EXTENDED TO MAY 16, 2022

Form **990**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

and ending JUN 30, 2021 Open to Public

В	Check if applicable:	C Name of organization	D Employer identific	cation number				
	Address							
F	change Name change	Doing business as	────────────────────────────────────	86				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su						
	Final return/	91 ABERDEEN AVENUE		3-8844				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	932,502.				
	Amende	CAMBRIDGE, MA 02130	H(a) Is this a group re					
	Applica- tion pending		for subordinates					
_		SAME AS C ABOVE	H(b) Are all subordinates in					
<u> </u>	Tax-exer	mpt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or 50 5 € WWW.FRIENDSOFMATENWA.ORG		list. See instructions				
			H(c) Group exemption	n number ► ¶ State of legal domicile: MA				
		Summary	ar or formation. 2010 N	Julia de la legal domiche, 1111				
		riefly describe the organization's mission or most significant activities: FRIENDS (F MATENWA, I	NC.				
Governance	5	SUPPORTS INITIATIVES GENERATED FROM HAITI'S F	URAL COMMUNI	TIES FOR				
ern		check this box 🕨 📖 if the organization discontinued its operations or disposed of m	1 1					
36		lumber of voting members of the governing body (Part VI, line 1a)		12				
		lumber of independent voting members of the governing body (Part VI, line 1b)		11				
Activities &		otal number of individuals employed in calendar year 2020 (Part V, line 2a)		$\frac{4}{12}$				
ξį		otal number of volunteers (estimate if necessary)		0.				
Ą		otal unrelated business revenue from Part VIII, column (C), line 12 let unrelated business taxable income from Form 990-T, Part I, line 11		0.				
_	"	ict difficiated business taxable income norm offin 550 f, f art f, infe f f	Prior Year	Current Year				
ø)	8 0	Contributions and grants (Part VIII, line 1h)	813,263.	926,524.				
ğ		rogram service revenue (Part VIII, line 2g)	128,100.	0.				
Revenue	10 lr	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	6,475.	5,978.				
ш.	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,938.	0.				
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	958,776.	932,502.				
		arants and similar amounts paid (Part IX, column (A), lines 1-3)	438,219.	479,763.				
		lenefits paid to or for members (Part IX, column (A), line 4)	0. 163,678.	221,920.				
Expenses		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,663.	43,050.				
Sen	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	49,003.	43,030.				
Ä		otal fundraising expenses (Part IX, column (D), line 25) 91,067. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	172,897.	94,532.				
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	824,457.	839,265.				
	19 F	levenue less expenses. Subtract line 18 from line 12	134,319.	93,237.				
Net Assets or Fund Balances		·	Beginning of Current Year	End of Year				
sets	20 T	otal assets (Part X, line 16)	1,108,826.	1,240,750.				
t As	21 T	otal liabilities (Part X, line 26)	0.	0.				
	22 \	let assets or fund balances. Subtract line 21 from line 20	1,108,826.	1,240,750.				
	art II	Signature Block		ulunaviladas and haliaf ikia				
		ies of perjury, I declare that I have examined this return, including accompanying schedules and stat and complete. Declaration of preparer (other than officer) is based on all information of which prepa		y knowledge and beller, it is				
uuu	, соптест,	and complete. Declaration of preparet (other than officer) is based on an information of which preparet	The read any knowledge.					
Sig	n	Signature of officer	Date					
He		CHRISTINE LOW, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	-	SANDRA M. BROWN, CPA SANDRA M. BROWN, CPA		P01614103 43-1985162				
Use	Only	Firm's address 80 FLANDERS ROAD - SUITE #200		00\ 071 7170				
		WESTBOROUGH, MA 01581	Phone no. (5					
Ma	y the IR	S discuss this return with the preparer shown above? See instructions		X Yes No				

032002 12-23-20

Form **990** (2020)

674,742.

