITH, SULLIVAN & BROWN, P.C.	,0	Firm's FIN	43-1985162	
		Firm's address 80 FLANDERS ROAD - SUITE #200		THIN S EIN	<del></del>	
		WESTBOROUGH, MA 01581		Phone no. (5	08) 871-7178	
May	the IR	S discuss this return with the preparer shown above? See instructions		1	X Yes No	
_						

Form	1990 (2021) FRIENDS OF MATENWA, INC.	27-2898086	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
•	FRIENDS OF MATENWA, INC. SUPPORTS INITIATIVES GENERATED	FROM HATTT'	S
	RURAL COMMUNITIES FOR THE BETTERMENT OF THEIR EDUCATION		
	JUSTICE, AND HEALTH AND ECONOMIC WELL BEING.	DOCIAL	
	OUSTICE, AND REALITH AND ECONOMIC WELL BEING.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue if any for each program convice reported	•	
4a	FO4 F20 200 470	ie \$	0.)
	MOTHER TONGUE BOOKS AND EDUCATION PROGRAMS AT MCLC:		
	TOTAL TOTAL DOORD THE DESCRIPTION TROCKING THE MODE.		
	IN MOTHER TONGUE BOOKS AND EDUCATION PROGRAMS, CHILDREN	CATM TIMEDA	CV
	WHEN TAUGHT IN THEIR NATIVE CREOLE TONGUE, IN A SAFE AND		
	INTERACTIVE ENVIRONMENT. PROGRAMS EXTEND FROM PRE-SCHOOL		
	LEARNERS INTO HIGH SCHOOL, TEACHING TEACHERS TO ENGAGE O	CHILDREN IN	
	THEIR OWN LEARNING IN MATERWA AND IN OTHER COMMUNITIES.		
	LIVELIHOODS:		
	FOOD SECURITY IS AN ENORMOUS PROBLEM IN HAITI. CROP FA	LURE DUE TO	
	DROUGHT CONDITIONS IN HAITI'S MOUNTAINOUS VILLAGES IS A		
4b	(Code:         ) (Expenses \$         including grants of \$         ) (Revenue)		١
40	(Code) (expenses \$) (Revenue) (Revenue)	le \$	,
4c	/Out	- A	
40	(Code:) (Expenses \$ including grants of \$) (Revenue)	le \$	,
4d	Other program services (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses \$ 584,530.	)	

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
120	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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	Х	
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 total of fundraising event gross income and contributions on Part VIII, lines		Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

#### Part IV Checklist of Required Schedules (continued)

	<del></del>		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		Х
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38		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 1			- 10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

(D21) FRIENDS OF MATENWA, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No		
<b>2</b> a	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	5	37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3			v		
			_	-	X		
	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	•	1		X		
<b>L</b>	financial account in a foreign country (such as a bank account, securities account, or other financial If "Yes," enter the name of the foreign country	account)?	4a		22		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (ERAD)					
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 transaction at any time during the tax year?				X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		·				
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut						
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did : : : : : : : : : : : : : : : : : : :						
b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required					
	to file Form 8282?		7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			X		
е	J , , , , , , , , , , , , , , , , , , ,						
f	3						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		?   7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_				
_			. 8				
9	Sponsoring organizations maintaining donor advised funds.		0-				
a							
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_				
11	Section 501(c)(12) organizations. Enter:	100					
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	<b>Note:</b> 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					
	Enter the amount of reserves on hand	13c			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			-	X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b	+	-		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		45		X		
	excess parachute payment(s) during the year?		15		- 21		
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment.	t incomo?	16		Х		
16	If "Yes," complete Form 4720, Schedule O.	L IIIOUIII <del>o</del> (	10				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv					
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						
	•						

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	- 1	Х
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		22
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
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	) avail:	able
	for public inspection. Indicate how you made these available. Check all that apply.	_ or my	, availe	
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.		_ /1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PEPITO LAVENTURE, FINANCE COORDINATOR - (617) 543-8844			
	91 ABERDEEN AVENUE, CAMBRIDGE, MA 02138			

