STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) DEPARTMENT MAIL TO: Registry of Charitable Trusts P.O. Box 903447 ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA (For Registry US CHARCHER Attorney Gene Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312 MOV 17 Street Sacramento, CA 95814 (916)210-6400 Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored. Registry of Char						neral's Of 7 2021
www.odg.od.gov/charities	23	703; Government Code section 12586.1. IRS exter		onored.		
SHIN ZEN FRIENDS	SHIP GARI	DEN, INC.		ange of address ended report		
List all DBAs and names the organization	uses or has used					
P.O. BOX 16178			State Cha	arity Registration Numb	оег ст125939	
Address (Number and Street) FRESNO, CA 9375	55				1005009	
City or Town, State, and ZIP Code		HINZENJAPANESEGAR	Corporate	on or Organization No.	1095008	
(559)840-1264 Telephone Number	DEN.OR	G	Federal E	mployer ID No. <u>94</u> -	2817267	
·		ENEWAL FEE SCHEDULE (11 Cal.	Code Regs	. sections 301-307, 3	11, and 312)	
		Make Check Payable to Departm	nent of Jus	tice		
Gross Annual RevenueFeeGross Annual RevenueLess than \$25,0000Between \$100,001 and \$250,000Between \$25,000 and \$100,000\$25Between \$250,001 and \$1 million		<u>Fee</u> \$50 \$75	Between \$1,000,00 Between \$10,000,0	<u>Gross Annual Revenue</u> Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		
PART A - ACTIVITIES		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	ses \$	66 Noncash Contributions \$ 0	Total Expe	0 Total Assets	\$ <u>33</u> 112,692	9,010
PART B - STATEMENTS REG	ARDING ORGA	0 NIZATION DURING THE PERIOD O ou answer "yes" to any of the ques	OF THIS RE	enses \$ PORT v, you must attach a s	112,692 separate page	9,010
PART B - STATEMENTS REG Note: All questions must be providing an explanat I. During this reporting period and any officer, director o	ARDING ORGA e answered. If y tion and details od, were there a	0 NIZATION DURING THE PERIOD C	OF THIS RE tions belov eview RRF- nancial trans	PORT Y, you must attach a s 1 instructions for info	112,692 separate page ormation required.	Yes No
PART B - STATEMENTS REG Note: All questions must be providing an explanat During this reporting perior and any officer, director o any financial interest?	ARDING ORGA answered. If y tion and details od, were there an r trustee thereof	0 NIZATION DURING THE PERIOD C ou answer "yes" to any of the ques for each "yes" response. Please re ny contracts, loans, leases or other fi	DF THIS RE tions below view RRF- nancial trans hich any suc	enses \$ PORT v, you must attach a s 1 instructions for info sactions between the o ch officer, director or tr	112,692 separate page ormation required. organization rustee had	Yes No X
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	00	Extended to November 15, 2021 Short Form Beturn of Organization Exempt From Incom	-	OMB No. 1545-0047
orm	33			2020
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except privat	e foundations)	
		Do not enter social security numbers on this form, as it may be made p	ublic.	Open to Public
		of the Treasury enue Service Go to www.irs.gov/Form990EZ for instructions and the latest informat	tion.	Inspection
Fc	or the	2020 calendar year, or tax year beginning and ending		
Ch ap	eck if plicab	Die: C Name of organization	D Employer ide	entification number
	Addre	ess change		
	Name	e change Shin Zen Friendship Garden, Inc.	94-28	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		
		nated P.O. BOX 161/8	(559)	840-1264
	Amen	City or town, state or province, country, and ZIP or foreign postal code	F Group Exem	ption
		ation pending Fresno, CA 93755	Number ►	
		nting Method: X Cash Accrual Other (specify)		X if the organization i
		he: ▶ www.shinzenjapanesegarden.org		to attach Schedule B
		tempt status (check only one) $-$ X 501(c)(3) 501(c) () \triangleleft (insert no.) 4947(a)(1) or 52	7] (Form 990, 9	990-EZ, or 990-PF).
		organization: X Corporation Trust Association Other		
AC	ia illi Jume	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 property or if total assets (Par	t II, ► ↑	140,169
Pal	rt I	(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Attorney Concerned and the second se	tructions for Part	140,10
- Contract		Check if the organization used Schedule O to respond to any question in this Rart 1/		
- T	1	Contributions, gifts, grants, and similar amounts received	1	94,578
			2	14,740
	3	Program service revenue including government fees and contracts Registry of Charitable Trusts	3	9,015
	4	Investment income See Schedule O		2,920
	•	Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	50	
	6	Gaming and fundraising events:		
	-	Gross income from gaming (attach Schedule G if greater than		
Hevenue	-	\$15,000)6a	in the second second	
	b	Gross income from fundraising events (not including \$ of contributions		
Ĕ		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
			285.	
	C		403.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		1,882
	7 a	Gross sales of inventory, less returns and allowances	and the second se	•
		Less: cost of goods sold 7b		
	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule 0) See Schedule 0		16,62
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	139,760
	10	Grants and similar amounts paid (list in Schedule 0)	10	
	11	Benefits paid to or for members	11	
2 I	12	Salaries, other compensation, and employee benefits	12	74,54
Expenses	13	Professional fees and other payments to independent contractors	13	6,408
ž	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance See Schedule O	14	9,936
u	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) See Schedule 0		
	16	Other expenses (describe in Schedule 0) See Schedule 0		21,805
- 1	17	Total expenses. Add lines 10 through 16	. 🕨 17	112,692
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	27,074
_		Net assets or fund balances at beginning of year (from line 27, column (A))	10 M	
_	19			
_		(must agree with end-of-year figure reported on prior year's return)	19	309,270
(Assets			20	<u>309,270</u> 336,344