Total program service expenses

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			7.7
	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			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			$ _{\mathbf{x}}$
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
'	the organization's separate of 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
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u></u>	Ι Δ

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Form **990** (2020)

Form 990 (2020) FRIENDS OF MATENWA Part IV | Checklist of Required Schedules (continued)

. u	onestalet of respanse continued		V	NI -
00	Did the constraint as years there of 000 of syears or other assistance to sufer demonstrain dividuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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			v
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
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		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		_X_
	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 lines 28a or 28b?If			
	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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 in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2020) FRIENDS OF MATENWA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 14 1 1 2a 14				Yes	No					
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines 1 and 2a is greated than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 1 has it filed a Form 950 T for this year? If Yo' To line 3b, provide an explanation on Schedule 0 3b A At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5b If Yes, 1 filed a free free file or the year of the organization file of the year of the provided of the year? 5c Was the organization approxy to a prohibited tax shelter transaction? 5c University of the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c University of the 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicity any contributions that were not tax deductibles of masses of the second transplace of the prohibited tax shelter transaction or gifts were not tax deductibles of entirely the organization for the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or character of the such organization receiver a payment in excess of \$75 made party is a contribution of quality for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 1 indicate the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did If Yes, "has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0 3 Did If Yes," has it filed a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0 3 Did If Yes, "series the name of the foreign country [such as a bank account; securities account, or other financial accounts; (FBAR). 5 Did If Yes, "enter the name of the foreign country [such as a bank account; securities account, or other financial accounts; (FBAR). 5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any exponization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any exponization 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? 5 Did any exponization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6 Did the organization shart may receive deductible contributions under section 170(c). 6 Did the organization solicity as permit in access of \$76 made party is a contribution and party for goods and services provided? 7 Did the organization solicity as permit in access of \$76 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization solicity as permit in access of \$76 made party is a contribution and party for goods and services provided to the payor? 7 Did the organization solicity as permit in access of \$76 made party is a contribution of the value of the payor to which it was required to the Form 8822? 6 Did the organization solicity as permit in access		filed for the calendar year ending with or within the year covered by this return 2a 2								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has if tilled a Form 9807 for this year? If "Not * to im 83,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, provide an explanation on Schedule O. 4b If "Yes," inter the name of the foreign country. 5c In It "Yes * to line Sar of Sh, did the foreign country. 5c In It yes * to line Sar of Sh, did the foreign country. 5c In It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization the organization the organization in the are formally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Drainizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8882 field during the year 6d If "Yes," indicate the number of Forms 8882 field during the year 7c Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1908 or to the Form 8809 as required? 8d Did the organization received a contribution of a contri	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country Securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax shelter transaction? 6c Did any taxable party notify the organization file Form 888877. 6c Did was 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? 6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided? 7c Did the organization express any expression and party for goods and services provided to the payor? 7a Was to file form 8282? 7b Did the organization receive a payment in excess of \$15 made party as a contribution of payment and the paym		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ 5a Was the organization party to a prohibited tax whether transaction? 5b Was the organization that it was or is a party to a prohibited tax whether transaction? 5c If "Yes" to lie So or 5b, did the organization the ferm 88867? 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 schariable contributions? 6b Wes the organization related to tax deductible schariable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization stat any precive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions under section 170(c). b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization state any receive deductible contributions and any arriy for goods and services provided to the payor? 7c If Yes, "Indicate the number of Forms 8222 filed during the year to the Form 82822 filed during the year. b Did the organization enough a contribution of a device the year of the year in the yea	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
the interval of the contributions of the financial account, or other financial account)? b if 1'Yes, 'reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year. 5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6d Does the organization shall are not tax deductible as charitable contributions? 6d I 'Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization shall many receive deductible contributions under section 170(c). 8 Did the organization receive apparent in excess of \$75 made party as a contribution of party or provided to the payor? 7 Did the organization received apparent in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 7 Did the organization received apparent in excess of \$75 made party as a contribution of organization organization ore the value of the goods or services provided? 7 Did the organization received a contribution of the value of the goods or services provided? 8 Did the signalization received a contribution of unit payor to a presonal benefit contract? 7 Did the organization received a contribution of unit payor to payor promiums on a personal benefit contract? 7 Did the organization received a contribution of unit provery of the organization file a Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8890 as required? 1 If the organization have excess business holdings at any time during	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sar of Sb, of the organization file Form 88867? 5c Dese 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 Was the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization norify the donor of the value of the goods or services provided? 9 If "Yes," did the organization norify the donor of the value of the goods or services provided? 7b If "Yes," inclinate the number of Forms 8282 filed during the year 9 If If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 10 Sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organization make a distribution to a chorn, donor advised fund maintained by the sponsoring organization make a distribution to a chorn of advised funds. Did a chorn advised fund the properties of the form 1098-C? 10 If the organization received an orthibution of cars, boats, airplanes, or the vehic	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b							
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X					
If "Yes," complete Form 4720, Schedule O.					77					
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	Fa	000	(0000)					