Form **990** (2021)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	l	211120		C)	про	iout	(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated	
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week (list any						Ĺ	from the	from related organizations	other compensation	
	hours for	direc				pe		organization	(W-2/1099-MISC/	from the	
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	al trus	ınal tr		loyee	comp e		1099-NEC)		and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) CHRISTINE LOW	50.00	드	드	0	ž	工员	프				
FORMER EXECUTIVE DIRECTOR/CHIEF STRA		Х		Х				73,200.	0.	2,750.	
(2) KODY EMMANUEL	40.00							-			
EXECUTIVE DIRECTOR		Х		Х				9,500.	0.	0.	
(3) BARBARA SAMPSON	1.00										
PRESIDENT EMERITUS		Х		Х				0.	0.	0.	
(4) TIMOTHY BOYSEN	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(5) TIM KUNIN	1.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(6) ELIZABETH GIBBONS	2.00										
CLERK		Х		Х				0.	0.	0.	
(7) JOCELYN MCCALLA	6.00			l					•	•	
CO-PRESIDENT		Х		Х				0.	0.	0.	
(8) DONNA HAIG FREEDMAN	6.00	,,		,,					0	0	
CO-PRESIDENT	1 00	Х		Х				0.	0.	0.	
(9) PIERRE ROLEX ST LOUIS	1.00	\ \						0.	0	0	
BOARD MEMBER	2.00	Х						0.	0.	0.	
(10) BRENDAN REILLY	2.00	Х		x				0.	0.	0.	
TREASURER (11) EDWARD KUH	1.00	^		Δ				0.	0.	0.	
BOARD MEMBER	1.00	Х						0.	0.	0.	
(12) ANEL BELLEVUE	1.00	<u> </u>						0.	0.		
BOARD MEMBER	1.00	x						0.	0.	0.	
(13) KRYSTEL KANZKI	1.00										
BOARD MEMBER		x						0.	0.	0.	
		L_	L_		<u> </u>						

Form **990** (2021)

Page 8

	: VII   Section A. Officers, Directors, True	(B)	<u> </u>		((		JJ		(D)	(E)			(F)	
	Name and title	Average	1		Posi	itior			Reportable	( <b>⊏)</b> Reportable		E-	וי) timate	ad he
	Name and title	hours per		not c					compensation	compensation	n		nount	
		week		cer an					from	from related			other	
		(list any	tor						the	organizations			pensa	
		hours for	dire				pg Gg		organization	(W-2/1099-MIS			om th	
		related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations	altrus	nal tr		oyee	omp		1099-NEC)				d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		iii ie)	릴	lus	₩0	Key	iĘ, ili	윤						
			-											
			-											
	Cultinial								82,700.		0.		2,7	50
	Subtotal  Total from continuation sheets to Part V								02,700.		0.		4,1	0.
	Total (add lines 1b and 1c)								82,700.		0.		2,7	
	Total number of individuals (including but								•	000 of reportable	-		_ , ,	<del>50.</del>
	compensation from the organization	iot illilited to ti	1030	iioto	o ai	DOV	C) WI	10 1	cocived more than proc	,000 or reportable				0
													Yes	No
	Did the organization list any <b>former</b> officer line 1a? If "Yes." complete Schedule J for	,	,	,		,	,	•	, ,	•		3		Х
	For any individual listed on line 1a, is the s								her compensation from					
	and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr							
	rendered to the organization? If "Yes," conion B. Independent Contractors	nplete Schedul	e J t	or st	uch <sub>i</sub>	pers	son .					5		X
	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	N	INC	3				<b>(B)</b> Description of s	ervices	С	ompe)		n
2	Total number of independent contractors	including but n	not li	mite	d to	tho	ا می	ster	d above) who received n	ore than				
	\$100,000 of compensation from the organ		.01 11		J 10		0	ردتر	a abovo, who received h	.5.5 (1)				
												Form	990 (	2021)

Form 990 (2021) FRIENDS OF MATENWA, INC. 27-2898086 Page 9

Part VIII Statement of Revenue

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

(A) (B) (C) (D)

Revenue excluded from tax under sections 512 - 514

				Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
nts nts	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S, G		Fundraising events 1c	144,400.				
ar ji		Related organizations 1d					
s, (		Government grants (contributions) 1e					
rigi	f	A 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
the			782,535.				
	ç	Noncash contributions included in lines 1a-1f					
a S	ŀ	Total. Add lines 1a-1f		926,935.			
			Business Code				
9	2 8	ı [					
Program Service Revenue	k						
S I	(						
eve leve	(	1					
90 F	6						
₫	f	All other program service revenue					
$\Box$	ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)		18,418.			18,418.
	4	Income from investment of tax-exempt bond pr	1				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
o l	r	Less: cost or other basis					
eun		and sales expenses 7b					
ev		Gain or (loss) 7c 7c	<b>•</b>				
Other Revenue		Gross income from fundraising events (not					
듄	0 6	including \$ 144,400. of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	35,706.				
	ŀ	Less: direct expenses 8b	13,623.				
		Net income or (loss) from fundraising events		22,083.			22,083.
		Gross income from gaming activities. See					,
		Part IV, line 199a					
	Ł	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	·				
		and allowances 10a					
	k	Less: cost of goods sold10b					
		Net income or (loss) from sales of inventory					
<u>s</u>			Business Code				
eon le	11 a	1					
lan	k	o					
Miscellaneous Revenue	C						
Σ		All other revenue					
		• Total. Add lines 11a-11d	<b>&gt;</b>	967,436.	0.	0.	40.501.
	12	Total revenue. See instructions	<b>P</b>	20/.430	ı ().		1 40.301.