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	<u>1990-EZ (2020) Shin Zen Friendship Garder</u>	n, Inc.	ç	4-	<u>28172</u>	67 Page 2
Pa	Int II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					X
) Beginning of year	-		nd of year
22	Cash, savings, and investments		190,617.			$\frac{227,841}{111,100}$
23	Land and buildings		118,653.			111,169.
24 25	Other assets (describe in Schedule O)		309,270.	24 25		339,010.
26	Total assets Total liabilities (describe in Schedule 0) See Schedule O		0.	25		2,666.
27	Net assets or fund balances (line 27 of colump (B) must agree with line 21)		309.270.			336,344.
110.000	rt III Statement of Program Service Accomplishmen	ts (see the instruction	ons for Part III)	1.4.		(Denses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	X		for section
Wha	t is the organization's primary exempt purpose? See Schedule O					and 501(c)(4) ons: optional for
	ribe the organization's program service accomplishments for each of its three largest program se er, describe the services provided, the number of persons benefited, and other relevant informat		n a clear and concise		others.)	
	Assisted the City of Fresno in impro	oving and deve	loping	_		
	the Friendship Garden.					
				 _		
29	(Grants \$) If this amount includes foreign g	rants, check here			28a	
20						
	(Grants \$) If this amount includes foreign g	rants, check here	▶		29a	
30						
	(Grants \$) If this amount includes foreign g	rants, check here			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign g	rants, check here			31a	
<u>32</u>	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key Er	22/2222			32	0.
70	Check if the organization used Schedule O to resp			e the i	nstructions for	r Pant IV)
	Check if the organization used Schedule O to resp	(b) Average hours		d) 🗤	alth benefits,	(a) Estimated
	(a) Name and title	per week devoted to	compensation (Forms	contr	ibutions to	(e) Estimated amount of other
	(w) hand and the	position	W-2/1099-MISC) (if not paid, enter -0-)	olans,	and deferred pensation	compensation
Bo	b Hilvers					
Di	rector	5.00	0.		0.	0.
	lph Kumano					
	rector	1.00	0.		0.	0.
	orge Smith Takata					
	rector	1.00	0.		0.	0.
	ristopher Tange rector	1 00			0	
	uko Watnick	1.00	0.		0.	0.
	rector	1.00	0.		0.	0.
	vien Luo	1.00			0.	
	rector	1.00	0.		0.	0.
	ian Tsukimura					
	rector	1.00	0.		Ο.	0.
	ristina Wyneken					
	easurer	5.00	0.		0.	0.
	yuko Russell	1			-	_
	cretary	1.00	0.		0.	0.
	nald Yamabe esident	3.00	0.		0	
<u>r t</u>	CDINGIIL	5.00	U.		0.	0.
03217	72 01-08-21				Form	990-EZ (2020)

