#### EXTENDED TO NOVEMBER 15, 2021

Form **990** 

# 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

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning

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

and ending

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

Open to Public Inspection

B	Check if applicab	c Name of organization			D Employe	er identifi	cation number
	Addre	THE HADHRAMOUT FOUNDAT	ON TNC				
	Name Chang		1011, 1110		┨ 82-	52549	89
F	Initial	Number and street (or P.O. box if mail is not deliv	vered to street address)	Room/suite			
F	Final	1771 DOGT BOAD FAST	rorou to ourout address;	314		29267	
	termii ated		7IP or foreign postal code	1	G Gross rece		2,054,367.
	Amen		oo.o.g poota. oodo		H(a) Is this	•	
	Appli		NE ROSE			oordinates	
	pend	SAME AS C ABOVE					ncluded? Yes No
T -	Tax-ex	empt status: X 501(c)(3) 501(c) ( )	<b>■</b> (insert no.) 4947(a)(1)	or 52	_		list. See instructions
		te: ► HTTPS://WWW.HADHRAMOUT.					n number 🕨
K	orm o	organization: X Corporation Trust Ass	ociation Other	L Yea	r of formation:	2018 N	State of legal domicile: CT
Pa	art I	Summary					
•	1	Briefly describe the organization's mission or most s	significant activities: THE	HADHR.	AMOUT F	OUNDA	TION IS A
Governance		NONPROFIT ORGANIZATION EMP	POWERING THE YO	UTH O	F YEMEN	THRO	UGH
ern	2	Check this box  if the organization discon	tinued its operations or dispo	osed of mo	re than 25% o	f its net as	ssets.
Š	3	Number of voting members of the governing body (					6
∞	4	Number of independent voting members of the gov					6
ies	5	Total number of individuals employed in calendar year					0
Activities	6	Total number of volunteers (estimate if necessary) .					11
Aci		Total unrelated business revenue from Part VIII, coli					0.
	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>			
		Contributions and grants (Part VIII line 1b)		-	Prior Ye	,500 <b>.</b>	Current Year 2,054,361.
ηne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)				0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			0.	6.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.
	12	Total revenue - add lines 8 through 11 (must equal F			25	,500.	2,054,367.
	13	Grants and similar amounts paid (Part IX, column (A				,930.	1,879,688.
	14	Benefits paid to or for members (Part IX, column (A)				0.	0.
Ś	15	Salaries, other compensation, employee benefits (P				0.	23,559.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir				0.	0.
xbe		Total fundraising expenses (Part IX, column (D), line		0.			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			31.	5,854.
	18	Total expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)			,961.	1,909,101.
	19	Revenue less expenses. Subtract line 18 from line 1	2		22	,539.	145,266.
Net Assets or Fund Balances				В	eginning of Cu		End of Year
sset	20	, , , , , , , , , , , , , , , , , , , ,			22	,539.	167,805.
et A Ind	21	Total liabilities (Part X, line 26)			2.2	0.	167 905
	art II	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20			,539.	167,805.
		alties of perjury, I declare that I have examined this return, i	neludina accompanyina cehodule	oc and etator	monte and to th	a hact of m	v knowledge and belief it is
		ct, and complete. Declare that I have examined this return, i				-	y Knowledge and Dellei, it is
uuc	, 00110	and complete. Declaration of preparer (other than officer	) is based on all illiornation of w	πιστι ρισματί	i ilas aliy kilow	iougo.	
Sig	n	Signature of officer			Date	е	
Her		SHANE ROSE, CEO					
	·	Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Pai	d	JAMES G. WOODS	. •			if self-employe	P01429665
Pre	parer	Firm's name VENMAN & CO. LLC,			Firn		06-0674034
Use	Only	Firm's address 375 BRIDGEPORT AV	/ENUE				
		SHELTON, CT 06484	1		Pho	ne no. 20	3-929-9945
May	v the I	BS discuss this return with the preparer shown above	(e2 See instructions			-	Ves No