132009 12-09-21

Form **990** (2021)

#### 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).

Dο	Check if Schedule O contains a respon-	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	329,470.	329,470.		
	individuals. See Part IV, lines 15 and 16	329,470.	323,470.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	123,011.	79,391.	18,841.	24,779
6	trustees, and key employees  Compensation not included above to disqualified	123,011.	15,551.	10,041.	24,117
O	persons (as defined under section 4958(f)(1)) and				
	norsons described in section 40F0(s)(D)				
7	Other salaries and wages	135,778.	95,936.	23,654.	16,188
8	Pension plan accruals and contributions (include		22,230.		
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	7,464.	4,270.	3,194.	
10	Payroll taxes	20,484.	13,209.	4,175.	3,100
11	Fees for services (nonemployees):			7-1-1	-,
 а					
b		8,415.		8,415.	
c		13,350.		13,350.	
	Lobbying	,			
е	D ( ' 1( 1 ' ' ' O D ' N( ' ' 47	13,047.			13,047
f	Investment management fees				-
g	// / L 100/ / L 05 F				
	column (A), amount, list line 11g expenses on Sch O.)	11,632.			11,632
12	Advertising and promotion				
13	Office expenses	43,552.	17,397.	8,706.	17,449
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	11,893.	7,337.	114.	4,442
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 756		1 756	
23	Insurance	1,756.		1,756.	
24	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.)				
а	PROGRAM SUPPLIES	37,390.	37,390.		
h	MISCELLANEOUS	521.	130.	271.	120
C					
d					
e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	757,763.	584,530.	82,476.	90,757
<u> </u>	<b>Joint costs.</b> 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)				

## Form 990 (2021) Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part X			
_				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	4 4 5 4 5
	2	Savings and temporary cash investments $\dots$		1,012,205.	2	1,047,810
	3	Pledges and grants receivable, net			3	155,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren	t or former officer, director,			
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri			6	
ايز	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	5,278
	10a	Land, buildings, and equipment: cost or other	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	228,545.	11	203,400	
	12	Investments - other securities. See Part IV, lir		12		
	13	Investments - program-related. See Part IV, li		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	1,240,750.	16	1,411,488
	17	Accounts payable and accrued expenses			17	4,952
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer officer, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
<u>a</u>		controlled entity or family member of any of t	hese persons		22	
-	23	Secured mortgages and notes payable to un	related third parties		23	
	24	Unsecured notes and loans payable to unrela	ated third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on li	nes 17-24). Complete Part X			
					25	4 050
	26	Total liabilities. Add lines 17 through 25		0.	26	4,952
ဖွ		Organizations that follow FASB ASC 958, or	check here   X			
ဥ		and complete lines 27, 28, 32, and 33.		1 001 000		004 204
<u>a</u> a	27	Net assets without donor restrictions		1,081,909.	27	984,384
<u>8</u>	28	Net assets with donor restrictions		158,841.	28	422,152
5		Organizations that do not follow FASB AS	C 958, check here ▶ 📖			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current fun			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
ک	31	Retained earnings, endowment, accumulated		4 0 4 0 == 6	31	1 100 -00
ž	32	Total net assets or fund balances		1,240,750.	32	1,406,536
	33	Total liabilities and net assets/fund balances		1,240,750.	33	1,411,488 Form <b>990</b> (2021