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Form 990-EZ				Friendship			94-2817267
Part V	Other In	nformati	ion (No	ote the Schedule	A and persor	nal benefit contract	statement requirements in the

94-2817267 Page 3

	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made	and the second s	(- 49). -	stati in
	in a prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		X
	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	and a star	le de	
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities		an ai	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	s n. Afbri	alle de	
	section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.			
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	e. Dig	ilia - Ili	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
_	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<u>40b</u>	i saliti su	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		aige d	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0 .			las - Alba
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization D			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40.	.11,1	X
41	List the states with which a copy of this return is filed \triangleright CA	40e		_ <u> </u>
	The organization's books are in care of Christina Wyneken Telephone no. (559)	270	_78	59
72 a	Located at \blacktriangleright <u>P.O.</u> Box 16178, Fresno, CA	9375	5	<u></u>
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	5575	<u> </u>	
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country	- 4441 4	() ()() ()	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		h. Th	
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	<u>, , , , , , , , , , , , , , , , , , , </u>	x
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		-	in and
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section		141 14 A	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

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Form 990-EZ (2020)

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Form 990-EZ	(2020) Shin Zen Friendship Garde	en, Inc.			94-2817	267		Page 4
46 Did the	organization engage, directly or indirectly, in political campaign activi	ities on behalf of (or in oppositio	n to candidates for pu	blic office?		Yes	No
	complete Schedule C, Part I	<u></u>				46		X
Part VI	Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 4 Check if the organization used Schedule O to respond to ar							
							Yes	
	organization engage in lobbying activities or have a section 501(h) ele					47		X
	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes,' organization make any transfers to an exempt non-charitable related					<u>48</u> 49a		X X
	' was the related organization a section 527 organization?					49a 49b		
50 Comple	te this table for the organization's five highest compensated employe 00,000 of compensation from the organization. If there is none, enter	es (other than off					eived r	nore
	(a) Name and title of each employee		ige hours	(C) Reportable	(d) Health benefit	s, (e) Estin	nated
	NONE	per week	devoted to ition	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferre compensation	am	ount of mpens	f other
		_						
		_						
						_		
. <u></u>								
organiz	te this table for the organization's five highest compensated independ ation. If there is none, enter "None." NONE Name and business address of each independent contractor	dent contractors v		ved more than \$100,0	· · · · ·	tion fro		
					(0)	oompe	indutio	<u></u>
· · · · · ·				1				
				· · · ·				
<u> </u>								
	umber of other independent contractors each receiving over \$100,000			►				
	organization complete Schedule A? Note: All section 501(c)(3) organ ted Schedule A	nizations must att	ach a		►	ΧΥ	8	No
Under penalti	ies of perjury, I declare that I have examined this return, including acc				st of my knowled			
	and complete. Declaration of preparer (other than officer) is based or		a which prepa	rei nas any knowiedgi				
Sign Here	Signature of officer				Date			
	Christina Wyneken, Treasurer Type or print name and title							
L	Print/Type preparer's name Preparer's signatur	e	Date	Check X	if PTIN			
Paid				self- emplo				
Preparer	Eirmin nome b Class at a set of the set of t		CGMA		P00	377	668	
Use Only	Firm's address ► 1572 W. Wrenwood Land		CONW	Firm's EIN Phone no.	(70-	785	9
May the IDS	discuss this return with the preparer shown above? See instructions				⊾ 「	X Ye		
	מושטעשר אינה אינה עוב אינה אינה אינה אינה אינה אינה אינה אינה							(2020)