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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			,,,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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.			
	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 finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PEPITO LAVENTURE, FINANCE COORDINATOR - (617) 543-8844 91 ABERDEEN AVENUE, CAMBRIDGE, MA 02138			
	OF THE PARTY IN THE OFF CONTINUE TO THE COLOR			

Form **990** (2020)

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRISTINE LOW	40.00							66 000	•	2 200
BOARD MEMBER/EXECUTIVE DIRECTOR	1 00	Х		Х	<u> </u>			66,000.	0.	3,300.
(2) BARBARA SAMPSON	1.00	X		х				0.	0.	0.
PRESIDENT EMERITUS (3) TIMOTHY BOYSEN	1.00	^		Δ	\vdash			0.	0.	0.
(3) TIMOTHY BOYSEN BOARD MEMBER	1.00	x						0.	0.	0.
(4) TIM KUNIN	1.00	^			\vdash			0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(5) ELIZABETH GIBBONS	5.00								0.	
CLERK		x		х				0.	0.	0.
(6) JOCELYN MCCALLA	10.00									
CO-PRESIDENT		Х		х				0.	0.	0.
(7) DONNA HAIG FREEDMAN	10.00									
CO-PRESIDENT		Х		Х				0.	0.	0.
(8) PIERRE ROLEX ST LOUIS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BRENDAN REILLY	5.00									
TREASURER		Х		Х				0.	0.	0.
(10) ED KUH	1.00									
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(11) ANEL BELLEVUE	1.00	,,							0	0
BOARD MEMBER	1 00	Х			<u> </u>			0.	0.	0.
(12) KRYSTEL KANZKI	1.00	x						0.	0.	0.
BOARD MEMBER		^						0.	0.	0.
					L					
		1								
					Ц_					

Form 990 (2020)

Page 8

	T VII Section A. Officers, Directors, Trus	(B)	, <u>y</u>	230,	(C		<u> </u>		(D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	(∟) Reportable		Fe	וי) timate	d
	Name and title	hours per			t check more than one nless person is both an				compensation	compensation			nount	
		week		officer and a direc					from	from related			other	
		(list any	ctor						the	organizations	s	com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	÷
		related	stee c	rustee			ensa		(W-2/1099-MISC)			•	anizati	
		organizations below	al tru	onal tı		loyee	comp						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	ns
														•
									<u> </u>					
									66.000					•
	Subtotal								66,000.		0.		3,3	
	Total from continuation sheets to Part VI								0.		0.		2 2	0.
	Total (add lines 1b and 1c)								66,000.		0.		3,3	JU.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wh	io r	eceived more than \$100	,000 of reportabl	е			0
	oon pondanon nomine organization p												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s	•	,	•	•	•	,	·	, ,	•		3		Х
4	For any individual listed on line 1a, is the su								her compensation from			3		
•	and related organizations greater than \$15	•							•	•		4		Х
5	Did any person listed on line 1a receive or a													
<u> </u>	rendered to the organization? If "Yes," com	-				-						5		X
<u>Sec</u>	ction B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	rs t	that received more than	\$100.000 of com	pens	ation f	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	ONE	S				(B) Description of s	ervices	С	(C omper		1
								_						
										l I				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lii	mite	d to		se lis	stec	d above) who received n	nore than				

032008 12-23-20

	rt v	4111			a in their Dark VIII			
			Check if Schedule O contains a respons	e or note to any lin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant			Federated campaigns 1a Membership dues 1b					
m G			Fundraising events 1c					
ifts ir A			Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
ber		•	similar amounts not included above 1f	926,524.				
oğ.		a	Noncash contributions included in lines 1a-1f	010,011				
Sor		_	Total. Add lines 1a-1f	•	926,524.			
		<u></u>	Totali / Ida III Ioo Ta Ti	Business Code	7 2 7 7 2 2 2 3			
e e	2	а						
vic	_	b						
Program Service Revenue		c						
am		d						
ogr		e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte					
			other similar amounts))	5,978.			5,978.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
Jue			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
		d	Net gain or (loss)	>				
ther	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses					
			Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See	_				
			Part IV, line 19					
			Less: direct expenses					
			Net income or (loss) from gaming activities	···········				
	10	а	Gross sales of inventory, less returns	_				
			and allowances					
			•					
		C	Net income or (loss) from sales of inventory	Business Code				
snc	44	_		Dualifeas Code				
Miscellaneous Revenue	11	a b		·				
ella		C						
<u>is</u>			All other revenue					
≥			Total. Add lines 11a-11d					
	12	_	Total revenue. See instructions		932,502.	0.	0.	5,978.