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. u.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE HADHRAMOUT FOUNDATION IS A NONPROFIT ORGANIZATION EMPOWERING THE	
	YOUTH OF YEMEN THROUGH EDUCATION TO BECOME A SOURCE OF POSITIVE CHANGE	E
	IN THEIR COUNTRY, HOPING TO MAKE THE WORLD A BETTER PLACE. BY	
	IMPROVING THESE OPPORTUNITIES, WE BELIEVE THAT WE CAN IMPROVE LIVING	
2	Did the organization undertake any significant program services during the year which were not listed on the	٦
	prior Form 990 or 990-EZ?	J No
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	٦٠٠٠
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	J NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,879,688 • including grants of \$ 1,879,688 • ) (Revenue \$	)
	THE HADHRAMOUT FOUNDATION IS A NONPROFIT ORGANIZATION EMPOWERING THE	
	YOUTH OF YEMEN THROUGH EDUCATION TO BECOME A SOURCE OF POSITIVE CHANGE	
	IN THEIR COUNTRY, HOPING TO MAKE THE WORLD A BETTER PLACE. BY IMPROVI	
	THESE OPPORTUNITIES, WE BELIEVE THAT WE CAN IMPROVE LIVING CONDITIONS	
	AS WELL AS EMPLOYMENT OPPORTUNITIES IN HADHRAMOUT AND YEMEN AT LARGE.	
4b	(Code:) (Expenses \$	)
4c	(Code:) (Expenses \$	)
4d	Other program services (Describe on Schedule O.)	
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 1,879,688.	
	Form <b>990</b> (	(2020)

### 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b>.</b>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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		
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	170		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

#### 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	00		x
24 2	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 <del>-1</del> 0	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		Х
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	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	200		<del></del>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	140
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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#### 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,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
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).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X				
f	3 , 3 , 11 , 1							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
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.	0-						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b						
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12							
a b	Initiation fees and capital contributions included on Part VIII, line 12							
11	Section 501(c)(12) organizations. Enter:							
''a	Gross income from members or shareholders							
h	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them.)							
12a	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							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	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 instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
		Form	990	(2020)				

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			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SHANE ROSE - 203-292-6713			
	1771 POST ROAD EAST, #314, WESTPORT, CT 06880			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(1) ABDULLAH A. BUGSHAN CHAIRMAN OF THE BOARD CHIEF EXECUTIVE OFFICER  (list any hours for related organizations below line)  (1) ABDULLAH A. BUGSHAN CHAIRMAN OF THE BOARD  (Ist any hours for related organizations below line)  (Ist any hours for related organization (W-2/1099-MISC)  (Ist	(list any 불	other compensatio from the
(1) ABDULLAH A. BUGSHAN CHAIRMAN OF THE BOARD  (2) SHANE ROSE CHIEF EXECUTIVE OFFICER  (3) AMER NIMR VICE PRESIDENT  (4) AHMED S. BASHAWEIH DIRECTOR  (5) DR. ABDULLAH A. BANKHAR DIRECTOR  (6) DR. BADR S. A. BA GERI  20.00  X  X  X  X  0.  0.  11,7  0.  0.  11,7  0.  0.  0.  0.  0.  0.  0.  0.  0.  0	organizations	organization and related
CHAIRMAN OF THE BOARD   X		organizations
(2) SHANE ROSE CHIEF EXECUTIVE OFFICER  (3) AMER NIMR VICE PRESIDENT  (4) AHMED S. BASHAWEIH DIRECTOR  (5) DR. ABDULLAH A. BANKHAR DIRECTOR  (6) DR. BADR S. A. BA GERI  (40.00  X  X  X  0.  0.  11,7  0.  0.  11,7  0.  0.  0.  0.  0.  0.  0.	) ABDULLAH A. BUGSHAN 20.00	
CHIEF EXECUTIVE OFFICER  (3) AMER NIMR  VICE PRESIDENT  (4) AHMED S. BASHAWEIH  DIRECTOR  (5) DR. ABDULLAH A. BANKHAR  DIRECTOR  (6) DR. BADR S. A. BA GERI   X X X 0. 0. 11,7  0. 0. 11,7  0. 0. 0. 0.		, (
(3) AMER NIMR  VICE PRESIDENT  (4) AHMED S. BASHAWEIH  DIRECTOR  (5) DR. ABDULLAH A. BANKHAR  DIRECTOR  (6) DR. BADR S. A. BA GERI  2.00  X  X  X  0.  0.  11,7  0.  0.  0.  0.  0.		11 700
X   X   X   X   X   X   X   X   X   X		11,700
(4) AHMED S. BASHAWEIH       20.00         DIRECTOR       X         (5) DR. ABDULLAH A. BANKHAR       1.00         DIRECTOR       X         (6) DR. BADR S. A. BA GERI       1.00		11,779
DIRECTOR		·
(5) DR. ABDULLAH A. BANKHAR DIRECTOR  (6) DR. BADR S. A. BA GERI  1.00  X  0.  0.		.  (
DIRECTOR X 0. 0. (6) DR. BADR S. A. BA GERI 1.00		
		.  (
DIRECTOR  X  O.  O.  O.  O.  O.  O.  O.  O.  O.	DR. BADR S. A. BA GERI 1.00	
	RECTOR X 0.	.  (

