Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

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

Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O) Check if the organization used Schedule O) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O) Revenue, Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Professional fees and other payments to independent contractos 1			nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informati	on. $\mathcal{W}^{1/2}$	
Address change Number and steel (of P O box if mail is not delivered to street address) Room/suite E Telephone number 2078 310 650	A F	or the	2020 calend			, 20
Number and street for PO box if mail is not delivered to street address)	Вс	heck if an	pplicable	C Name of organization	D Employer	identification number
Institutions pending The process of the proces		Address c	change	<u>Medi</u> ation Garden	20-33	97233
Final returnterminated Final returnterminated Figure 1 Figure 2 Figure 2 Figure 3 Fig	=		-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	e number
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Accounting Method Sc ash Accrual Other (specify) H Check if the organization is nor required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	=				F Group E	xemption
Website: jarme_org rame_org rame_org required to attach Schedule B Tax-exempt status (check only one) - 501(c)(c) 301(c)(1) 4(insert no) 4947(a)(1) or 527 required to attach Schedule B Form 900 apparent on Corporation Corpor		Applicatio	n pending	South Portland, ME 04106	Number	•
Tax-exempt status (check only one)	G A	ccount	ting Method	X Cash	Check ▶ [If the organization is not
Revenue, Expenses, and Changes in Net Assectation Other			102.		required to	attach Schedule B
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received	J Ta	ax-exen	npt status (che	eck only one) — 🔀 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	(Form 990, 9	990-EZ, or 990-PF)
Part			_			
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		16	• .		· · · · · · · · · · · · · · · · · · ·	
17 Total expenses. Add lines 10 through 16 P 17 52, 464.		17		enses. Add lines 10 through 16	▶ 17	
10 Fundament (defeat) for the uses (withwest line 17 fundament)	S	18				
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	set	19			with	
end-of-year figure reported on prior year's return) 19 20,051.	As		end-of-yea	r figure reported on prior year's return)	19	20,051.
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 18 36,365. 19 20,051.	et	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
2 21 Net assets or fund balances at end of year Combine lines 18 through 20 > 21 56, 416.	Z	21	Net assets	or fund balances at end of year Combine lines 18 through 20	▶ 21	56,416.

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 02/25/21 PRO

Form 990-EZ (2020)

Ра	Balance Sheets (see the instructions Check if the organization used Schedule		ny augetian in thie l	Part II		
	1	e o to respond to a	ny question in this i	(A) Beginning of year	· · ·	B) End of year
22	Cash, savings, and investments			20,051.	22	56,416.
23	Land and buildings			20,0021	23	00,110.
24	Other assets (describe in Schedule O) .	•			24	
25	Total assets			20,051.	25	56,416.
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	20,051.	27	56,416.
Par						
	Check if the organization used Schedule	e O to respond to a	ny question in this I	Part III	' -	Expenses
Wha	t is the organization's primary exempt purpose?	See Part III	Stmt			red for section 3) and 501(c)(4)
as m	ribe the organization's program service accomplineasured by expenses. In a clear and concise means benefited, and other relevant information for each of the control of the	nanner, describe the ach program title	e services provided	, the number of	organiz others	zations, optional for)
28	Meditation Garden seeks an awaken founded on precepts and teachings	of Jesus Chr.	na Lst.			
29	(Grants \$ 0.) If this amount				28a	71,690.
20						
	(Grants \$) If this amount	: includes foreign gra	ints, check here	. ▶ 🗆	29a	
30						
		includes foreign gra	ints, check here	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	31a	
	Total program service expenses (add lines 28a				32	71,690.
Par						<u>.</u>
	Check if the organization used Schedule	e O to respond to a	(c) Reportable	Part IV		<u> U</u>
	(a) Name and title	(b) Average hours per week devoted to position		contributions to employe	oth	stimated amount of er compensation
Dan	ıel Senga					
Mıs	sion Dir	2.00	0.	0.		0.
Pat	rıcıa Nkrumah					
Tre	asurer	2.00	0.	0.		0.
	helle Sloan					
Sec	retary	2.00	0.	0.		0.
						