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 responsion tinclude amounts reported on lines 6b,	(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	479,763.	479,763.		
4	individuals. See Part IV, lines 15 and 16	479,703.	479,703.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	77,407.	48,563.	20,346.	8,498
6	trustees, and key employees Compensation not included above to disqualified	11,4016	40,303.	20,340.	0,400
О	persons (as defined under section 4958(f)(1)) and				
	paragna described in costion (0F0(a)(0)(D)				
7		127,392.	90,110.	21,461.	15,821
7 8	Other salaries and wages Pension plan accruals and contributions (include	101,3300	20,110	21, 101.	10,021
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,245.	1,120.	125.	
9 10	Payroll taxes	15,876.	10,369.	3,681.	1,826
11	Fees for services (nonemployees):	23 / 3 / 3 /	20,0001	3,3323	2,020
'' a	. ' ' ' '				
b					
c		12,500.		12,500.	
	Lobbying				
e	D (' 1(1 ' ' ' O D ' N(' ' 47	43,050.			43,050
f	Investment management fees	.,			. ,
g	// / L 100/ (II 05				
9	column (A) amount, list line 11g expenses on Sch O.)	28,411.	14,200.	608.	13,603
12	Advertising and promotion	·			·
13	Office expenses	33,799.	18,103.	8,531.	7,165
14	Information technology			•	·
15	Royalties				
16	Occupancy				
17	Travel	10,309.	9,526.	783.	
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				
23	Insurance	904.		904.	
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	MISCELLANEOUS	8,609.	2,988.	4,517.	1,104
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	839,265.	674,742.	73,456.	91,067
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020) Part X | Balance Sheet

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	909,827.	2	1,012,205.
	3	Pledges and grants receivable, net	15,000.	3	0.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation10b		10c	
	11	Investments - publicly traded securities	183,999.	11	228,545.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1 1 1 1 1 1 1 1 1 1 1 1	16	1,240,750.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
iii.		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
"		Organizations that follow FASB ASC 958, check here ▶ X			
ces		and complete lines 27, 28, 32, and 33.			
ıları	27	Net assets without donor restrictions	926,958.	27	1,081,909.
I Be	28	Net assets with donor restrictions	181,868.	28	158,841.
nu		Organizations that do not follow FASB ASC 958, check here			
гF		and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Nei	32	Total net assets or fund balances	1,108,826.	32	1,240,750.
	33	Total liabilities and net assets/fund balances		33	1,240,750.

Form	1990 (2020) FRIENDS OF MATENWA, INC.	27-28	398086	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			02.
2	Total expenses (must equal Part IX, column (A), line 25)	2			65.
3	Revenue less expenses. Subtract line 2 from line 1	3			37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,108		
5	Net unrealized gains (losses) on investments	5	38	3,6	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	1,240	7, 7	<u>50.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		·····	
				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 in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	, 3				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

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

Name of the organization FRIENDS OF MATENWA

Employer identification number 27-2898086

		FRIE	NDS OF MAT	ENWA, INC.				2	7-2898086
Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	ıs.	
he o	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect i							
3		A hospital or a cooperative		•			ii).		
4		A medical research organiz						Viii). Enter	the hospital's name.
		city, and state:		· ·				,,,	,
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental i	ınit descrik	ned in
•		section 170(b)(1)(A)(iv). (C		mage or arminarany armina	. o. opo.a				
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)	(v)		
	X	An organization that norma						ha ganaral	nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	rom a gov	Ciriiriciitai	drift of from t	ne general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ II \				
9		An agricultural research org				nd in coni	nction with a	land grant	collogo
9		-				-		-	-
		or university or a non-land-g	grant college or agric	ulture (see instructions)	ciller lile	marrie, city	, and state o	i trie colleg	le or
10		university: An organization that norma	lly receives (1) more	than 22 1/20/ of its our	nort from		no momboro	hin food a	ad aross reseints from
10									
		activities related to its exen		•					-
		income and unrelated busin		(less section of reak) if	om busine	sses acqu	illed by the of	gariizatiori	arter June 30, 1973.
11		See section 509(a)(2). (Cor An organization organized a	•	ively to test for public so	ofaty Saa	caction 50	10(2)(4)		
12		An organization organized a	•	•	•			arry out the	nurnoses of one or
12		more publicly supported or	•	•	•		•	•	• •
		lines 12a through 12d that	-						oricon the box in
а		Type I. A supporting orga	• •			-		-	, aivina
u		the supported organization	•	•		•			
		organization. You must o			a majority v	or the direc	otors or truste	,03 01 110 0	apporting
h		Type II. A supporting org			tion with it	s sunnorti	ed organizatio	n(s) hy ha	ivina
		control or management o	•				-		-
		organization(s). You mus			arrio poroc	ono triat oc	oritror or mane	igo ino our	portod
c		Type III functionally inte			in connec	tion with a	and functiona	lly integrate	ed with
•		its supported organization						,	5 ,
d		Type III non-functionally						rted organi	zation(s)
-		that is not functionally int	= ::					-	
		requirement (see instruct	-		-		•		
е		Check this box if the orga	•	- ·				II. Type III	
		functionally integrated, or					,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,,	
f	Ente	er the number of supported o	raspizations	, , ,	0 0				
g	Prov	ide the following informatior	about the supporte	ed organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)