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SCH	HED	ULE A	Dublic Charity Status and Dublic Support	ļ	OMB No. 1545-0047
(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.		2020
			 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 		Open to Public Inspection
	Employer i	dentification number			
Name	2 01 U	ne organizati	Shin Zen Friendship Garden, Inc.		-2817267
Par	tT	Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	<u>1 24</u> ns.	201/20/
The o	roaniz		private foundation because it is: (For lines 1 through 12, check only one box.)		
1 [<u> </u>		nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2			cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).)		
з [a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4 [A medical res	search organization operated in conjunction with a hospital described in section 170(b)(1)(A	A)(iii). Enter th	ne hospital's name,
_		city, and stat			
5		An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	init described	l in
-			(b)(1)(A)(iv). (Complete Part II.)		
6 L			te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 [on that normally receives a substantial part of its support from a governmental unit or from t	he general pu	iblic described in
а Г			b)(1)(A)(vi). (Complete Part II.)		
8 L			r trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9 L			al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	-	-
			or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	r the college o)r
10		university:	on that normally receives (1) more than 33 1/3% of its support from contributions, members	hin food, and	aroos rossints from
			ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it		
			unrelated business taxable income (less section 511 tax) from businesses acquired by the or	••	•
			509(a)(2). (Complete Part III.)	gamzanon an	
11 [on organized and operated exclusively to test for public safety. See section 509(a)(4).		
12		-	on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the p	urposes of one or
		more publicly	v supported organizations described in section 509(a)(1) or section 509(a)(2). See section	509(a)(3). Ch	leck the box in
			bugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and		
а		Type I. A s	upporting organization operated, supervised, or controlled by its supported organization(s), t	typically by gi	ving
		the suppor	ted organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the sup	porting
		organizatio	n. You must complete Part IV, Sections A and B.		
b		Type II. A s	supporting organization supervised or controlled in connection with its supported organization	on(s), by havin	ıg
			nanagement of the supporting organization vested in the same persons that control or mana	ige the suppo	rted
		organizatio	n(s). You must complete Part IV, Sections A and C.		
С		Type III fur	nctionally integrated. A supporting organization operated in connection with, and functiona	Illy integrated	with,
		its support	ed organization(s) (see instructions). You must complete Part IV. Sections A. D. and E.		

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g	Provide the following informatic						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organized (in your govern	nization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
			above (see instructions))	103			
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						1	
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				-2011 - 1			
Total		1	🛃 - 바이 그 가지 그 가지 않는 것이다.			1	1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Shin Zen Friendship Garden, Inc. 94-2817 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions					i	
	by each person (other than a						
	governmental unit or publicly			- 1997 -			
	supported organization) included		an a				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			: //			
_6	Public support. Subtract line 5 from line 4.		and the second se				
See	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	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	Total support. Add lines 7 through 10				1		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3)	
50	organization, check this box and stortion C. Computation of Public						
	Public support percentage for 2020 (olumn (0)		14	
	Public support percentage for 2020 (Public support percentage from 2019					15	<u> %</u> %
	33 1/3% support test - 2020. If the					· · · · · · · · · · · · · · · · · · ·	
102	stop here. The organization qualifies	-					
ŀ	33 1/3% support test - 2019. If the		-			or more check this	
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test	• •				and line 14 is 10% o	
176	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•		U U	
ŀ	10% -facts-and-circumstances test	-	•		•	17a and line 15 is 1	
L	more, and if the organization meets the	-					070 01
	organization meets the facts-and-circ				• •		
12	Private foundation. If the organization		• ·				
		an and hot check a	DOX OF ING TO, TO	a, 100, 17a, 01 171		edule A (Form 990	or 990-FZ) 2020
					00110		

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Schedule A (Form 990 or 990 EZ) 2020 Shin Zen Friendship Garden, Inc. 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.)