						
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Part	· · · · · · · · · · · · · · · · · · ·			
_	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		×
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			
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		_ ×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
36	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	35c		×
00	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			<u> </u>
b	Did the organization file Form 1120-POL for this year?	37b	ļ	×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	 38a		
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a	. ,	
39	Section 501(c)(7) organizations. Enter		ľ	-
а	Initiation fees and capital contributions included on line 9		î	٠. ن
b	Gross receipts, included on line 9, for public use of club facilities		0 .	1,
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► ; section 4915 ► ; section 4955 ►		• '	, 1
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	· '	- *	
	excess benefit 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	40b		×
С	on organization managers or disqualified persons during the year under sections 4912,			2
	4955, and 4958		110	, , 1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line		, ,	•
е	40c reimbursed by the organization	, .		
·	transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Trish Nkrumah Telephone no ▶ (207)		1-06	50
h	Located at ▶ 77 School Street, South Portland MA ZIP + 4 ▶ 0410 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	06	V	NI.
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ×
	If "Yes," enter the name of the foreign country ▶	120		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		٠.	.
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		×
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 . 43		Vaa	NI-
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No · 1
	completed instead of Form 990-EZ	44a	7.44	×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
C	Did the organization receive any payments for indoor tanning services during the year?	44c		×
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			لمستئ
450	explanation in Schedule O	44d 45a		×
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	738	• •	<u> </u>
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			· * ·
	Form 990-EZ See instructions	45b		X

						 	Yes	No
46	Did the organization engage, directly or in			n behalf of c	r in opposi	tion -	_ <u> </u>	لحنا
	to candidates for public office? If "Yes," o		Part I		· · ·	46		×
Part	Section 501(c)(3) Organizations All section 501(c)(3) organization		otiona 17 10h and	EQ and a	malata th	o tobloo	fau lia	
	50 and 51.	s must answer que	Stions 47–490 and	oz, and co	mpiete tri	ie labies	ior iiri	es
	Check if the organization used Sci	hedule () to respond	to any question in	this Part VI				
	Check if the organization used de-	ricadic O to respond	to any question in	uns i dit vi		· · ·	Yes	No
47	Did the organization engage in lobbying	activities or have a s	section 501(h) election	on in effect	during the	tax	163	110
	year? If "Yes," complete Schedule C, Par					47		×
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes." complete	Schedule E		48	 	×
49a	Did the organization make any transfers to					. 49a	,	×
b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's	five highest compens	sated employees (oth	ner than offi	cers, direct	ors, truste	es, ar	id key
	employees) who each received more than	\$100,000 of comper	sation from the orga			e, enter "i	Vone '	1
		(b) Average	(c) Reportable		benefits, to employee	(e) Estimat	ed amo	unt of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans.	and deferred	other co		
			, , , , , , , , , , , , , , , , , , , ,	compe	nsation			
None	; 	0.00			^			0
		0.00	0.		0.			0.
		-				_		
f	Total number of other employees paid ov		>					
51	Complete this table for the organization'			contractors	s who each	n received	d more	than
	\$100,000 of compensation from the organ	nization If there is nor	ne, enter "None "			.		
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(с) Compensat	tion	
None	<u> </u>							
140116	<u></u>							
				•				
			<u> </u>					
			<u> </u>					
	Total number of other independent contra	•						
52	Did the organization complete Schedu	ule A? Note: All se	ction 501(c)(3) orga	inizations n	nust attacl			
	completed Schedule A .	<u>.</u>				► X Yes		No
Under p true, cor	penalties of perjury, I declare that I have examined this in rrect, and complete Declaration of pregarer (other than	return, including accompany n officer) is based on all info	ring schedules and statem rmation of which preparer	ents, and to the has any knowle	e best of my kr edge	nowledge an	d belief,	ıt ıs
	All Wood!			, , , , , , , , , , , , , , , , , , ,				
Sign	Signature of officer	<u> </u>		Dat	e a / /			
Here	Patricia Nkrumah, Tre	asurer			3/16/	d		
	Type or print name and title				/-/+	ı		
Do:4	Print/Type preparer's name	Preparer's signature	- that Da	16/8/21	Check X	PTIN		
Paid Prep	Clara Varataan	Glenn Kerstee	n ~	16/4/8	self-emplo		6248	1
Use (lting Services		Firr	n's EIN ▶		•	
	Firm's address ▶ 54 Water Stree			68 Pho	one no			
May th	ne IRS discuss this return with the preparer	shown above? See ii	nstructions			► ☐ Yes	s 🔲 i	No (