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	t VII Section A. Officers, Directors, Trus (A)	(B)	<u> </u>				<u> </u>		(D)	(E)			(F)	
	Name and title	Destina I					Reportable		Ec	timate	٨			
	name and title	hours per	(do not check more than one			compensation	compensation			nount o				
		week		cer an					from	from related			other	′'
		(list any	ctor						the	organization			pensat	tion
		hours for	r dire				peq		organization	(W-2/1099-MIS	SC)	fr	om the	<b>;</b>
		related	stee o	nstee			ensa		(W-2/1099-MISC)			org	anizati	on
		organizations	al trus	nal tr		loyee	comp						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	วทร
		11110)	Ĕ	ılı	JO.	Ke	三声	요						
			-											
									A					
			-											
							H							
	Subtotal							<b>&gt;</b>	0.		0.	2	3,5!	
	Total from continuation sheets to Part V								0.		0.	2	2 -	0.
	Total (add lines 1b and 1c)										0.		3,5	<u> </u>
2	Total number of individuals (including but r compensation from the organization	not limited to tr	nose	liste	ed ar	OOV	e) wr	no r	eceived more than \$100	0,000 of reportab	ie			C
	eempeneater nem the eigenzation				7								Yes	No
3	Did the organization list any <b>former</b> officer			кеу е	empl	oye	e, oı	hig	phest compensated emp	oloyee on				v
4	line 1a? If "Yes," complete Schedule J for s								h			3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	•							•	•		4		х
5	Did any person listed on line 1a receive or											_		
	rendered to the organization? If "Yes," con					-						5		Х
	tion B. Independent Contractors		al a .a .	- la al a				4		\$100,000 of oon		-4: 4		
1	Complete this table for your five highest control the organization. Report compensation for										iperis	alioni	TOTT	
	<b>(A)</b> Name and business	address	NI	ONE	7				<b>(B)</b> Description of s	ervices	C	(C	;) nsatior	1
	Name and business	dadross	147	)INI					Beschption of a	ici vides		ompo	1001101	
								_						
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mite	d to		se lis	stec	d above) who received n	nore than				
		Lation F											990 (2	

032008 12-23-20

Form	99	0 (2	$_{ m 2020)}$ THE HADHRAMOUT FOUNDA	TION, INC		82-5254	989 Page <b>9</b>
Pai	rt \	/III	Statement of Revenue				
			Check if Schedule O contains a response or note to any lin	ne in this Part VIII			
			Check if Schedule O contains a response or note to any lin	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b				
Å,G			Fundraising events 1c				
ar /			Related organizations 1d				
s, C			Government grants (contributions) 1e				
ö			All other contributions, gifts, grants, and				
the			similar amounts not included above 1f 2,054,361.				
ÖĘ		а	Noncash contributions included in lines 1a-1f				
an Co		_		2,054,361.			
			Business Code				
ø	2	а					
ا کز		b					
Se		С					
am		d					
Program Service Revenue		е					
P.		f	All other program service revenue				
			Total. Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	6.			6.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Personal				
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b				
		С	Rental income or (loss) 6c				
			Net rental income or (loss)				
	7	а	Gross amount from sales of (i) Securities (ii) Other				
			assets other than inventory 7a				
		b	Less: cost or other basis				
Revenue			and sales expenses7b				
eve			Gain or (loss)				
			Net gain or (loss)				
Other	8	а	Gross income from fundraising events (not				
0			including \$ of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a				
			Less: direct expenses 8b				
	_		Net income or (loss) from fundraising events				
	9	а	Gross income from gaming activities. See				
		h	Part IV, line 19         9a           Less: direct expenses         9b				
			Net income or (loss) from gaming activities				
	10		Gross sales of inventory, less returns				
		_	and allowances 10a				
		b	Less: cost of goods sold 10b				
	_		Net income or (loss) from sales of inventory				
s			Business Code				
eon e	11	а					
lan		b					
Miscellaneous Revenue		С					
			All other revenue				
		е	Total. Add lines 11a-11d				