Glandar year (n fines) year beginning in [] (a) 2019 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 GRs, grants.contribution, and grants 103, 004. 42, 527. 23, 325. 20, 760. 94, 578. 284, 194. 2 Grass receipts from admission, mechandrals of or buck mission is any activity traits inside of the organization's line warring purpose. 103, 004. 42, 527. 23, 325. 20, 760. 94, 578. 284, 194. 2 Grass receipts from admission, mechandrals of othe organization's line warring purpose. 47, 513. 40, 197. 37, 011. 42, 274. 31, 371. 198, 366. 3 Grass receiption of the organization's line warring of the organization's line warring the post of the organization's line warring of the organization's line warri	See	ction A. Public Support					- m m - m	
1 Gins grants, contributions, and membership for exceeded. (b) on the induce any turus.usd grants 1). 2 Gross receipts from admission. 3 Gross receipts from admission. 4 47,513. 40,197. 37,011. 42,274. 31,371. 198,366. 3 Gross receipts from admission. 47,513. 40,197. 37,011. 42,274. 31,371. 198,366. 4 Tax revenues levid for the organization without charge 47,513. 40,197. 37,011. 42,274. 31,371. 198,366. 5 Tose receipts from admission. 47,513. 40,197. 37,011. 42,274. 31,371. 198,366. 4 Tax revenues levid for the organization without charge 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 7a Amounts included on lise 1 hrough 5. 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 7a Amounts included on lise 1 hrough 5. 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 5. Toska. 160,517. 82,724. 60,336. 63,034. 125,949. 482,	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
induste any "unusult grants", 103,004. 42,527. 23,325. 20,760. 94,578. 284,194. a cross receipts from advised trates to the organization files furnished or the organization files furnished trate to the organization files. 47,513. 40,197. 37,011. 42,274. 31,371. 198,366. 3 Gross receipts from advised trate to the organization's benefit and ether past to the organization's benefit and ether past to the organization's benefit and ether past to the organization without charge 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 7 a Amounts included on lines 1.2, and 3 neewlet from disputified persons 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 7 administ 10, upper to the organization without charge 150,517. 82,724. 60,336. 63,034. 125,949. 482,560. 8 order of addition of disputified persons 0. 0. 0. 0. 0. 0. 9 of the disputified persons 0. 0. 0. 0. 0. 0. 9 of the disputified persons 0. 0. 0. 0. 0. 0. 9 of the disputified persons 0. 0. 0. 0. 0. 9 of the disputified persons 0. 0. 0. 0. 9 of the								•••
2 Goss receipts from admissions, mechanizes pair formed. or facilities furnished in any activity prior to tax commy purpose of any activity that is related to the organization's tax commy purpose of the organization's tax commy purpose of the organization's tax commutation tay or business and the organization's tax commutation tay or business and the organization's tax commutation tay or business and the organization's tax commutation that or business and the organization's tax compared to the organization's tax commutation that organization's tax compared to the organization's tax commutation that the organization's tax compared to the organization's tax tax to the tax and the organization's tax tax to the tax and the organization's tax tax to the tax		membership fees received. (Do not						
Increase of addition strate of the organization's based of the organization's based on the organi		include any "unusual grants.")	103,004.	42,527.	23,325.	20,760.	94,578.	284,194.
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are not an invelided trade or bus- ines under section 513 4 Tax revenues levide for the organ- ization's basefit and effer paid to or expended on its behalf 5 The value of services or facilities fundieed to its behalf 6 Total. Add lines 1 through 5 150, 517. 82, 724. 60, 336. 63, 034. 125, 949. 482, 560. 7 Amounts included on lines 1, 2, and 3 Received from disculatified persons b Amount include to lines 1, 2, and 3 Received from disculatified persons b Amount include to lines 1, 2, and 3 Received from disculatified persons b Amount include to lines 1, 2, and 3 Received from disculatified persons b Amount include to lines 1, 2, and 3 Received from disculatified persons b Amount include to lines 1, 2, and 3 Received from disculation persons b Amount include to lines 1, 2, and 3 Received from disculation persons b Amount include to lines 2, and	•	• • • •	47,513.	40,197.	37,011.	42,2/4.	31,3/1.	198,300.
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7a Amounts included on lines 1, 2, and 3 received from disqualified persons b mounts indicated inter 2 and 7s 0. 6 Mounts indicated inter 2 and 7s 0. 6 Add lines 10 to the year encount on the 2 to the year encount on the 10 to the year. If the Form 90 to for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here encount of the year of 2020 (first 0, column (f), divided by line 13, column (f)) 15 15 16 Public support Percentage encount of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization is 11, divided by line 13, column (f)) 15 16 97.53 encount 0. 17 Ivobis support percentage for 2020 (first 0, col	6		150,517.	82,724.	60,336.	63.034.	125,949.	482,560.
b mounts included on line 2 and 3 received tren over time 3 dex line 3 presents asseed the grade of 50:00 or 1% of the amount on line 3 for the year amount on line 3 for the year Section B. Total Support. 0. 6 Add lines 7 a and 7 b 0. 7 150, 517. 82, 724. 60, 336. 63, 034. 125, 949. 482, 560. 9 Amounts income from inferest. dividences, payments received on securities loans, rents, royatins, and income from similar sources. 1,897. 6,874. 3,471. 2,802. 2,920. 17,964. 9 Unrelated business taxable income (less sector 511 taxes) from businesses acquired attr- June 3,1975 1,897. 6,874. 3,471. 2,802. 2,920. 17,964. 10 Add lines 10a and 10b 1,897. 6,874. 3,471. 2,802. 2,920. 17,964. 11 Net income from unrelated business asset (relation and rule on a line 10b, whether or included line 10b, whether or included in line 10b, whether or inclinclude gain or locles from thether 1, and		Amounts included on lines 1, 2, and				,	120,5151	
execute the grade of \$3000 or \$60 the 0. account interest 0.00000000000000000000000000000000000	Ł							0.
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Schedule A (Form 990 or 990-EZ) 2020 Shin Zen Friendship Garden, Inc.

