**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.

OMB No. 1545-0047

Department of the Treasury

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

2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change FRIENDS OF MATENWA, INC. Name change 27-2898086 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 91 ABERDEEN AVENUE (617) 543-8844 700.747. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 02138 CAMBRIDGE, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CHRISTINE LOW Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: **X** 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MATENWA.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other Year of formation: 2010 M State of legal domicile: MA Trust Part I Summary Briefly describe the organization's mission or most significant activities: FRIENDS OF MATENWA'S MISSION Activities & Governance TO SUPPORT PROGRAMS THAT OFFER THE MATENWA, HAITI COMMUNITY if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,061,807. 675,804. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 14,744. 24,943. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -19,443. -9,529. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 ,057,108. 691,218. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 597,580. 605,709. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 283,378. 135,685. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 62,915. 168,155. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 943,873.909,549. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 113,235. -218,331. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 1,528,468. 1,358,663. Total assets (Part X, line 16) 0. 29,148. 21 Total liabilities (Part X, line 26) 三年 528,468. 329,515 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign CHRISTINE LOW, FOUNDER/EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name SANDRA M. BROWN, CPA 10/29/24 P01614103 SANDRA M. BROWN, CPA Paid self-employed SMITH, SULLIVAN & BROWN, P.C. Firm's EIN 43-1985162 Preparer Firm's name Firm's address 80 FLANDERS ROAD, SUITE 302 Use Only Phone no. 508-871-7178 WESTBOROUGH, MA 01581 X Yes May the IRS discuss this return with the preparer shown above? See instructions

# Form 990 (2023) FRIENDS OF MATENWA, INC. 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? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		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, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١		₹.
40	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		Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		X
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13	• • •	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del>
b	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	145		
	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	<u>.                                   </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form 990 (2023) FRIENDS OF MATENWA, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			l
	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			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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
	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?			٠,,
	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			٠,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
· ui	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di ficte to any line in this Fart V		V	N/-
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b	Enter the number of Fernie W Za moladed of line 14. Enter 6 in not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	(gambling) winnings to prize winners?	1c	000	

Form 990 (2023) FRIENDS OF MATENWA, INC.

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
		1							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		_					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.		37					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x					
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa							
b	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).	6b							
	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?	7a		х					
	and the second of the second o	7b							
	<ul> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> <li>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required</li> </ul>								
Ŭ	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f									
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	4							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	4							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	٠							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\dashv$							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form 990 (2023) FRIENDS OF MATENWA, INC. 27-2898086 Page
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			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14										
	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 13										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X							
6	and the second s										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		X							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	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	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b											
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	and the contract of the contra										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	X								
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								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		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									
Sec	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))	only)	availal	ole							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X 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, and	finan	cial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
	PEPITO LAVENTURE, FINANCE COORDINATOR - (617) 543-8844										
	91 ABERDEEN AVENUE CAMBRIDGE MA 02138										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average	(do	(C) Position (do not check more than one					(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director				Highest compensated through semployee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
(1) CHRISTINE LOW	50.00	르	Ë	10 0	- S	<u>= = = = = = = = = = = = = = = = = = = </u>	요			
FOUNDER/EXECUTIVE DIRECTOR	3333	х						74,111.	0.	6,600.
(2) BARBARA SAMPSON	2.00							,	-	,
FOUNDER/PRESIDENT EMERITA		Х		х				0.	0.	0.
(3) KENIA SELAMY	2.00									
TREASURER		Х		Х				0.	0.	0.
(4) HEATHER YOW	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) JOSIANE BARNES	1.00									
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(6) FRANCOISE DEVERSON GONZALES	2.00									
DIRECTOR		Х						0.	0.	0.
(7) CHARLES GREGORY BERROUET	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) BRENDAN REILLY	1.00									
BOARD MEMBER		Х		Х				0.	0.	0.
(9) TIMOTHY BOYSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) TIM KUNIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) PIERRE ROLEX ST LOUIS	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) ANEL BELLEVUE	1.00	1							_	_
BOARD MEMBER	1	Х						0.	0.	0.
(13) KRYSTEL KANZKI	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
										_
		-								
						L				

332007 12-21-23 Form **990** (2023)