Page	1	2
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Ра	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	96'	7 <u>,4</u>	36.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			63. 73.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,24					
5	Net unrealized gains (losses) on investments	5	-4:	3,8	87.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,40	6,5	36.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
	•			Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?	-	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2021)			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization FRIENDS OF MATENWA. 27-2898086 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support	71		•			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	. ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	735,324.	657,875.	813,263.	926,524.	926,935.	4059921.
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	505 004	655 055	010 060	226 524	225 225	1050001
4	Total. Add lines 1 through 3	735,324.	657,875.	813,263.	926,524.	926,935.	4059921.
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)						1339428.
	Public support. Subtract line 5 from line 4.						2720493.
	ction B. Total Support	r			<b>T</b>	r - 1	
	ndar year (or fiscal year beginning in)	(a) 2017 735,324.	(b) 2018 657,875.	(c) 2019 813, 263.	(d) 2020 926,524.	(e) 2021 926, 935.	(f) Total 4059921.
	Amounts from line 4	735,324.	05/,0/5.	013,203.	926,524.	940,933.	4059921.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,096.	15,613.	6,475.	5,978.	18,418.	48,580.
_	and income from similar sources	4,090.	13,613.	0,4/3.	5,970.	10,410.	40,300.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	2,359.	3,056.				5,415.
	assets (Explain in Part VI.)	2,333.	3,030.				4113916.
12	Gross receipts from related activities,	eta (see inetrueti	one)			12	473,618.
	First 5 years. If the Form 990 is for the			fourth or fifth tax			17370101
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		14	66.13 %
	Public support percentage from 2020					15	62.26 %
	33 1/3% support test - 2021. If the d					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and <b>stop he</b>	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2020.</b> If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu		-				<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2011	(2) 2313	(0) 2010	(4) 2020	(6) 2021	(i) rotal
•	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						
7a	Amounts included on lines 1, 2, and						
	3 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						
c	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) ► 📗	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: 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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	organization's f	irst second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	tion
•	ala and dhain hay awal adam haya	•		,	•		
Sec	ction C. Computation of Public					<u></u>	
	Public support percentage for 2021 (lir			column (f))		15	%
	Public support percentage from 2020					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 202					17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the c						
.56	more than 33 1/3%, check this box an	-					<b></b> is not
h	33 1/3% support tests - 2020. If the c						and
N.	line 18 is not more than 33 1/3%, chec	•			•	·	
20	Private foundation. If the organization						
		on look a		, o	und 000 II		

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
4	A /Earr	~ 000	0004

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ly member of a person described on line 11a above?	11b		
		s controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more s	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		e organization operate for the benefit of any supported organization other than the supported	-		
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
		C. Type II Supporting Organizations			
		71 11 0 0		Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
		D. All Type III Supporting Organizations			
		J1 11 0 0		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	_	ison of the relationship described on line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		rted organizations played in this regard.	3		
		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b> .			
· a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns)	
2		ies Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization evergise 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.

Sche	dule A (Form 990) 2021 FRIENDS OF MATENWA, INC	C.		27-2898086 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

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

Schedule A (Form 990) 2021

instructions).

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ıs	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u> _	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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,

		See instru								
SCHE	DUI	EA,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
OTHE	R I	NCOM	€							
2017	ΑM	OUNT:	: \$	2,3	59.					
2018	ΑM	OUNT	: \$	3,0	56.					
2021	ΑM	OUNT	: \$	0.						

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF MATENWA, INC.