1

2

3a

3b

3c

4a

4b

4c

5a

5h

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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.)

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Shin Zen Friendship Garden, Inc. Part V 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	e de th		10 - K
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	as is N	1	
	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	e di se si		n an r
	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)		n apro	gara stara
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	al an	a der	je,
	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	al ar	ίğει ήξ	$() \to)_{1}$
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4. H	p	$(\frac{1}{2}) \rightarrow (\frac{1}{2})$
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		1. 1.
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		2. Ap	
	or management of the supporting organization was vested in the same persons that controlled or managed	A State		
	the supported organization(s).	1	(29	2444 - 244
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	an te d	т. 	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			p. dita e
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		ar Arts á	
	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	김 생태	r - 66-2	L. Ale
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1949	ár der
	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	ar aji		the state
	significant voice in the organization's investment policies and in directing the use of the organization's	r que tils r	alli (fill)	神经 网络达
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		d v kar	ope iller
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1				
'a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	struction	c)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	a da ŝe		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ip die A		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ya di W	- djr A	r Rije 2
	how the organization was responsive to those supported organizations, and how the organization determined	5 - P - U		$I_{1} = \begin{pmatrix} i_{1} \\ i_{2} \\ i_{3} \end{pmatrix} = \begin{pmatrix} i_{1} \\ i_{3} \\ i_{3} \end{pmatrix}$
	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,	ala) stores,		L 30]
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	$g_{ij}^{k} \to g_{ij}^{k} \to g_{ij}^{k}$		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	dip (gr. 1		
	these activities but for the organization's involvement.	2b		<u></u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	ψi či	of the	8]) - 2 ⁸) a., -, ĝ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	$(ab) = a_{a}^{(1)}$	in e seige	Ar . (Br
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.
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Schedule A (Form 990 or 990-EZ) 2020

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instructions for short fax year or assets held for part of year): 1a a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors 1d (explain in detail in Part VI): 2 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		edule A (Form 990 or 990-EZ) 2020 Shin Zen Friendship Ga			94-2817267 Page 6
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1 Net short-term capital gain 1 2 2 Recoveries of prior year distributions 2 3 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 6 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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 6 9 Other expenses (see instructions) 7 7 8 9 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 6 6 9 Other expenses (see instructions) 7 1 1 2 1 Aggregate fair market value of all non-exempt-use assets (see instructions) 1 1 1 2	Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Orga	nizations	
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Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 5 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 8 Section 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): 1 a Average monthly cash balances 1b 6 c Fair market value of other non-exempt use assets 1c 1 d Total (add lines 1a, 1b, and 1c) 1d 1d 1d e Discount claimed for blockage or other factors (explain in detail in Part V);		All other Type III non-functionally integrated supporting organizations mu	st complet	e Sections A through E.	
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5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5	-		4		
	5			<u> </u>	
6 Multiply line 5 by 0.035.	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	-				
Section C - Distributable Amount Current Year					Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A) 1	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					ių. ²
4 Enter greater of line 2 or line 3.				en e alben and a second e	
5 Income tax imposed in prior year 5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				En al Indiana Contra Co	
emergency temporary reduction (see instructions).	-		6		
 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 	7			ted Type III supporting or	anization (see

instructions).

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Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 Shin Zen Friendship Garden, Inc.