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2,054,367

**12 Total revenue**. See instructions

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Oo not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic	1,555,999.	1,555,999.		
individuals. See Part IV, line 22	1,333,333.	1,333,333.		
Grants and other assistance to foreign				
organizations, foreign governments, and foreign	323,689.	323,689.		
individuals. See Part IV, lines 15 and 16	323,003.	323,003.		
5 Compensation of current officers, directors,				
trustees, and key employees	23,559.		23,559.	
6 Compensation not included above to disqualified	20,000		20,0000	
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
B Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)				
Other employee benefits				
D Payroll taxes				
1 Fees for services (nonemployees):				
a Management				
<b>b</b> Legal	4,314.		4,314.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)				
2 Advertising and promotion				
3 Office expenses				
4 Information technology	207.		207.	
<b>5</b> Royalties				
6 Occupancy				
7 Travel				
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
nterest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	427.		427.	
3 Insurance				
4 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.)				
a BANK FEES	856.		856.	
b LICENSES & PERMITS	50.		50.	
с				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	1,909,101.	1,879,688.	29,413.	
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

#### Part X | Balance Sheet

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			21,539.	1	164,380
	2	Savings and temporary cash investments			1,000.	2	1,006
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Hassella	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		2 246			
		basis. Complete Part VI of Schedule D		2,846. 427.			
	b	Less: accumulated depreciation			0.	10c	2,419
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			22 520	15	167 00
+	16	Total assets. Add lines 1 through 15 (must ed			22,539.	16	167,805
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sul controlled entity or family member of any of the				22	
[	23	Secured mortgages and notes payable to unr				23	
	23 24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				27	
	20	parties, and other liabilities not included on lir					
		of Schedule D	.00 17 2 1	, complete rate x		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	C
		Organizations that follow FASB ASC 958, c					
Net Assets of Fund Balances		and complete lines 27, 28, 32, and 33.					
<u> </u>	27	Net assets without donor restrictions			22,539.	27	167,805
	28	Net assets with donor restrictions				28	
		Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fund	ds			29	
ן מַ	30	Paid-in or capital surplus, or land, building, or				30	
ž	31	Retained earnings, endowment, accumulated				31	
Se	32	Total net assets or fund balances			22,539.	32	167,805
	33	Total liabilities and net assets/fund balances			22,539.	33	167,805

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	······				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	, 05	4 3	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,90		
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{5, \pm}{5, 2}$	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			$\frac{3,2}{2,5}$	
5		5			<u> </u>	<u> </u>
	Net unrealized gains (losses) on investments	6				
6	Donated services and use of facilities	7				
7	Investment expenses					
8	Prior period adjustments	8 9				0.
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,	40		16	7,8	05
Da	column (B)) rt XIII Financial Statements and Reporting	10		10	7,0	05.
ı u						
	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: X Cash Accrual Other				100	140
'	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
20	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			Za		
	separate basis, consolidated basis, or both:	ona				
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis					
<b>L</b>	Were the organization's financial statements audited by an independent accountant?			2b		Х
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			20		21
		e basi	5,			
	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis					
_	Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	م مینطة				
C				2c		
	review, or compilation of its financial statements and selection of an independent accountant?			20		
2-						
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Al	JUIL	_		Х
<b>ا</b>	Act and OMB Circular A-133?			3a		21
α	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization THE HADHRAMOUT FOUNDATION, 82-5254989 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