**Employer identification number** 27-2898086

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) zenor adviced iamae	(a) i and and only accounts
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		funds
3	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor		
Par		ganization answered "Yes" on Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	-	,
·	Preservation of land for public use (for example, recreations)		istorically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year ►		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservatior	n easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	s that describes the
	organization's accounting for conservation easements.		
Par			er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 99		
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furthera	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	- · · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Ti	reasures,	or Oth	er Simi	lar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following th	at make	significan	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progi	ram					
b	Scholarly research	е			0 1 0						
C	Preservation for future generations	_									_
4	Provide a description of the organization's co	ollections and explain	n how ti	nev further t	the organizat	tion's exe	emnt nurr	nose in Par	t XIII		
5	During the year, did the organization solicit of	•		-	-			3000 IIII ai	. 7.111.		
J	to be sold to raise funds rather than to be ma				•				Yes	□ No	
Pai	t IV Escrow and Custodial Arran										<u>-</u>
	reported an amount on Form 990, Pa		) (C    (I   (C	, organizatio	on answered	103 01	11 01111 00	, , , , , , , , , , , , , , , , , , , ,	III IC 3, 01		
	Is the organization an agent, trustee, custod		liary for	contributio	ns or other a	ssets no	t included	1			_
ıu									Yes		
h	on Form 990, Part X?								_ 1 <i>e</i> 5	INC	,
D	ii res, explain the arrangement in Part Alli	and complete the to	llowing	lable.				1	Amoun	<del></del>	_
	B							-	Amoun		_
	Beginning balance							-			_
	Additions during the year										_
е	Distributions during the year										_
f	Ending balance										_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	ility?	L	<b>∐</b> Yes	⊢ No	)
b	If "Yes," explain the arrangement in Part XIII.								<u></u>		_
Pai	TV Endowment Funds. Complete i	f the organization an	swered	"Yes" on F							
		(a) Current year	(b) F	rior year	(c) Two year	ars back	(d) Three	years back	(e) Four	r years back	
1a	Beginning of year balance										
b	Contributions	296,879.									
	Net investment earnings, gains, and losses	-24,727.									
	Grants or scholarships										
	Other expenditures for facilities										_
_	and programs										
f	Administrative expenses										_
		272,152.									-
_	End of year balance		o (lino 1	a solumn /	a)) bold oo:						_
2	Provide the estimated percentage of the cur	• 0000	•	g, column (	a)) neid as.						
	Board designated or quasi-endowment ►  Permanent endowment ► 100		_%								
		%									
С	Term endowment ▶ .0000	, -									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiza	ation th	at are held a	and administ	ered for	the organ	ization	r		_
	by:									Yes No	_
	(i) Unrelated organizations								. 3a(i)	X	_
	(ii) Related organizations									X	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on S	Schedule R?	?				. 3b		
_4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part I	V, line 11a.	See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	ccumula	ted	(d) Boo	k value	
		basis (investn	nent)	basis	(other)	de	preciatio	n	` '		
1a	Land										_
	Buildings										_
	Leasehold improvements										_
						1					_
	Equipment Other					1					_
	Other		X colu	nn (R) lino	10c)	ı				0	_
iUld	i naa iires ra iirougii re. (o <i>oiulliii (u) illust</i> e	guari onn 330, Fall	A, CUIUI	וווו, נטן ווווכ	, 00.,			. 💌 🗆		9	•

Schedule D (Form 990) 2021

	MATENWA, INC.	27	-2898086 Page 3
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)		-	d of voor morket value
	(b) Book value	(c) Method of valuation: Cost or end	u-or-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Col. (b) must squal Form 000, Port V. col. (P) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990. Part X. line 15	
	Description	Tra. Geer offit Goo, Farex, line fo.	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	; 15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
171			i e

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2021

(8)

chedi	ule D (Form 990) 2021 FRIENDS OF MATENWA, INC.			27-28	398086 <sub>Page</sub> 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	nents With			<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1 T	Fotal revenue, gains, and other support per audited financial statements			1	924,855
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-43,887. 1,306.		
	Donated services and use of facilities		1,306.		
	Recoveries of prior year grants				
d (	Other (Describe in Part XIII.)	2d			40 504
	Add lines <b>2a</b> through <b>2d</b>			2e	-42,581
<b>3</b> S	Subtract line 2e from line 1			3	967,436
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
b (	Other (Describe in Part XIII.)	4b			0
	Add lines <b>4a</b> and <b>4b</b>			4c	0.67.426
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	967,436
Part	XII Reconciliation of Expenses per Audited Financial Stater		Expenses per	Return	<b>l.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				750 060
	Total expenses and losses per audited financial statements			1	759,069
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	1 200		
	Donated services and use of facilities		1,306.		
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)				1 206
	Add lines 2a through 2d			2e	1,306 757,763
	Subtract line <b>2e</b> from line <b>1</b>			3	757,763
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)				0
	Add lines <b>4a</b> and <b>4b</b>			4c	757,763
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  XIII Supplemental Information.			5	131,103
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			1; Part X,	line 2; Part XI,

Schedule D (Form 990) 2021

#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
rR:	IENDS OF MATE	NWA, INC	•			27-289808	6
				tside the United States. Comple	ete if the organ		
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes L No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3		he following Part	: I. line 3 table ca	an be duplicated if additional space is i	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If acting is a pro- describe	vity listed in (d) gram service, s specific type (s) in the region	(f) Total expenditures for and investments in the region
EN	TRAL AMERICA AND		<u></u>				
HE	CARIBBEAN -			PROGRAM SERVICES, GRANT	ELEMENTARY	& SECONDARY	
NT	IGUA & BARBUDA,			RECIPIENTS LOCATED IN THE	EDUCATION,	LIVELIHOODS	
RUI	BA, BAHAMAS,	0	0	REGION	AND EMERGEN	CY ASSISTANCE	329,470.
3 a	Subtotal	0	0				329,470.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a	0					329 470