27-2898086

Part VII	Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	er (do not check more than one box, unless person is both an officer and a director/trustee)					n an	( <b>D</b> )  Reportable  compensation  from	<b>(E)</b> Reportable compensation from related	on	l .	(F) stimate nount other	of
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	ar	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MIS 1099-NEC)	SC/	compensate compensation compensation compensation companization compensation compen		e ion
		line)	Indivi	Institu	Officer	Key er	Highe	Former						
	from continuation sheets to Part VI	I, Section A							74,111.		0.		6,600.	
2 Total r	(add lines 1b and 1c) number of individuals (including but nensation from the organization								74,111. eceived more than \$100,	000 of reportable	0. e		6,6	00.
	e organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on			Yes	No
4 For an	? If "Yes," complete Schedule J for s y individual listed on line 1a, is the su	ım of reportabl	е сс	mpe	ensa	tion	and	oth		ne organization		3		X
5 Did an	lated organizations greater than \$150 y person listed on line 1a receive or a	accrue compen	ısati	on fi	om	any	unre	elate	ed organization or individ	dual for services		4		X
	red to the organization? If "Yes." com Independent Contractors	iplete Schedule	9 <i>J f</i>	or si	ıch <u>i</u>	oers	on					5		
	lete this table for your five highest co ganization. Report compensation for										pensa	tion fr	om	
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	C		C) ensatio	n
	number of independent contractors (i		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				

Form 990 (2023) FRIENDS
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a resp	onse (	or note to any line	e in this Part VIII			
			CHOCK II COHOGGIC C C	701111	<u> </u>	01100	or rioto to uriy iii i	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
S O	1		Federated campaigns		1a						
anta	'										
يج و							1,940.				
ts, Ar			Fundraising events				1,940.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
ns, Sim			Government grants (contri								
itio er S		f	All other contributions, gifts,				672 064				
jb.			similar amounts not included	abov			673,864.				
ontr		g	Noncash contributions included in I	ines 1	a-1f <b>1g</b>	\$		655 004			
g G		h	Total. Add lines 1a-1f					675,804.			
							Business Code				
é	2	2 a	-								
ē Ķ		b									
Program Service Revenue		С									
am		d									
Ba		е									
Pro		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
	_							24,943.			24,943.
	4	L	Income from investment o								
	5		Royalties		· ·	-					
	J	•	noyalles		(i) Rea	al	(ii) Personal				
	_		O	C-	(1) 1100	41	(ii) i ciocitai				
	ю		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)		1						
	7	a	Gross amount from sales of		(i) Secur	ties	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
ven		С	Gain or (loss)	7с							
Revenue		d	Net gain or (loss)			<u></u> .					
ther	8		Gross income from fundraisir								
o∉			including \$1	, 9	<b>40</b> . of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a	0.				
		b	Less: direct expenses				9,529.				
			Net income or (loss) from t					-9,529.			-9,529.
	9		Gross income from gamin								
			Part IV, line 19	-							
		h	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, le			~					
		, u	and allowances			10a					
		h									
			Less: cost of goods sold				1				
		C	Net income or (loss) from s	sales	o or invento	лу	Business Code				
ns		ء ا					Duaniesa Coue				
leo ue	11	l a									
llan		b									
Miscellaneous Revenue		C									
Mis			All other revenue								
_			Total. Add lines 11a-11d					601 010			45 44 4
	12	2	Total revenue. See instructio	ns				691,218.	0.	0.	15,414.

# Form 990 (2023) FRIENDS OF MATENWA, INC. Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respon	se or note to any line in			X						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	605,709.	605,709.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	81,955.	65,564.	4,917.	11,474.						
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	43,192.	11,601.	21,089.	10,502.						
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)		4								
9	Other employee benefits	2,022.	1,423. 5,387.	599.							
10	Payroll taxes	8,516.	5,387.	2,446.	683.						
11	Fees for services (nonemployees):										
а	Management										
b	Legal	17 200		17 200							
C	Accounting	17,300.		17,300.							
d	Lobbying										
e	Professional fundraising services. See Part IV, line 17										
f	Other. (If line 11g amount exceeds 10% of line 25,										
g	column (A), amount, list line 11g expenses on Sch 0.)	113,279.			113,279.						
12	Advertising and promotion	220,2750									
13	Office expenses	13,881.	1,455.	6,544.	5,882.						
14	Information technology	,	,	7	- ,						
15	Royalties										
16	Occupancy										
17	Travel	3,293.	1,837.		1,456.						
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	F 000		F 222							
23	Insurance	5,838.		5,838.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)										
а	PROGRAM SUPPLIES	13,522.	13,522.								
b	MISCELLANEOUS	1,042.		1,042.							
С											
d											
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	909,549.	706,498.	59,775.	143,276.						
26	<b>Joint costs.</b> Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				5 <b>000</b> (2222)						