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	7.1	•	,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	397,068.	735,324.	657,875.	813,263.	926,524.	3530054.
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	205 260	F 25 224	<u> </u>	012 062	006 504	2522254
	Total. Add lines 1 through 3	397,068.	735,324.	657,875.	813,263.	926,524.	3530054.
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,						1200277
_	column (f)						$\frac{1308277.}{2221777.}$
	Public support. Subtract line 5 from line 4.						2221///•
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 0017	(a) 2019	(4) 2010	(=) 2020	(f) Total
		(a) 2016 397, 068.	(b) 2017 735,324.	(c) 2018 657, 875.	(d) 2019 813, 263.	(e) 2020 926, 524.	(f) Total 3530054 •
	Amounts from line 4	337,000.	755,524.	037,073.	013,203.	J20, J24.	3330034.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	873.	2,096.	15,613.	6,475.	5,978.	31,035.
9	Net income from unrelated business	0,50	2,0300	20,020	0,2,00	373701	32,0001
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,085.	2,359.	3,056.			7,500.
11	Total support. Add lines 7 through 10						3568589.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	639,188.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					14	62.26 %
	Public support percentage from 2019					15	59.71 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact					_	
,	meets the facts-and-circumstances te	ū	•	• • • •	•		
b	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		▶□
10	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	in did flot check a	DUX UIT III IE TO, TO	a, 100, 17ä, 01 17t	J, CHECK HIS DOX 8	ina see instruction	<u> </u>

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	ion C. Type it Supporting Organizations		\	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	34		
-	j, j,,,			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	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):			
а	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			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on 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	es of supported organization	ns 3	
4	Amounts paid to acquire exempt-use assets	11 0	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	,	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.	3	8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	·	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2020	Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019 e Excess from 2020

	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)											
SCHEI	DULE	Α,	PART	II,	LINE	10,	EXPLANA	TION	FOR	OTHER	INCOME:	
OTHER	RIN	COME	1									
2016	AMO	UNT:	\$	2,08	35.							
2017	AMO	UNT:	\$	2,35	59.							
2018	AMO	UNT:	\$	3,05	56.							
2019	AMO	UNT:	\$	0.								
2020	AMO	UNT:	\$	0.								
-												

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

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 Open to Public Inspection

Name of the organization

FRIENDS OF MATENWA, INC.

Employer identification number 27-2898086

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$	annig on molations, and other only contact ration	caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce 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	asures, or other similar assets for financial gai	in, 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	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2020 FRIENDS OF	MATENWA, INC.	27	-2898086 _{Page} 3
Part VII Investments - Other Securities.			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value		d-of-year market value
(1)			
(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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.			
	" on Form 990 Part IV line 1	11d See Form 990 Part X line 15	
		114. 2001 0111 000,1 4117, 1110 10.	(b) Book value
			. ,
	15\		
	ie 15.)		
	am Farms 000 Dart IV line of	Ida ay 116 Caa Fayya 000 Bart V lina 05	
(a) Description of link like	on Form 990, Part IV, line	Tie or Tif. See Form 990, Part X, line 25	
			(b) book value
(5)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25.)	>	

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) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	edule D (Form 990) 2020 FRIENDS OF MATENWA, INC.				398086 _{Page}
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Revenue per R	leturn.	
1	Table on a graduation and able of a graduation and the design and			1	972,264
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a	38,687.		
	Donated services and use of facilities		1,075.		
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	39,762
3	Subtract line 2e from line 1			3	932,502
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	932,502
	rt XII Reconciliation of Expenses per Audited Financial Staten			Return) <u>.</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	840,340
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1,075.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	1,075
3	Subtract line 2e from line 1			3	839,265
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	•		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	839,265
Pa	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part X,	line 2; Part XI,