<u>Irai</u>		(a)(b) Supporting Orga	mzauons (continue	<u>a)</u>	
	on D - Distributions		· · · · · · · · · · · · · · · · · · ·		Current Year
1	Amounts paid to supported organizations to accomplish exe			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		•	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	3	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		and the second		
2	Underdistributions, if any, for years prior to 2020 (reason-				1. 法法律律师
	able cause required - explain in Part VI). See instructions.	and the second of the	······		and the second states where the second states and second states and second states and second states and second
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015			office of	
b	From 2016		a and a state of the		
<u> </u>	From 2017	ala, muraliti Alli, aller di I			en en ander Sine Ander Sin
d	From 2018				
<u>e</u>	From 2019			Sec.	
f	Total of lines 3a through 3e		gen ver er e		
g	Applied to underdistributions of prior years				a sa ing ang ang ang ang ang ang ang ang ang a
<u>h</u>	Applied to 2020 distributable amount	sa isi Min Min Min Min		- dala	
<u>i</u>	Carryover from 2015 not applied (see instructions)				
_ i _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$	and and an and the second s		2 1	and the same affect affect of
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount		a a da di di di		
C	Remainder. Subtract lines 4a and 4b from line 4.		and a star star star star	<u>.</u>	e sin
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.	and the second			
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in			315. I	
	Part VI. See instructions.	a de dia mercià de d		- 7412	
7	Excess distributions carryover to 2021. Add lines 3j			100	
	and 4c.		a, da dia dia 1		
8	Breakdown of line 7:			aili	
_	Excess from 2016			्यः" - संविधः	
b	Excess from 2017	an an ann ann ann ann an			er J. J. J. J. 140
	Excess from 2018		a de terreter		a and a second sec
	Excess from 2019		in in the second se	. sign:	
e	Excess from 2020			S.,	

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	Form 990 or 990-EZ) 2020 S Supplemental Informa Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, lines	tion. Provide th 3b, 3c, 4b, 4c, 5a	ne explanations requ a, 6, 9a, 9b, 9c, 11a	uired by Part II, I , 11b, and 11c; F	ine 10; Part II, line 1 Part IV, Section B, li	nes 1 and 2; Part IV, Sectio	n C,
	Section D, lines 5, 6, and 8; a	nd Part V, Sectio	n E, lines 2, 5, and	6. Also complete	e this part for any ad	ditional information.	ar v,
-	(See instructions.)						
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						nedule A (Form 990 or 990	

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities [OMB No. 1545-0047
(Form 990 or 990-EZ)	90 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2020
epartment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public								
Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.	1.4-	Inspection
Name of the organization	Shin 70	n_Friendship Garden		[na			94-2817	entification number
Part Fundraisir		Complete if the organization answe				ine 1		
required to co	omplete this part	t					7.1 onn 330-L	
		ed funds through any of the following	-					
	ns mail solicitations			-	overnment grants nment grants			
c Phone solicitat		g X Special		-	-			
d X In-person solic			10/10/0	licing				
		or oral agreement with any individual	(incluc	ling of	ficers, directors, trus	tees,	or	
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursua			•			
compensated at leas			ant to	agreer	nents under which tr	ie iui	noraiser is to p	e
(i) Name and address of	of individual		(iii) fundr	Did	(iv) Gross receipts	(v)	Amount paid	(vi) Amount paid
or entity (fundra		(ii) Activity	have c or con contrib	ustody trol of	from activity		or retained by) fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No		10		
								<u> </u>
							_	
Total								
3 List all states in which or licensing.	n the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is a	exempt from r	egistration
	·							
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·			
						-		
						_		
LHA For Paperwork Red	luction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2020
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Schedule G (Form 990 or 990-EZ) 2020					
Part II Fundraising Events.	Complete	e if the c	organization answered	"Yes" on Form	990, Part

94-2817267 Page 2

til	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000			
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			

