Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2021 calenda	r year, or tax year beginning 07	-01 , 202 1, aı	nd ending		06-30 ,	2022
В	Check if ap	pplicable:	C Name of organization			D Emplo	yer identifi	cation number
	Address ch	hange	FRIENDS OF THE FLETCHER FREE LIBRAR	Υ.		31-	-1774892	2
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Teleph	one numbe	r
	Initial retur	'n						
	Final return	n/terminated	235 COLLEGE STREET			(80	2)655-3	3477
	Amended i	return	City or town, state or province, country, and ZIP or foreign postal code			F Group	Exemption	
	Application	n pending	BURLINGTON, VT 05401			Numbe	er 🕨	
G	Account	ing Method:	X Cash			H Check ►	X if the o	rganization is not
	Website		://WWW.FLETCHERFREE.ORG/			required to	attach Scho	edule B
J	Tax-exe	empt status (check only one) - $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c)() \blacktriangleleft (insert no	o.) 4947(a)(1)	or 527	(Form 990)		
K	Form of	organization:	▼ Corporation	n 🗌 Other				
			7b to line 9 to determine gross receipts. If gross receipts					
<u>(Pa</u>	art II, col		5500,000 or more, file Form 990 instead of Form 990-EZ					164,359
P	art I	Revenu	e, Expenses, and Changes in Net Assets o	or Fund Bala	inces (se	e the instructio	ns for Par	t I)
			he organization used Schedule O to respond to a					<u>X</u>
	1	Contributions	s, gifts, grants, and similar amounts received				1	126,531
	2	-	vice revenue including government fees and contracts				2	
	3	Membership	dues and assessments				3	
	4		ncome	1			4	65
	5a		nt from sale of assets other than inventory	-	5a			
		Less: cost or						
	С	Gain or (loss	5c					
	6	Gaming and fundraising events:						
	а		e from gaming (attach Schedule G if greater than	1	1			
Jue				[6a			
Revenue	b		· · · · · · · · · · · · · · · · · · ·	of c	ontributions			
8			sing events reported on line 1) (attach Schedule G if the	1	1			
			gross income and contributions exceeds \$15,000)	T	6b	37,763		
			expenses from gaming and fundraising events	_	6c		-	
	d		or (loss) from gaming and fundraising events (add lines 6a					
	_	•		1	1		6d	37,763
			of inventory, less returns and allowances	 	7a			
			goods sold	_	7b		_	
		•	or (loss) from sales of inventory (subtract line 7b from line	,			7c	
	8		ue (describe in Schedule O)				8	
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	164,359
	10		imilar amounts paid (list in Schedule O)				10	
	11		I to or for members				11	
S			fees and other payments to independent contractors				13	27 221
Expenses	14						14	27,331
×pe	15							745
Ш	16		ses (describe in Schedule O)				15 16	745
	17		ses. Add lines 10 through 16				17	82,391 110,467
	18		eficit) for the year (subtract line 17 from line 9)				18	53,892
ģ	19	•	r fund balances at beginning of year (from line 27, column				10	33,692
ssel	13		igure reported on prior year's retum)				19	168,073
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O				20	100,073
	21	J	r fund halances at end of year. Combine lines 18 through				21	221 965