Form 990 (2023)
Part X Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		839,398.	2	805,346.
	3	Pledges and grants receivable, net		465,332.	3	230,233.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges		1,437.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	222,301.	11	323,084.	
	12	Investments - other securities. See Part IV, line	-	12	-	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq		1,528,468.	16	1,358,663.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18	29,148.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
s	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub-				
iqu		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	Γ			
		parties, and other liabilities not included on line	•			
					25	
	26			0.	26	29,148.
		Organizations that follow FASB ASC 958, ch				,
es		and complete lines 27, 28, 32, and 33.				
auc	27	Net assets without donor restrictions		747,730.	27	746,199.
Bala	28	Net assets with donor restrictions		780,738.	28	583,316.
ρl		Organizations that do not follow FASB ASC		•		,
Ful		and complete lines 29 through 33.				
ō	29	Capital stock or trust principal, or current fund	s		29	
ets	30	Paid-in or capital surplus, or land, building, or e			30	
Ass	31	Retained earnings, endowment, accumulated i			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,528,468.	32	1,329,515.
Z	33	Total liabilities and net assets/fund balances		1,528,468.	33	1,358,663.
		Total habilities and flet assets/fully balarices		_, 5_5, 155.	50	5 <b>990</b> (2000)

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 18.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	-218				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,52				
5	Net unrealized gains (losses) on investments	19,37					
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						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EDITENDO OF MARRIA THO

Employer identification number

FRIENDS OF MATENWA, 27-2898086 INC. Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023 FRIENDS OF MATENWA , INC. 27-2898086 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	813,263.	926,524.	926,935.	1061807.	675,804.	4404333.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	813,263.	926,524.	926,935.	1061807.	675,804.	4404333.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1285697.
6	Public support. Subtract line 5 from line 4.						3118636.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	813,263.	926,524.	926,935.	1061807.	675,804.	4404333.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,475.	5,978.	18,418.	14,744.	24,943.	70,558.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						4474891.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	183,072.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	here					
	ction C. Computation of Publi					Г	
	Public support percentage for 2023 (I					14	69.69 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	64.48 %
16a	33 1/3% support test - 2023. If the o	-					
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	· ·	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

#### 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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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.)						
Se	ction B. Total Support		1	Γ		1	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					12.47.1/21	
14	First 5 years. If the Form 990 is for the	-			•		
Sa	check this box and stop here ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			oolumn (f))		15	0/
	Public support percentage from 2022		•	.,,		16	<u>%</u>
	ction D. Computation of Inves	·				1 10 1	70
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	<u>%</u>
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box ar						7 15 1101
ŀ	33 1/3% support tests - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations			
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	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	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	<b>2</b> b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990) 2023 FRIENDS OF MATENWA, INC			27-2898086 Page <b>6</b>
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t 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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		

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

6

Schedule A (Form 990) 2023

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

Sche <b>Pa</b> ı	dule A (Form 990) 2023 FRIENDS OF MA		nizationa /		1-2090000 Page 7
	, ,	(a)(3) Supporting Orga	mzauons (continu	<i>led)</i>	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe			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 organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
<u>6</u> -	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		<b>/</b> >	10	<b></b>
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