360	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				25,500.	2054361.	2079861.
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				25,500.	2054361.	2079861.
	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)						1980467.
6	Public support. Subtract line 5 from line 4.						99,394.
	ction B. Total Support						•
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4		` '		25,500.	2054361.	2079861.
	Gross income from interest,				-		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						2079861.
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	<b>First 5 years.</b> If the Form 990 is for the	•	,				
	organization, check this box and stop						$\blacktriangleright$ X
Sed	ction C. Computation of Publ						
14	Public support percentage for 2020 (I	line 6, column (f), a	divided by line 11,	column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supr	orted organization	1			▶□
b	33 1/3% support test - 2019. If the c						
	and <b>stop here.</b> The organization qual	ifies as a publicly	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te		•	-			
b	10% -facts-and-circumstances tes	•	•				
-	more, and if the organization meets the	-					:
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization		-	•			s
			, 10	, , , ,	,		

#### 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	siow, piedde com	piete i dit ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	<u> </u>		,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)			<u> </u>			
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						<b>&gt;</b> L
	ction C. Computation of Publi					1	
	Public support percentage for 2020 (li			column (f))			%
	Public support percentage from 2019 ction D. Computation of Inves					16	%
	•					147	0/
17	Investment income percentage for 20						%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the						I / IS not
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did ı	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> t	<b>top here.</b> The orga	nization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	estructions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
0.		
9b		
9с		
20		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	,		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 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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	mon or type in europeaning organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
000	itori B. Ali Type ili Supporting Organizations		Yes	Na
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		res	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
Ū	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	I	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 in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
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		
h	Did the organization eversise a substantial degree of direction over the policies, programs, and activities of each			

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4_	Enter greater of line 2 or line 3.	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	7			
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
	Excess from 2016				
b	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HADHRAMOUT FOUNDATION TNC Employer identification number 82-5254989

Schedule D (Form 990) 2020

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Pai	t I Organizations Maintaining Donor Advise	· · · · · · · · · · · · · · · · · · ·	or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			· · · · · · · · · · · · · · · · · ·
	, ,	(a) Donor advised funds	<b>(b)</b> Fur	nds 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 v	writing that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7	7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education) Laler Preservation of	a historically	/ important land area
	Protection of natural habitat	Preservation of	a certified hi	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conserv	ation 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	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure	
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation eas	sements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ition easeme	nts during the year
_	<b>\</b> \$		(1) (A) (B) (I)	
8	Does each conservation easement reported on line 2(d) above	•		
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation between the standard control of the food of the standard control of the standard cont	·		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that de	scribes the
Pai	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections or	f Art Historical Treasures or O	ther Simi	lar Assets
ı aı	Complete if the organization answered "Yes" on Form	-		iui Assets.
12	If the organization elected, as permitted under FASB ASC 95		and halance	sheet works
ıa	of art, historical treasures, or other similar assets held for put	, ,		
	service, provide in Part XIII the text of the footnote to its finar	•		i public
h	If the organization elected, as permitted under FASB ASC 95			et works of
-	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	combined, education, or research in fact	icianice of p	ublic scrvice,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treations			*
_	the following amounts required to be reported under FASB A	,	gan, provid	a-c
а	Revenue included on Form 990, Part VIII, line 1	_	•	\$
	Assets included in Form 990, Part X			