Form 990-EZ (2021) FRIENDS OF THE FLE		RY	31-1	7748	92 Page 2
Part II Balance Sheets (see the instructions for		and an in this Bank II			
Check if the organization used Schedule 0	to respond to any qu		••••••••••••••••••••••••••••••••••••••		
22 Cook sovings and investments		F:	A) Beginning of year	22	(B) End of year
22 Cash, savings, and investments		-	168,073	23	225,312 0
24 Other assets (describe in Schedule O)		-	0	24	0
25 Total assets		-	168,073	25	225,312
26 Total liabilities (describe in Schedule O)		- · · · · · · · ·	0	26	3,347
27 Net assets or fund balances (line 27 of column (B) mu		_	168,073	27	221,965
Part III Statement of Program Service Accom					221,905
Check if the organization used Schedule					Expenses
What is the organization's primary exempt purpose? SEE S		accion in this i are i		(Requ	uired for section
				501(c	e)(3) and 501(c)(4)
Describe the organization's program service accomplishment as measured by expenses. In a clear and concise manner, de				organ	izations; optional for
persons benefited, and other relevant information for each pro	•	iea, the number of		others	s.)
28 SUPPORT FOR LIBRARY PROGRAMMING, PAR	<u> </u>	SIONAL			
DEVELOPMENT AND SPECIAL INITIATIVES	,				
(Grants \$) If this a	mount includes foreign gra	ants, check here	▶ □	28a	110,467
29	<u> </u>	•	<u> </u>		
			_		
(Grants \$) If this a	mount includes foreign gra	ants, check here	▶ □	29a	
30	<u> </u>	·			
(Grants \$) If this ar	mount includes foreign gra	ants, check here	•	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this a	mount includes foreign gra	ants, check here	▶ 🔲	31a	
32 Total program service expenses (add lines 28a through	h 31a)			32	110,467
Part IV List of Officers, Directors, Trustees, and Ke	ey Employees (list each	one even if not compe	nsated - see the insti	ruction	s for Part IV)
Check if the organization used Schedule O to r	espond to any question in	this Part IV			
	(b) Average	(c) Reportable	(d) Health benefits,		·
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC/	contributions to employe	e (6	e) Estimated amount of other compensation
	devoted to position	1099-NEC)	benefit plans, and deferred compensation		other compensation
See 990_OFOV		(if not paid, enter -0-)			
ROBIN TWERY					
SECRETARY	4.00	0	c	,	0
HILARY SILVER					
DIRECTOR	4.00	0	c	,	0
ANN WARRINGTON					
DIRECTOR	4.00	0	c	,	0
JONATHAN CHAPPLE-SOKOL					
PRESIDENT	10.00	0	C	\perp	0

AMANDA HANNAFORD 4.00 VICE PRESIDENT 0 JOAN CONROY TREASURER 4.00 0 0 0 GRACE ORTELERE DIRECTOR 4.00 0 0 0 MARK TWERY 0 0 0 DIRECTOR 4.00 JOHN MOORE 4.00 0 0 0 DIRECTOR PHILLIP MORIN DIRECTOR 4.00 0 0 0 MARY NOVAK TREASURER 4.00 0 0 Form **990-EZ** (2021) EEA

orm (990-EZ (20	021) FRIENDS OF THE FLETCHER FREE LIBRARY	31-17748	92	Þ	age 3
	rt V	Other Information (Note the Schedule A and personal benefit contract statement requirement)		94		aye .
. u.		instructions for Part V.) Check if the organization used Schedule O to respond to any question is				П
		The residence for Factory, encountries organization about confederation to any quotient	Tuno Tare V		Yes	No
33	Did the	e organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	[
		ed description of each activity in Schedule O		33		х
34		any significant changes made to the organizing or governing documents? If "Yes," attach a conformed				
		of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
		e on Schedule O. See instructions		34		х
35 a	•	e organization have unrelated business gross income of \$1,000 or more during the year from business				
		es (such as those reported on lines 2, 6a, and 7a, among others)?		35a		х
b		s," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule	T T	35b		
		he organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,				
		ing, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		x
36		e organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				
		the year? If "Yes," complete applicable parts of Schedule N		36		x
37 a	_	amount of political expenditures, direct or indirect, as described in the instructions				
		e organization file Form 1120-POL for this year?		37b		x
38 a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were				
	any su	uch loans made in a prior year and still outstanding at the end of the tax year covered by this retum?		38a		x
b	If "Yes	s," complete Schedule L, Part II, and enter the total amount involved				
39	Sectio	on 501(c)(7) organizations. Enter:				
а	Initiati	on fees and capital contributions included on line 9				
b	Gross	receipts, included on line 9, for public use of club facilities				
10 a	Sectio	on 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:				
	section	n 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
b	Sectio	on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958				
	exces	s benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year				
	that ha	as not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I		40b		X
С		on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed				
	_	anization managers or disqualified persons during the year under sections 4912,				
		and 4958				
d		on 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
		imbursed by the organization				
е	_	panizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
.,		ction? If "Yes," complete Form 8886-T	• • • • • •	40e		Х
11 12 -		e states with which a copy of this return is filed			400	
ız a			10. ► 802-65	05-34	± / /	
h		ed at ► 382 HERCULES DRIVE SUITE 6, COLCHESTER, VT ZIP + 'time during the calendar year, did the organization have an interest in or a signature or other authority over	4 ► <u>05446</u>		Yes	No
b	•	ncial account in a foreign country (such as a bank account, securities account, or other financial account)?	Ī	42b	163	X
		s," enter the name of the foreign country		720		Λ
		ne instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		cial Accounts (FBAR).				
С		time during the calendar year, did the organization maintain an office outside the United States?		42c		х
-	-	s," enter the name of the foreign country	[
13		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here			•	
		nter the amount of tax-exempt interest received or accrued during the tax year	1 1	-		_
		·	-		Yes	No
14 a	Did the	e organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	comple	eted instead of Form 990-EZ		44a		х
b	Did the	e organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				