Schedule A	A (Forn	n 990)	2023		FRIE	NDS (	OF M	ATENW	IA, I	NC.			27-2898086	Page 8
Part VI	Sup Part line Sec	<b>pple:</b> t IV, Se 1; Par tion D	mental ection A, t IV, Sec	lines 1, tion D, li	<b>nation.</b> 2, 3b, 3c, ines 2 and	Provide , 4b, 4c, d 3; Part	the exp 5a, 6, 9 IV, Sec	olanations a, 9b, 9c, tion E, lin	require , 11a, 11 es 1c, 2a	d by Par b, and 1 a, 2b, 3a	1c; Part IV, ı, and 3b; Pa	Section B, lines ırt V, line 1; Pari	or 17b; Part III, line 12; s 1 and 2; Part IV, Secti t V, Section B, line 1e; I ional information.	on C,
SCHEDU	JLE	Α,	PART	II,	LINE	E 10,	EXI	PLANA	TION	FOR	OTHER	INCOME:		
OTHER	INC	COME	3											

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

FRIENDS OF MATENWA, INC. **Employer identification number** 27-2898086

		(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 w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's fi	nancial statements th	at describes the
<b>D</b> -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(conti	nued)	uge –
3	Using the organization's acquisition, accession						(00	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	collection items (check all that apply).	,	,	3	3				
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e		age pregram					
c	Preservation for future generations	J							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's eve	mnt nurno	se in Part	XIII		
5	During the year, did the organization solicit or					oc iiii ait	AIII.		
J	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
1 0	reported an amount on Form 990, Par		e ii tile organization	ranswered res on	1 01111 330,	i aitiv, ii	110 0, 01		
12	Is the organization an agent, trustee, custodia		iary for contribution	s or other assets no	t included				
Ia							Yes		No
h	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII a						_ 165		_
D	ii res, explain the arrangement in Part Alli a	and complete the ion	owing table.				Amoun		
_	Deginning belongs				40		7 (1110011		
C	Beginning balance								
	Additions during the year								
e	Distributions during the year								
f	Ending balance						7		7
	Did the organization include an amount on Fo				ility?		Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if						T		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	<b>(e)</b> Fou	years	back
1a	Beginning of year balance	291,510.	272,152.						
b	Contributions			296,879.					
С	Net investment earnings, gains, and losses	31,574.	19,358.	-24,727.					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	323,084.	291,510.	272,152.					
2	Provide the estimated percentage of the curre	ent vear end balance	-						
a	Board designated or quasi-endowment	• 0000	%	, 1101d do.					
b	Permanent endowment 100	%							
	Term endowment .0000								
·	The percentages on lines 2a, 2b, and 2c shou								
2-		•	tion that are hold on	d administered for t	ha				
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	ia administered for t	ne			Yes	No
	organization by:						0-(1)	103	X
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?						3a(ii)		
	If "Yes" on line 3a(ii), are the related organization						3b		
4 Do:	Describe in Part XIII the intended uses of the		vment funds.						
Pai	t VI Land, Buildings, and Equipme		D . W. F. 44 0	5 000 D 13					
	Complete if the organization answered			Ī					
	Description of property	(a) Cost or of basis (investm			Accumulate epreciation	ed	(d) Boo	k value	е
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other	I							
	. Add lines 1a through 1e. (Column (d) must ed		K line 10c column	(R))					0.
		audi i Ollii 330. i all /	v. iii le 100. ColuiTill	<i>DII</i>					

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" of the organization and t	on Form 000 Part IV line	110 Soo Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
· · · · · · · · · · · · · · · · · · ·	(b) Dook value	(3) Montos di Valdation. Cost di enc	or your market value
<u>(1)</u>		+	
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1)			(2) 2001. Tailor
(2)			
(3)			
(4)			
(5)			
(6)			
(0) (7)			
<u>(8)</u> (9)			
	(D))		
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X   Other Liabilities	<u>. (B))</u>		
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	<del></del>		(b) Book value
(1) Federal income taxes			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(D))		
- COMPRODUCTION TO THE SECOND CONTRACT OF THE PRODUCT OF THE PRODU	IDH		