Schedule D (Form 990) 2020

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
R.	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	stance?X	Yes L No
2		ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
2	United States.	ho following Bort	. L lina 2 table o	on he duplicated if additional appear is	acadad \		
3	(a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is a (d) Activities conducted in the region		vity listed in (d)	(f) Total
	()	offices	`employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
EN	TRAL AMERICA AND						
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	479,763.
3 a	Subtotal	0	0				479,763.
b	Total from continuation						
	sheets to Part I	0	0				0.
С	Totals (add lines 3a	_	,				479 763

032071 12-03-20

Schedule F (Form 990) 2020

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) 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:					
			CENTRAL AMERICA					
			SUPPORT PROGRAMS	479 763	WIRE TRANSFER	0	N/A	
		DIMEDODII, IMODII,	Soffent Incommis	173,703.	WIRE IRENOTER	•		

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

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 (For	m 990) 2020

Schedule F (Form 990) 2020 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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2020

Open to Public Inspection

Name of the organization	OF MATENWA, INC.					Employer ide 27-2898	ntification number
Part I Fundraising Activities	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV,	line 1		
required to complete this par 1 Indicate whether the organization rais a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	sed funds through any of the following set of the solicitary of the following set of the solicitary of	tion of tion of I fundra I (include profess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
JEMIMA DOUYON - 220		Yes	No				
SUMMERGATE LANE, VILLA RICA,	DEVELOPMENT COORDINATOR		Х	0.		43,050.	0.
Total			•			43,050.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notifie	d it is	exempt from re	egistration
MA							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2020

Pa		of fundraising event contributions and gr	oss income on Form 99	00-EZ, lines 1 and 6b. Lis	t events with gross recei	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	Coi. (C))
Revenue		Crass resoints				
Re	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	ľ	Odon p. 1200				
(C)	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			
_	11	Net income summary. Subtract line 10 from I				
Pa	rt I		answered "Yes" on For	m 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	n > Dellitata de de ataut	1	1
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1	Gross revenue				
"		Cash prizes				
Direct Expenses	3	Noncash prizes				
ot Ex						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %			
	6	Volunteer labor	└── No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	>	
		ter the state(s) in which the organization condu				V N.
		the organization licensed to conduct gaming a				
J	"	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or	terminated during the ta	x year?	Yes No
		Yes," explain:				
		1-25-20			Sahadula C /Fa	orm 990 or 990-EZ) 202

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Sch	edule G (Form 990 or 990-EZ) 2020 FRIENDS OF MATENWA, INC. 27-2	2898	086	Page 3
11	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:			
	The organization's facility	13a		%
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🔻	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\\$			
c	If "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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	∟'`	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year ► \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lir	AC 0 (2h 10h
ı u	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	u t III, III	165 9, 3	9D, 10D,
	······································			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISEF	≀S:		
(I) NAME OF FUNDRAISER: JEMIMA DOUYON			
(I) ADDRESS OF FUNDRAISER: 220 SUMMERGATE LANE, VILLA RICA, GA	301	80	

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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

ECONOMIC WELL BEING.

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

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

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 PRIOR TO ITS THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S FILING. EXECUTIVE DIRECTOR.

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

THE BOARD OF DIRECTORS REQUIRES AN ANNUAL DECLARATION FROM ALL BOARD MEMBERS AND SENIOR MANAGEMENT AS TO THE EXISTENCE AND DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST. THE BOARD MEMBERS SIGN A DISCLOSURE STATEMENT. ANY POTENTIAL CONFLICTS ARE DISCUSSED BY THE DIS-INTERESTED BOARD MEMBERS, WHILE THE PARTY IN POTENTIAL CONFLICT IS REQUIRED TO LEAVE THE ROOM. BOARD MEETING MINUTES WILL DOCUMENT THE DISCUSSION AND DECISION MAKING PROCESS. IN THE EVENT OF A POTENTIAL CONFLICT, PROCEDURES 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 HER BOARD APPOINTEE COLLECT COMPARABLE DATA AND PRESENTS THAT DATA AND A RECOMMENDATION TO THE BOARD, THE BOARD VOTE IS RECORDED IN BOARD MINUTES.

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

UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020