44b 44c d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a X b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b x

Form **990-EZ** (2021)

31-1774892

										Yes	No
46		organization engage, directly or indirectly, in									
		lidates for public office? If "Yes," complete S					<u> </u>		46		Х
Par		Section 501(c)(3) Organizations		47 401							
		All section 501(c)(3) organizations	must answer questi	ons 47 - 49i	o and 52, a	and con	ipiete the i	able	s for i	ines	
		50 and 51.		to on ! o ! ! o ! ! ! ! o ! ! ! ! o ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	الملاما ممالد	- Dort \/	I				
		Check if the organization used Sch	ledule O to respond	to any ques	suon in uni	s Pail v		• •			<u> </u>
47	Did the		- have a continu FOA/h) a							Yes	No
47		organization engage in lobbying activities o			_				47		
10		f "Yes," complete Schedule C, Part II Irganization a school as described in section							47 48		X
48 49a									49a		X
49a b		organization make any transfers to an exem was the related organization a section 527		-					49a 49b		Х
50		ete this table for the organization's five highes	-					•	430		
30		ees) who each received more than \$100,000					-				
	Chiploy	ces) who each received more than \$100,000	or compensation nom th	(c) Repo		(d) Health					
		(a) Name and title of each employee	(b) Average hours per week	compens	sation	contributions	to employee		Estimated		
		(a) Name and title of each employee	devoted to position	(Forms W-2/10 1099-N		enefit plans, compe	and deferred	(other com	pensation	on
			'		,	•					
NON	R										
110111	_										
f	Total nu	umber of other employees paid over \$100,00	00 ▶	I							
51		ate this table for the organization's five highes		ent contractors	who each re	ceived mo	re than				
	•	00 of compensation from the organization. If	•								
		·	•								
	(a)	Name and business address of each independent contra	ctor	(b) T	ype of service		(с) Comp	ensation		
NON	E										
d	Total nu	umber of other independent contractors each	receiving over \$100,000	. ►							
52	Did the	organization complete Schedule A? Note:	All section 501(c)(3) orga	anizations mus	t attach a						
	complet	ted Schedule A						X	Yes		No
Unde	r penalties	s of perjury, I declare that I have examined this retu	urn, including accompanying	schedules and s	tatements, and	d to the bes	t of my knowle	dge an	d belief,	it is	
true, o	correct, ar	nd complete. Declaration of preparer (other than o	fficer) is based on all informa	ation of which pre	parer has any	knowledge	•				
		JONATHAN CHAPPLE-SOKOL									
Sigi	n	Signature of officer				Date					
Her	e	JONATHAN CHAPPLE-SOKOL, C	FFICER								
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	D	ate	C	heck X if	PTI	N		
Paid		KEVIN MARCHAND		1.1	L-14-2022			P01	2045	03	
	parer	Firm's name MGV ASSOCIATES				Firm's E	IN ►				
Use	Only	Firm's address ► 382 HERCULES DR	SUITE 6								
		COLCHESTER VT 05	5446			Phone r	no. 802-				
May	the IRS	discuss this return with the preparer shown a	hove? See instructions					Y	Voc	N	do.