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection times (check all that apply):  a	Pai	rt III Organizations Maintaining Co	llections of A	rt, Hist	orical Tr	easures, c	or Othe	r Simila	ar Asse	<b>ts</b> (contin	ued)	
a Public exhibition did Loan or exchange program c Other Ot	3	Using the organization's acquisition, accession	, and other record	ls, check	any of the	following tha	t make si	gnificant	use of its			
b Scholarly research c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		collection items (check all that apply):										
c	а	Public exhibition	d	. 🗆 ι	oan or exc	hange progra	am					
A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research	е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.    1a   Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Ves   No     If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance   1   Amount     E   Beding balance   1   Amount     E   Beding balance   1   Amount     E   Beding balance   1   Beginning of year balance   1   Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back     Beginning of year balance   (a) Current year (b) Prior year (c) Two years back (d) Three years back     Beginning of year balance   (a) Current year (b) Prior year (c) Two years back   (a) Three years back     Beginning of year balance   (a) Current year (b) Prior year (c) Two years back   (b) Three years back     Beginning of year balance   (a) Current year end balance (line 1g, column (a)) held as:    Beginning of year balance   (a) Current year end balance (line 1g, column (a)) held as:    Beginning of year balance   (b) Prior year (c) Two years back   (e) Four years back	С	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's colle	ections and explai	n how th	ey further t	he organizati	on's exen	npt purpo	se in Par	t XIII.		
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or re	eceive donations	of art, his	storical trea	sures, or oth	er similar	assets				
reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  □ Ves □ No  b If "Yes," explain the arrangement in Part XIII and complete the following table:  □ Beginning balance □ Amount □ Beginning balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year □ Endowment Funds. Complete if the explanation has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the explanation has been provided on Part XIII □ Part V □ Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  □ Separation of year balance □ Other expenditures for facilities and programs □ Administrative expenses □ Gints or scholarships □ Creme endowment ▶ 96 □ Fermanent endowment ▶ 96 □ Permanent endowment ► 96 □ Permanent endowment ► 96 □ Permanent endowment ► 96 □ Permanent endowment Funds not in the possession of the organization that are held and administered for the organization by: □ Unrelated organizations □ Part VI Land, Buildings, and Equipment. □ Description of property		to be sold to raise funds rather than to be main	tained as part of t	he orgar	nization's co	ollection?				Yes		<u> No</u>
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  1		reported an amount on Form 990, Part >	(, line 21.									
b   f*Yes," explain the arrangement in Part XIII and complete the following table:    Amount	1a	Is the organization an agent, trustee, custodian	or other intermed	diary for o	contribution	ns or other as	sets not i	included				
c Beginning balance   Id   Amount   Id   Id   Id   Id   Id   Id   Id   I		on Form 990, Part X?							L	Yes		J No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or the complete or the organization answered "Yes" on Form 990, Part IV, line 10.  Administrative expenses g End of year balance g Endowment Funds and In the possession of the organization that are held and administered for the organization by: g Yes No g Sa(i) Unrelated organizations g Sa(i) End Sa(i) En	b	If "Yes," explain the arrangement in Part XIII an	d complete the fo	llowing t	able:							
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildlings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (d) Book value basis (investment)    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value										Amount	:	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildlings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (d) Book value basis (investment)    Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value	С	Beginning balance						. 1c				
f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1 Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	d											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  [b) Contributions (e) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (d) Three years back (e) Four years back  [c) Two years back (e) Four years back  [e) Four years  [e) Two years  [e) Two years  [e) Two ye	е	Distributions during the year						. 1e				
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    1a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	f	Ending balance				,		. 1f		_		
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Can be contributions   Can be contributed   Can b	2a	Did the organization include an amount on Forr	n 990, Part X, line	21, for e	scrow or co	ustodial acco	unt liabili	ty?	L	Yes		_ No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	<u>b</u>											<u></u>
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶  % t Term endowment ▶  % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value	Pai	rt V Endowment Funds. Complete if the	ne organization an	swered	'Yes" on Fo	orm 990, Part	IV, line 1	0.				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment			a) Current year	<b>(b)</b> Pi	ior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four	years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization sisted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	1a	Beginning of year balance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations  b If "Yes" on line 3a(ii), are the related organization sisted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	b	Contributions										
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii)     (ii) Related organizations 3a(iii)     b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) depreciation (d) Book value depreciation	С											
and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships										
f Administrative expenses g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation	е	Other expenditures for facilities										
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		and programs										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses										
a Board designated or quasi-endowment ▶	g	End of year balance										
b Permanent endowment	2	Provide the estimated percentage of the currer	nt year end baland	e (line 1	g, column (a	a)) held as:						
c Term endowment	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other (b) Cost or other (c) Accumulated depreciation	b	Permanent endowment	%									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations  (ii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iii) Related organizations  (iv) Unrelated organizations  (iv) Related organizations  (iv) Subject of the organization of property  (iv) Cost or other (iv) Related organization organizations  (iv) Related organizations  (iv) Related organizations  (iv) Related organizations  (iv) Related organizations  (iv) Subject or other (iv) Related organizations  (iv) Related organizati	С	Term endowment										
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organiz		The percentages on lines 2a, 2b, and 2c should	d equal 100%.									
(i) Unrelated organizations  (ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	За	Are there endowment funds not in the possess	ion of the organiz	ation tha	t are held a	ınd administe	red for th	e organiz	ation	_		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		by:									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation		(i) Unrelated organizations								3a(i)		
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation										3a(ii)		
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	b	If "Yes" on line 3a(ii), are the related organization	ns listed as requi	red on S	chedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation	4			wment f	unds.							
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value	Pai	rt VI Land, Buildings, and Equipme	nt.									
basis (investment) basis (other) depreciation		Complete if the organization answered "	Yes" on Form 990	), Part IV	, line 11a. S	See Form 990	), Part X,	ine 10.				
1a Land		Description of property	1 ' '						d	(d) Book	k valu	е
la Lailu	1a	Land										
b Buildings												
c Leasehold improvements												
d Equipment 2,846. 427. 2,419.						2,846.		42	27.		2,4	19.
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	Tota	I. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, colur	n (B), line 1	10c.)			<b></b>		2,4	19.