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

Par	t XI	Reconciliation of Revenue per Audited Financial	Statements With R	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements	s		1	710,596.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	nrealized gains (losses) on investments	2a	19,378.		
b	Donat	ted services and use of facilities	2b			
С	Recov	veries of prior year grants	2c			
d	Other	r (Describe in Part XIII.)	2d			
е	Add li	ines <b>2a</b> through <b>2d</b>			2e	19,378. 691,218.
3	Subtra	act line <b>2e</b> from line <b>1</b>			3	691,218.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	r (Describe in Part XIII.)	4b			
С	Add li	ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)		5	691,218.
Pai	rt XII	Reconciliation of Expenses per Audited Financia	I Statements With	Expenses per F	Return	
		Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total	expenses and losses per audited financial statements			1	909,549.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ted services and use of facilities	2a			
b	Prior y	year adjustments	2b			
С		rlosses	_			
d	Other	r (Describe in Part XIII.)	2d			
е	Add li	ines 2a through 2d			2e	0.
3		ract line <b>2e</b> from line <b>1</b>			3	909,549.
4		unts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	r (Describe in Part XIII.)	4b			
С		ines <b>4a</b> and <b>4b</b>			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. I	line 18.)		5	909,549.
ines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	ide any additional informa	ation.		

#### SCHEDULE F (Form 990)

#### 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** FRIENDS OF MATENWA, INC. 27-2898086 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND THE CARIBBEAN -PROGRAM SERVICES, GRANT ELEMENTARY & SECONDARY EDUCATION, LIVELIHOODS ANTIGUA & BARBUDA, RECIPIENTS LOCATED IN THE ARUBA, BAHAMAS, 0 REGION AND EMERGENCY ASSISTANCE 605,709. 0 0 605,709. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 605,709. and 3b)

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

Schedule F (Form 990) 2023

Part II Grants and Other	er Assistance to Org	ganizations or Entities (	Outside the United States. C	omplete if the or	ganization answered	I "Yes" on Form	990, Part IV, line 15, for	any
recipient who rec	ceived more than \$5,	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	I ICI 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)
		- ANTIGUA &	PROGRAM SERVICES: CENTRAL AMERICA					
		BARBUDA, ARUBA,	SUPPORT PROGRAMS	605,709.	WIRE TRANSFER	0.	N/A	

2	Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the fo	oreign country, r	ecognized as a tax		
	exempt 501(c)(3) organ	nization by the IRS, o	or for which the grantee o	or counsel has provided a secti	ion 501(c)(3) equ	ivalency letter	 	1
3	Enter total number of o	other organizations c	or entities					C

Part III	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.							
(a) <sup>1</sup>	Part III can be duplicated if a	dditional space is needd (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

# Schedule F (Form 990) 2023 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 FRIENDS OF MATENWA, INC.	27-2898086	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting me (estimated number of recipients), as applicable. Also complete this part to provide any additional inf		
(estimated number of recipiones), as appreciate. Files complete the part to provide any additional in	orniadori. Odo iriotraduorio.	
PART I, LINE 2:		
THE NATIONAL CONGRESSION I DADNING COMMED DECECTED AND INC.	ALG AND DUDGEEG	
THE MATENWA COMMUNITY LEARNING CENTER PROPOSES ANNUAL GOA	ILS AND BUDGETS	
TO FOM. THESE ARE REVIEWED BY STAFF AND REVISED/APPROVE	BY THE CHIEF	
STRATEGY OFFICER. FOM'S ANNUAL BUDGET, INCLUDING PROPOSE	ED GRANTS TO	
MCLC, IS APPROVED BY FOM'S BOARD OF DIRECTORS.		