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.								
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation				
TINA LESEM								
DIRECTOR	4.00	0	0	0				
MARTIE MAJOROS								
DIRECTOR	4.00	0	0	0				
		I	1					

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** FRIENDS OF THE FLETCHER FREE LIBRARY 31-1774892 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 2 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: 5 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). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 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 in 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. С 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. d 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). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes (A) (B) (C) (D) (E) Total

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	26,377	120,137	118,096	164,678	164,294	593,582
2	Tax revenues levied for the						
	organization'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	26,377	120,137	118,096	164,678	164,294	593,582
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)						59,815
6	Public support. Subtract line 5 from line 4.						533,767
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	26,377	120,137	118,096	164,678	164,294	593,582
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	27	50	401	181	65	724
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						594,306
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	c)(3)
	organization, check this box and stop her.	e					▶ □
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6	, column (f), di	vided by line 1	1, column (f))		14	89.81 %
15	Public support percentage from 2020 Scho	edule A, Part I	I, line 14			15	87.40 %
16a	33 1/3% support test - 2021. If the organi	ization did not	check the box	on line 13, and	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qual	ifies as a publi	cly supported	organization.			▶ <u>x</u>
b	33 1/3% support test - 2020. If the organi	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a p	oublicly suppor	ted organization	n		▶ □
17a	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization meet	ts the facts-and	d-circumstance	es test, check t	his box and st	op here. Expla	in in
	Part VI how the organization meets the fac-	cts-and-circum	stances test. 7	The organization	n qualifies as	a publicly supp	orted
	organization			-			▶ □
b	10%-facts-and-circumstances test - 202	20. If the organ	ization did not	check a box o	n line 13, 16a,	16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					-	•
	organization			_			
18	Private foundation. If the organization did						_
	instructions						
							A (Form 990) 2021

Schedule A (Form 990) 2021

31-1774892

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						-
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.0	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	ret second thi	rd fourth or fi	th tay year as	a section 501/	2)(3)
17	organization, check this box and stop her	· ·			•	,	· · · · · · · · · · · · · · · · · · ·
Secti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	
15	Public support percentage for 2021 (line 8			13 column (f))		15	%
16	Public support percentage from 2020 School		•			16	
	on D. Computation of Investment Inc			<u> </u>		10	
	-			v lino 12 colu	mn (f))	17	%
17 18	Investment income percentage for 2021 (I			-		18	
	Investment income percentage from 2020						
19a	33 1/3% support tests - 2021. If the orga						
L	17 is not more than 33 1/3%, check this be	=	-	=			
b	33 1/3% support tests - 2020. If the organizati						
00	line 18 is not more than 33 1/3%, check this bo	-	_			-	
_20	Private foundation. If the organization did	d not check a	box on line 14,	19a, or 19b, c	theck this box a	and see instruc	tions ►

EEA Schedule A (Form 990) 2021

V-- N-

Part IV Supporting Organizations

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

Section A. All Supporting Organiza	ations
------------------------------------	--------

			res	NO
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
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).	7		

- 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).
 8 We the result of the control of the section of the control of the section of the se
- 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*.
- 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 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.)

8

9a

9b

9c

10a

raiti	Supporting Organizations (continued)		Yes	No
44	Has the arganization accepted a gift or contribution from any of the following paragraph		res	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a 11b		
	,			
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c		
Casti				
Section	on B. Type I Supporting Organizations		V	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Casti	supervised, or controlled the supporting organization.	2		
Secur	on C. Type II Supporting Organizations		Vaa	Na
4	Were a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
		1		
the supported organization(s). Section D. All Type III Supporting Organizations				
Secur	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

(see instructions).