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	iatıon Gaı						20-3397233	
Pai				l organizations mus				ons.
The o				is: (For lines 1 through				
1				on of churches descr				
2				(Attach Schedule E (F			• •	$() \setminus$
3				ganization described i				O 1
4				onjunction with a hos	pital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
_	' -	name, city, and stat						
5	section 1	70(b)(1)(A)(iv). (Com	plete Part II)	college or university				tal unit described in
6				imental unit described				
7				tantial part of its sup	port from	n a gover	nmental unit or fron	n the general public
		in section 170(b)(1		•				
8	_)(1)(A)(vi). (Complete				
9	or univers university	sity or a non-land-gra	ant college of agr	d in section 170(b)(1) riculture (see instruction	ons). Ente	er the nar	me, city, and state of	f the college or
10	receipts fi support fr	rom activities related rom gross investmen	to its exempt fut income and un	e than 331/3% of its sunctions, subject to ce related business taxa 75. See section 509(a	rtain exc ble incom	eptions, a ne (less s	and (2) no more than ection 511 tax) from	1 33¹/3% of its
11				sively to test for publi		•	•	
12	_	_	•	sively for the benefit o	•			rry out the purposes
				ns described in sect				
				scribes the type of su				
а	☐ Type	I. A supporting organ	nization operated	l, supervised, or conti	rolled by i	its suppo	rted organization(s),	typically by giving
				regularly appoint or e			the directors or trust	ees of the
	suppo	orting organization Y	ou must comple	ete Part IV, Sections	A and B			
b	contro	ol or management of	the supporting o	sed or controlled in co organization vested in IV, Sections A and C	the same			
С	-			ting organization ope		onnectio	n with, and function:	ally integrated with
Ū				ons). You must comp				any integrated with,
d	☐ Type	III non-functionally	integrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted organization(s
				nization generally mu				id an attentiveness
	require	ement (see instructio	ns) You must c	omplete Part IV, Sec	ctions A a	and D, ar	nd Part V.	
е	☐ Check	this box if the organ	nization received	a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
				tionally integrated su	pporting (organızat	ion.	
f		umber of supported (•	•			
g	Provide the	following information	n about the supp	orted organization(s).				T
	(i) Name of supp	ported organization	(II) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								_
(E)								
			PROSERVATION AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPER			Challication		

Part							
	(Complete only if you checked the						alify under
Cooti	Part III. If the organization fails to	o quality unde	er the tests lis	sted below, p	lease comple	ete Part III.)	/
	on A. Public Support	(=) 0010	(L) 0047	(-) 0010	(4) 0040	(-) 0000 /	/D.T
_	dar year (or fiscal year beginning in) Gifts, grants, contributions, and	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020/	(f) Total
1	membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the						
_	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		-		/	-	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	• • • • • • • • • • • • • • • • • • • •	Branch Branch	THE TANK AND A PARKET	ANTERIOR ANTERIOR	torn and tention	The same of a more	
6 Secti	Public support. Subtract line 5 from line 4 on B. Total Support	物。元四字性此	Maria Track	ALL SEVAN	METSAL PROPERTY	P. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	· · ·
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	(0) 20 10	(2,120)	(5) 2515	(4) 2010	(0) 2020	(1) 10141
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	经过滤的设理		學是"學到一個"	akaba, ng	TRITIO E	
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	e organization's e re	s first, second	, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3) ► □
Secti	on C. Computation of Public Suppor	rt Percentag	е				
14	Public support percentage før 2020 (line			11, column (f))		14	%
15	Public support percentage/from 2019 Sci					15	<u></u>
16a	331/3% support test—2020. If the organ				nd line 14 is 33	31/3% or more,	check this
L	box and stop here. The organization qua	•		_		no 00104	
ь	331/3% support test 2019. If the organithis box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
	10%-facts-and-circumstances test—2 10% or more, and if the organization means the organization meets the organization.	neets the facts facts-and-circ	-and-circumsta umstances tes	ances test, ch st The organiz	eck this box a zation qualifies 	nd stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	icts-and-circur	mstances test,	check this bo	x and stop her	e. Explain
18	Private foundation. If the organization instructions	did not check	a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see
	<u> </u>			<u> </u>	Sch	edule A (Form 990	or 990-EZ) 2020