#### **SCHEDULE G** (Form 990)

Department of the Treasury

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number FRIENDS OF MATENWA, 27-2898086 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) ESCA - 14141 SW 154TH COURT. PROFESSIONAL FUNDRAISING Yes No SERVICES Х MIAMI, FL 33196 49,000 0 49,000. BIANCA LOUIS - 14141 SW 154TH PROFESSIONAL FUNDRAISING COURT, MIAMI, FL 33196 SERVICES Х 47,520 0 47,520. BRIAN STEVENS - 984 NE 145TH PROFESSIONAL FUNDRAISING STREET, MIAMI, FL 33161 SERVICES Х 16,759 0 16,759. 113 279 113 279. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sch	edu	le G (Form 990) 2023 FRIENDS	OF MATENWA,	INC.	27-	2898086 Page 2	
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						
		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receipt	ts greater than \$5,000.	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events	
						(add col. (a) through	
						col. <b>(c)</b> )	
a)			(event type)	(event type)	(total number)	001. <b>(0)</b> )	
Revenue							
eve	1	Gross receipts					
α.							
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
	5	Noncash prizes					
ses							
ens	6	Rent/facility costs					
Direct Expenses							
act	7	Food and beverages					
Ë							
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)				
	11						
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
_		\$15,000 on Form 990-EZ, line 6a.		6.5.4.1.6	I	1.5	
ō			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add	
Revenue				billigo/progressive billigo		col. (a) through col. (c))	
Re√							
_	1	Gross revenue					
	_						
es	2	Cash prizes					
Expenses		Managalandas					
άX	3	Noncash prizes					
7		Double silibus and					
Dire	4	Rent/facility costs					
	_	Other direct eveness					
_	5	Other direct expenses	<b>V</b> 0/	Vac 0/	V 0/		
	_	Volunteer labor	Yes %	Yes %			
	٥	Volunteer labor	L No	L No	No		
	7	Direct expense summery Add lines 2 through	a E in column (d)				
	′	Direct expense summary. Add lines 2 through	13 III Columin (a)				
	۰	Net gaming income summary. Subtract line 7	from line 1 column (d)				
	0	Net garning income summary. Subtract line 1	nonnine i, column (a)			ı	
۵	En	ter the state(s) in which the organization condu	icts gaming activities.				
		the organization licensed to conduct gaming a	_			Yes No	
		No," explain:			•••••	100 110	
		, oxpiaiii					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	vear?	Yes No	
		Yes," explain:			<i>,</i> ·		
~		) december —					

Sch	edule G (Form 990) 2023 FRIENDS OF MATENWA, INC. 21-2	<u> </u>	<u>000</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	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:	1		
а	The organization's facility	13a	<u> </u>	%
	o 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	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
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			
	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?	. $\square$	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	FRIENDS	OF	MATENWA,	INC.	27-2898086 Page <b>4</b>
Part IV	(Form 990) Supplemental Inform	mation <sub>(contir</sub>	nued)			
_						

#### SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

FRIENDS OF MATENWA, INC.

Employer identification number 27-2898086

Schedule O (Form 990) 2023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXTENSION, OTHER COMMUNITIES OF HAITI - OPPORTUNITIES TO IMPROVE THEIR
EDUCATION, SOCIAL JUSTICE, COMMUNITY AND CULTURAL DEVELOPMENT, HEALTH
AND WELFARE.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROBLEM AND POVERTY PREVENTS FAMILIES FROM BUYING FOOD WHEN CROPS FAIL.
INITIATIVES CURRENTLY UNDERWAY INCLUDE INTRODUCING HENS, ENCOURAGING
SMALL SCALE VEGETABLE GARDENING AND WATER CONSERVATION, SUPPORTING
ARTISAN GROUPS, AND DEVELOPING MUSICAL TALENTS.
COMMUNITY OUTREACH:
IN RESPONSE TO A PARTICULAR URGENT NEED OR EMERGENCY, THIS PROGRAM
PROVIDES MINI-GRANTS IN THE MATENWA COMMUNITY, TO MEET A FOOD, SHELTER,
OR MEDICAL EMERGENCY NEED.
POST-GRAD SCHOLARSHIPS AND ENTREPRENEURSHIP:
MCLC GRADUATES RECEIVE FULL OR PARTIAL SCHOLARSHIPS IN SUPPORT OF
CONTINUING EDUCATION. SMALL START-UP GRANTS ARE OFFERED TO ENCOURAGE
ENTREPRENEURSHIP. MCLC ALSO OFFERS WORKSHOPS TO ITS GRADUATES IN ORDER
TO FURTHER DEVELOP VOCATIONAL SKILLS.
FORM 990, PART VI, SECTION B, LINE 11B:

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

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 27-2898086 FRIENDS OF MATENWA, INC. FILING. THE FORM 990 WAS THEN AUTHORIZED AND SIGNED BY THE ORGANIZATION'S CHIEF STRATEGY OFFICER. 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 THEIR 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 18: UPON REQUEST FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACTED SERVICES AND PROFESSIONAL FEES:

0.

0.

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization FRIENDS OF MATENWA, INC.	Employer identification number 27-2898086
FUNDRAISING EXPENSES	113,279.
TOTAL EXPENSES	113,279.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	113,279.