						(add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	4	Gross respirite				
Be	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
~	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
-xpe	Ŭ					
ect F	7	Food and beverages				
ē						
	8 9	Entertainment Other direct expenses				
	-	Direct expense summary. Add lines 4 through	9 in column (d)		►	
		Net income summary. Subtract line 10 from li				
Pa	rtl	Gaming. Complete if the organization a	answered "Yes" on Form	990. Part IV. line 19. or	reported more than	
	1	\$15,000 on Form 990 EZ, line 6a.		· · · · , · · · · , · · · · · , · · · ·		
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo		col. (a) through col. (c))
Jev.						
	1	Gross revenue		1	···· ·	
	~	Cook prizes				
ses	2	Cash prizes				
ben	3	Noncash prizes				
Direct Expenses						
Direc	4	Rent/facility costs				
_	5	Other direct expenses				
	<u> </u>		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ <u>res</u> //	No 78	/0	
:						
:	7	Direct expense summary. Add lines 2 through	5 in column (d)		►	
	~	Net coming income commune O, https://www.com	for a first of a birst (a)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	cts gaming activities:			
-		he organization licensed to conduct gaming ac		states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re			year?	Yes No
b	lf "`	Yes," explain:				
	_			·····		
0320	32 11	-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

<u>Schedule G (F</u>	orm 990 or 990 EZ) 2020 Shin Zen Friendship Garden, Inc.	<u>94-28</u>	17267	Page 3
	organization conduct gaming activities with nonmembers?		Yes	No
	anization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to admini	ister charitable gaming?	[Yes	No
	the percentage of gaming activity conducted in:			
	nization's facility		13a	%
	de facility		13b	%
14 Enter the	name and address of the person who prepares the organization's gaming/special events books and records	3 :		
Name 🕨				
Address	▶			
15a Does the	organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
b If "Yes," (enter the amount of gaming revenue received by the organization 🕨 💲 and the amou	unt		
	g revenue retained by the third party > \$			
	enter name and address of the third party:			
Name 🕨	·			
Address				
Audress				
16 Gaming r	manager information:			
Name 🕨				
Gaming r	manager compensation 🕨 \$			
Descripti	on of services provided 🕨			
in I	irector/officer Employee Independent contractor			
	ry distributions:			
	ganization required under state law to make charitable distributions from the gaming proceeds to	г		
	e state gaming license?	L	Yes	∟_ No
	a amount of distributions required under state law to be distributed to other exempt organizations or spent in tion's own exempt activities during the tax year > \$	the		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part I	II, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
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Schedule G	(Form 990
Part IV	Supple

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					Schedule G (Form 990 or 990-	EZ)

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	OHE No. 1545-0047 2020 Open to Public Inspection
Name of the organizatio		Employer identification number 94-2817267
		94-201/20/
	Part I, Line 4, Other Investment Income:	
Description	of Property:	Amount:
<u>Interest & i</u>	nvestment income	2,920.
	Part I, Line 8, Other Revenue:	
	of Other Revenue:	Amount:
PPP Funding		16,625.
Form 990-EZ,	Part I, Line 14, Occupancy, Rent, Utilities,	and Maintenance:
Description	of Expenses:	Amount:
Depreciation		7,536.
Other Expens	es	2,400.
Total to For	m 990-EZ, line 14	9,936.
<u>Form 990-EZ,</u>	Part I, Line 16, Other Expenses:	
Description	of Other Expenses:	Amount:
Advertising	& Promotion	3,229.
Board Develo	pment	30.
<u>Bonsai Expen</u>	ses	6,567.
Endowment Fu	nd Fees	830.
Insurance		5,088.
Landscape &	Development	550.
<u>Operations e</u>	xpense	3,422.
Sanitation		1,644.
Dues & subsc	riptions	445.
	m 990-EZ, line 16	21,805.
LHA For Paperwork R 032211 11-20-20	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page
Name of the organization Shin Zen Friendship Garden, Inc.	Employer identification number 94-2817267
	• • • • • • • • • • • • • • • • • • • •
Form 990-EZ, Part II, Line 26, Other Liabilities:	
Description Beg. of	Year End of Year
Deposits	0. 2,666.
Form 990-EZ, Part III, Primary Exempt Purpose - Assisting	g the City of
Fresno in improving and developing the Friendship Gardens	s in Woodward
Park for the enjoyment of the general public.	
Form 990-EZ, Part V, Information Regarding Personal Benef	fit Contracts:
The organization did not, during the year, receive any fu	unds, directly,
or indirectly, to pay premiums on a personal benefit cont	tract.
The organization, did not, during the year, pay any prem:	
or indirectly, on a personal benefit contract.	

Schedule O (Form 990 or 990-EZ) 2020

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