Schedule D (Form 990) 2020

		OUT FOUNDATIO	ON, INC	82-5254989 Page
Part VII	Investments - Other Securities.  Complete if the organization answered "Yes"	on Form 000 Dort IV line	11h Coo Form 000 Dort V line	. 10
(a) Descri	ption of security or category (including name of security)	(b) Book value		ost or end-of-year market value
	ial derivatives	(a) Doon value	(c) monitor of randament of	
	/ held equity interests			
( <b>3)</b> Other	,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			· ·	
(7)				
(8)				
(9)	(I) IF 000 P IV I (P) I 10 \			
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.			
Part IX	J	Lara Farma 000 Dart IV lina	and Can Farm OOO Bart V line	45
	Complete if the organization answered "Yes"	Description	Tra. See Form 990, Part X, line	(b) Book value
(4)	(4)	Description		(b) Book value
(1)				
(2) (3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
• • •	umn (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>•</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part	X, line 25.
1.	(a) Description of liability			(b) Book value
(1) Fe	deral income taxes			
(2)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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.

Schedule D (Form 990) 2020

Pai	rt XI Reconciliation of Revenue pe	er Audited Financial Statements	With 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 a	udited financial statements		1
2	Amounts included on line 1 but not on Form 9	990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2	2a	
b	Donated services and use of facilities	2	2b	
С			2c	
d			2d	
е	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line			
а	Investment expenses not included on Form 9	90, Part VIII, line 7b	1a	
b	Other (Describe in Part XIII.)	4	4b	
С	Add lines <b>4a</b> and <b>4b</b>			4c
5	Total revenue. Add lines 3 and 4c. (This must			5
Pa	rt XII Reconciliation of Expenses p	er Audited Financial Statement	s With Expenses per R	leturn.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financ	ial statements		1
2	Amounts included on line 1 but not on Form 9	990, Part IX, line 25:		
а	Donated services and use of facilities	2	2a	
b	Prior year adjustments	2	2b	
С	Other losses	2	2c	
d	I Other (Describe in Part XIII.)		2d	
е	Add lines <b>2a</b> through <b>2d</b>			2e
3	Subtract line <b>2e</b> from line <b>1</b>			3
	Amounts included on Form 990, Part IX, line 2	25, but not on line 1:		
4	Amounts included on Form 990, Fait IX, line 2			
4 a	Investment expenses not included on Form 9		1a	
	Investment expenses not included on Form 9		14a   14b   15c   15c	
a b	Investment expenses not included on Form 99 Other (Describe in Part XIII.)  Add lines <b>4a</b> and <b>4b</b>	4	4b	4c
a b c 5	Investment expenses not included on Form 99 Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must	4	4b	4c
a b c 5	Investment expenses not included on Form 98 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must XIII Supplemental Information.	st equal Form 990, Part I, line 18.)	4b	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 98 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must XIII Supplemental Information.	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
a b c 5 Pa	Investment expenses not included on Form 90 Other (Describe in Part XIII.)  Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This muster XIII Supplemental Information.)  Vide the descriptions required for Part II, lines 3,	st equal Form 990, Part I, line 18.)  5, and 9; Part III, lines 1a and 4; Part IV, lines	ines 1b and 2b; Part V, line 4;	5
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#### SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
гн	E HADHRAMOUT	FOUNDATI	ON, INC			82-525498	39
				tside the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance? 🔼	Yes No
•	Fau awanturakana Dasa	مالا المحال من ماند					
2	United States.	ribe in Part V the	e organization s	procedures for monitoring the use of it	s grants and o	iner assistance out	side trie
3		he following Part	I. line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
			in the region	recipients located in the region)	OI SEIVICE	(s) in the region	in the region
TODI	TH AMERICA -			GRANTS TO RECIPIENTS		TUITION AND	
	ADA	0	0	LOCATED IN REGION	OTHER BASIC NEEDS	. STUDENT	323,689.
YYYY	אבה	<u> </u>	<u> </u>	LOCATED IN REGION	NEEDS		323,003.
							<u> </u>
							1
	Subtotal	0	0				323,689.
b	Total from continuation		_				
_	sheets to Part I	0	0				0.
С	Totals (add lines 3a		,				323 689