Part							
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Secti	Section A - Adjusted Net Income (A) Prior Year						
	•		(71) THOI TOU	(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					
Socti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year			
Jecu	ON B - Millimum Asset Amount		(A) I IIOI Teal	(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):						
	Average monthly value of securities	1a					
	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
-	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	llv ir	stearated Type III suppor	ting organization			

EEA Schedule A (Form 990) 2021

31-1774892

Ture 1 Type in New York and the grand of the						
Sect	Current Year					
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	4 Amounts paid to acquire exempt-use assets 4					
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	· VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
			(**)		(***)	

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	10	Line 8 amount divided by line 9 amount	10		
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: Applied to 2021 distributable amount c Remainder Subtract lines 4a and 4b from line 4. From 2021 distributions for years prior to 2021, if any. Subtract lines 4a and 4b from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2019 d Excess from 2020	Secti	,		Underdistributions	• •
(reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	1_	Distributable amount for 2021 from Section C, line 6			
instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016	2	Underdistributions, if any, for years prior to 2021			
a From 2016		(reasonable cause required - explain in Part VI). See			
a From 2016		instructions.			
b From 2017	3	Excess distributions carryover, if any, to 2021			
c From 2018	а	From 2016			
d From 2019	b	From 2017			
e From 2020	С	From 2018			
f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2019 c Excess from 2019 c Excess from 2020	d	From 2019			
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j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2017 c Excess from 2019 c Excess from 2020 c Excess from 2020 c Excess from 2020 c Excess from 2020	h	Applied to 2021 distributable amount			
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c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	а	Applied to underdistributions of prior years			
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greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020	5	Remaining underdistributions for years prior to 2021, if			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2020 d Excess from 2020		any. Subtract lines 3g and 4a from line 2. For result			
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		greater than zero, explain in Part VI. See instructions.			
Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	6	Remaining underdistributions for 2021. Subtract lines 3h			
7 Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4b from line 1. For result greater than zero, explain in			
and 4c. 8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		Part VI. See instructions.			
8 Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020	7	Excess distributions carryover to 2022. Add lines 3j			
a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020		and 4c.			
b Excess from 2018 c Excess from 2019 d Excess from 2020	8	Breakdown of line 7:			
c Excess from 2019 d Excess from 2020	а	Excess from 2017			
d Excess from 2020	b	Excess from 2018			
Suppose from 2024	С	Excess from 2019			
e Excess from 2021	d	Excess from 2020			
V 2/10000 Helli 2021 1111	ее	Excess from 2021			

EEA Schedule A (Form 990) 2021 Schedule A (Form 990) 2021 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization FRIENDS OF THE FLETCHER FREE LIBRARY 31-1774892 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а ☐ Internet and email solicitations Solicitation of government grants b Phone solicitations X Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes X No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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.

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events (add col. (a) through BOOK SALES NONE col. (c)) (total number) (event type) (event type) Revenue Gross receipts 1 37,763 37,763 Less: Contributions 2 3 Gross income (line 1 minus 37,763 37,763 Cash prizes 4 5 Noncash prizes 6 Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 11 Net income summary. Subtract line 10 from line 3, column (d) 37,763 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor No No 7 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ 9 Enter the state(s) in which the organization conducts gaming activities: If "No," explain: Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a If "Yes," explain:

EEA Schedule G (Form 990) 2021

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

FRIENDS OF THE FLETCHER FREE LIBRARY 31-1774892 01. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT BOOKS 4,938 ALLOCATION OF GRANT FUNDS (5,450)CATERING 849 COMMUNITY RELATIONS 20,080 EQUIPMENT 7,188 INSURANCE 1,427 2,642 LICENSES FEES MARKETING 8,<u>4</u>16 471 MERCHANDISE OFFICE SUPPLIES 1,855 PROGRAM SUPPLIES 24,585 SPEAKER FEES 14,289 TRAINING 1,041 60 TRAVEL 02. Description of total liabilities (Part II, line 26) BEGINNING OF YEAR CATEGORY END OF YEAR OTHER LIABILITIES 0 3,347