132071 12-20-21

Schedule F (Form 990) 2021

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

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN	PROGRAM SERVICES:					
		- ANTIGUA &	CENTRAL AMERICA					
		BARBUDA, ARUBA,	SUPPORT PROGRAMS	329,470.	WIRE TRANSFER	0.	N/A	

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

#### Schedule F (Form 990) 2021 Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

# Schedule F (Form 990) 2021 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: THE MATENWA COMMUNITY LEARNING CENTER PROPOSES ANNUAL GOALS AND BUDGETS TO FOM. THESE ARE REVIEWED BY STAFF AND REVISED/APPROVED BY THE EXECUTIVE DIRECTOR. FOM'S ANNUAL BUDGET, INCLUDING PROPOSED GRANTS TO MCLC, IS APPROVED BY FOM'S BOARD OF DIRECTORS.

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

FRIENDS	OF MATENWA, INC.					27-2898	086
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursured	ion of ion of fundra (includ	non-g gover ising o ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (v) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)							
		Yes	No				
Fotal							
List all states in which the organization or licensing.	on is registered or licensed to solicit o		utions	I s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	\ "
Revenue	1 Gross receipts		180,106.			180,106.
	2	Less: Contributions	144,400.			144,400.
	3	Gross income (line 1 minus line 2)	35,706.			35,706.
	4 Cash prizes					
Se	5	Noncash prizes				
xpense	6	Rent/facility costs	1,000.			1,000.
Direct Expenses	7	Food and beverages	6,230.			6,230.
	8	Entertainment				
	9	Other direct expenses	6,393.			6,393.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	13,623.
		Net income summary. Subtract line 10 from li				22,083.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	ı	# > Dull tabe (instant		( n =
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
		GIOSS TEVERIDE				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes % No	
	Ū			NO	NO	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming action," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	nedule G (Form 990) 2021 FRIENDS OF MATENWA, INC. 27-3	2898	086	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			140
	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$			
	of "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pá	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, li	nes 9,	9b, 10b,

Schedule G	(Form 990)	FRIENDS OF	MATENWA,	INC.	27-2898086 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued)			
-					

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

FRIENDS OF MATENWA, INC.

Employer identification number 27-2898086

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE BETTERMENT OF THEIR EDUCATION, SOCIAL JUSTICE, AND HEALTH AND
ECONOMIC WELL BEING.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROBLEM AND POVERTY PREVENTS FAMILIES FROM BUYING FOOD WHEN CROPS FAIL.
INITIATIVES CURRENTLY UNDERWAY INCLUDE INTRODUCING HENS, ENCOURAGING
SMALL SCALE VEGETABLE GARDENING AND WATER CONSERVATION, SUPPORTING
ARTISAN GROUPS, AND DEVELOPING MUSICAL TALENTS.
COMMUNITY OUTREACH:
IN RESPONSE TO A PARTICULAR URGENT NEED OR EMERGENCY, THIS PROGRAM
PROVIDES MINI-GRANTS IN THE MATENWA COMMUNITY, TO MEET A FOOD, SHELTER,
OR MEDICAL EMERGENCY NEED.
POST-GRAD SCHOLARSHIPS AND ENTREPRENEURSHIP:
MCLC GRADUATES RECEIVE FULL OR PARTIAL SCHOLARSHIPS IN SUPPORT OF
CONTINUING EDUCATION. SMALL START-UP GRANTS ARE OFFERED TO ENCOURAGE
ENTREPRENEURSHIP. MCLC ALSO OFFERS WORKSHOPS TO ITS GRADUATES IN ORDER
TO FURTHER DEVELOP VOCATIONAL SKILLS.

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS

FILING. THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2** 

Name of the organization FRIENDS OF MATENWA, INC.	Employer identification number 27 – 2898086
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FRO	M ALL BOARD
MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DIS	CLOSURE OF ANY
POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A	DISCLOSURE
STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE D	)IS-INTERESTED
BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS F	EQUIRED TO LEAVE
THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSS	SION AND DECISION
MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PRO	CEDURES TO OBTAIN
COMPETITIVE BIDS AND DILIGENCE ON FAIR MARKET VALUE WILL	BE ESTABLISHED.
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION PROCESS FOR TOP OFFICIAL-PRESIDENT OR THEIR	BOARD APPOINTEE
COLLECT COMPARABLE DATA AND PRESENTS THAT DATA AND A RECO	MMENDATION TO THE
BOARD, THE BOARD VOTE IS RECORDED IN BOARD MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	