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule F (Form 990) 2020

Schedule	F (Form 990) 2020	THE	HADHRAMOUT	FOUNDATION,	INC	82-5254989
Part II	Grants and Other	Assistance to	Organizations or Ent	ities Outside the Unite	d States	. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who receiv	ved more than	\$5,000. Part II can be	duplicated if additional	space is	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
					1			
				Ó				

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients noncash assistance cash grant cash disbursement noncash assistance NORTH AMERICA -TUITION CANADA 36 298,452. CHECK AND WIRE TRANSFERS 0. NORTH AMERICA -STIPEND AND REIMBURSEMENTS CANADA 36 25,237. CHECK AND WIRE TRANSFERS 0.

## Part IV | Foreign Forms

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

Schedule F (Form 990) 2020

#### Schedule F (Form 990) 2020 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  THE HADE	RAMOUT FOU	JNDATION, IN	1C				Employer identification number 82-5254989
Part I General Information on Grants		•					
<ol> <li>Does the organization maintain record criteria used to award the grants or as</li> <li>Describe in Part IV the organization's</li> </ol>	ssistance?					sistance, and the selec	▼
Part II Grants and Other Assistance	to Domestic Organ	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more that		1	· ·		(f) Method of	1	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3	s) and government o	rganizations listed in t	he line 1 table				<b>&gt;</b>
3 Enter total number of other organizati	ons listed in the line	1 table					<b>&gt;</b>

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

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UITION	82	751,794.	0.		
EALTH INSURANCE AND OTHER STIPENED AMOUNTS	82	804,205.	0.		
			X		
		5			

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS ARE REQUESTED AND APPROVED THROUGH THE EXECUTIVE COMMITTEE. AFTER

APPROVAL OR DENIAL OF THE REQUEST, THE PROSPECTIVE STUDENTS WILL BE

NOTIFIED VIA EMAIL. THE STUDENTS WILL THEN SIGN GRANT CONDITIONS IN ORDER

TO RECEIVE FINANCIAL GUARANTEE AND FINALIZE SCHOLARSHIP. GRANT APPROVALS

ARE DOCUMENTED IN THE MINUTES OF THE MEETING. TUITION PAYMENTS ARE MADE

DIRECTLY TO SCHOOLS AND UNIVERSITIES. PAYMENTS MADE TO STUDENTS MUST BE

REQUESTED THROUGH THE REIMBURSEMENT PROCEDURES DESCRIBED IN STUDENT

HANDBOOKS AND MUST BE SUPPORTED WITH DETAILED RECEIPTS. ONLY APPROVED

032291 04-01-20 Schedule I (Form 990)

### **SCHEDULE 0**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Name of the organization

THE HADHRAMOUT FOUNDATION, INC **Employer identification number** 82-5254989

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION TO BECOME A SOURCE OF POSITIVE CHANGE IN THEIR COUNTRY,
HOPING TO MAKE THE WORLD A BETTER PLACE. BY IMPROVING THESE
OPPORTUNITIES, WE BELIEVE THAT WE CAN IMPROVE LIVING CONDITIONS AS WELL
AS EMPLOYMENT OPPORTUNITIES IN HADHRAMOUT AND YEMEN AT LARGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONDITIONS AS WELL AS EMPLOYMENT OPPORTUNITIES IN HADHRAMOUT AND YEMEN
AT LARGE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) 2020