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests isted below, please complete Part II.) Section A. Public Support Callendar year for fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total of Sta, grants, contributions, and mambreship less received (br. or rolluba 9), visual grants 1 or statistics be organization and discussions, mechanidae sold or services performed, or facilities of the organization's fax-exempt furpose. Gross receipts from advises that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's fax-exempt furpose. 5 The value of services or facilities furpose organization without charge. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from object in the organization without charge. 6 Total, Add lines 1 through 5 7b Public support. (Subtract line 7 or from line 15 for the year of the organization of line 14, and line 15 is more than 3310%, and line 16 is not more than 3310%, check this box and stop here organization of the organization of the organization of line 14, and line 15 is more than 3310%, and line 16 is not more than 3310%, check this box and stop here. The organization of the organization of line 16 is organization of line 16 is not organiz	Part							
Section A. Public Support Callendary year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2000 (f) Total of fiss, grants, contributions, and manibeship less received (both include any musual grants) Cross receipts from admissions, merchandise such as well or services performed, or facilities furnished in any activity that is related to the commendation and any activity that is related to the commendation of the comm								der Part II.
Calendar year for fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 1 (discount of the control of the contro			under the te	sts listed belo	ow, please co	omplete Part	II.)	
1 Ciffs grants, contributions, and membership fees received (Po not inclustia any hususal grants 1) 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the original control is acceptable purpose. 3 Gross receipts from activates that are not an unrelated trade or business under section 513. 4 Tax revenues level for the original control is acceptable to the original control is acceptable to the original control is behalf. 5 The value of services or facilities furnished by a governmental unit to the original control without charge. 6 Total, Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 2 and 3 received from disqualified persons. b Amounts included on lines 1 and 1 b. 8 Public support. (Subtract line 7c from line 6.) 9 Amounts from line 6 10a Gross income from inferest, dividends, payments received on accurate like longs, rents, royaltes, and income from smiller sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not inglide gain or loss from the sale of oginal assets (Explain no Part VI) 13 Total support. (Add/lines 9, 10c, 11, and 12? 14 First 5 years. If Jike Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(a)(5) organization, cyfeck this box and stop here. 8 Section C. Complitation of Public Support Percentage 15 Public support percentage from 2019 Schedule A, Part III, line 17. 17 Investifient income percentage from 2019 Schedule A, Part III, line 17. 18 Investment income percentage from 2019 Schedule A, Part III, line 17. 19 Ag14 Signaport tests—2020. If the organization of did not check the b			T	1	1			
received (Do not include any "unusual grains") Gloss receipt form admissions, merchandise sold or services performed, or facilities burnshed any activity that related to the organization's face-teempt purpose Gloss receipts from advities that are not an unrelated trade or business under section 513 1 Tax reveruses leved for their paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge of the organization of the dependence of the organization of problems organization of organization of problems organization of organization of problems organization of			(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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3 Gross recepts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. b Amounts included on lines 1, 2, and 3 received from disqualified persons included on lines 2 and 3 received from disqualified persons that exceet the greater of \$5.000 or 1% of the amount on line 13 for the year c Add lines 7 a and 70 Public support. (Subtract line 7c from line 6) 8 Public support. (Subtract line 7c from line 6) 10a Gross income from interest, dividends, payments received on securities basis, rerists, royalties, and income from smilar sources. b Unrelated business taxable income (legs section 511 taxes) from businesses section 11 taxes) from businesses accurred after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses accurred after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated businesses accurred into the business is regularly carried on 120 Other income Do not incjudic gain or loss from the said or daptial assets (Explain in Part VI) 14 First 5 years, lifthe Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, cyleck this box and stop here Section C. Complitation of Public Support Percentage 17 Investigation income percentage from 2019 Schedule A, Part III, line 15 18 Justice Support percentage from 2019 Schedule A, Part III, line 17 19 Justice Support percentage from 2019 Schedule A, Part III, line 17 19 Justice Support percentage from 2019 Schedule A, Part III, line 17 19 Justice Support Received and the support Percentage 17 Investigation compensation of the organization of lost check be box on line 14, and line 15 is more than 331/3%, and line 15 is 33/3%, support t								
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20			_			•	

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?
- 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 79 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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Part	Supporting Organizations (continued)		Vaa	N-
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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	Yes	No
b c	A family member of a person described in line 11a above? 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.	11b		Aws
<u>Secti</u>	on 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	THE STATE OF THE S	
Secti	on C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	4 6 6 7	Yes	No
Secti	on D. All Type III Supporting Organizations	1		
1	Did the expenience provide to each of its supported expeniences, but he last day of the fifth month of the	Mineli	Yes	No
•	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 significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	A STATE OF THE STA	が一
	on E. Type III Functionally Integrated Supporting Organizations	 		,
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. 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			
2	Activities Test. Answer lines 2a and 2b below.	F. Carl	Yes रिक्स	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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		N. S.
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	2h	1	

(see instructions)

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	gan	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)	(1)		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI).	30		
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		
	ion C—Distributable Amount	.		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	The state of the s	
2	Enter 0.85 of line 1.	2	BARRETHY LAGS THE THIT	
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	WR PREMIEW	
5	Income tax imposed in prior year	5	新年出去る。 かいけんない とい	-
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional			ı ng organization
-				

Schedule A (Form 990 or 990-EZ) 2020

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity		,	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Pa rt	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	h the organization is res	ponsive		
	(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	າຣ	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI) See				
	instructions				
3	Excess distributions carryover, if any, to 2020				
а	From 2015 .		.,		
b	From 2016 .			\neg	1
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f				
4	Distributions for 2020 from				
	Section D, line 7.	•			į
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 3				
	and 4c				
8	Breakdown of line 7.				
<u>-</u>	Excess from 2016				
b	Excess from 2017				· · · · · · · · · · · · · · · · · · ·
	Excess from 2018 .				
d	Excess from 2019 .				1
e	Excess from 2020 .				

Schedule A (Form 990 or 990-EZ) 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 O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Mediation Garden	20-3397233
Pt I, Line 16:	
Description: Bank service charges \$64	
Description: Gas \$385	
Description: Licenses \$35	
Description: Travel \$12,977	
Description: Conferences and meetings \$1 912	
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