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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

ĀF	or the	2020 calenda	ar year, or tax year beginning January 1 , 2020, and ending Dec	cember 31 , 20						
B c	heck if ap	plicable	C Name of organization ? D Emp	oloyer identification number ?						
	Address cl	hange	461203704							
=	łame chai	ŭ	phone number							
=	nitial retur		746 S SAGINAW ST	8103545672						
☴	inai returi Imended i	n/terminated return		up Exemption						
=		n pending	FLINT, MI48502	mber 🕨 ?						
G A	ccount	ing Method	✓ Cash Accrual Other (specify) ► H Check	▶ ☐ if the organization is not						
I W	/ebsite	: www.	forgeflint.org require	d to attach Schedule B						
J Ta	ax-exem	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (Form 9	990, 990-EZ, or 990-PF).						
K F	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other							
L A	dd lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets							
(Par	t II, colu	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	\$ 34,117.94						
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Part I)						
		Check If	the organization used Schedule O to respond to any question in this Part I							
?	1	Contribution	ons, gifts, grants, and similar amounts received	1 33,117 94						
?	2	Program se	ervice revenue including government fees and contracts	2						
?	3	Membersh	ip dues and assessments	3						
?	4	Investment	t income	4						
	5a	Gross amo	ount from sale of assets other than inventory							
	b	Less: cost	or other basis and sales expenses							
	С	Gain or (los	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c						
	6	Gaming and fundraising events:								
	а	Gross inc	ome from gaming (attach Schedule G if greater than							
ī		\$15,000) .		_[]						
Revenue	b		me from fundraising events (not including \$ of contributions							
æ			aising events reported on line 1) (attach Schedule G if the							
		sum of suc	ch gross income and contributions exceeds \$15,000) 6b							
	С		t expenses from gaming and fundraising events 6c							
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							
		line 6c) .		6d						
	7a	Gross sale	s of inventory, less returns and allowances							
	b		of goods sold							
	С		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c						
	8		nue (describe in Schedule O)	8 1000.00						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 34,117.94						
	10	Grants and	d similar amounts paid (list in Schedule O)	10						
	11	Benefits pa	aid to or for members	11						
es	12	Salaries, of	ther compensation, and employee benefits 2	12 32,676.35						
Expenses	13		al fees and other payments to independent contractors 2	13						
ğ	14		y, rent, utilities, and maintenance	14 5,514.40						
ш	15		ublications, postage, and shipping	15 52 63						
	16	•	enses (describe in Schedule O) 2	16 21,051.34						
	17	Total expe	enses. Add lines 10 through 16	17 59,294 72						
ţ	18		(deficit) for the year (subtract line 17 from line 9)	18 (25,176.78)						
SSe	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with	40						
Ä		-	ar figure reported on prior year's return)	19 126,617						
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	20						
	21	•	or fund balances at end of year. Combine lines 18 through 20	21 101,440 22						
For	Paper	work Reduct	ion Act Notice, see the separate instructions.	Form 990-EZ (2020)						

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990-EZ** (2020)

Par	t II	Balance Sheets (see the instructions	•					
		Check if the organization used Schedule	O to respond to a	ny question in this				
					(A) Beginning of	_		(B) End of year
22		, savings, and investments				2,003		46,82
23		and buildings				1,114	_	51,11
24		r assets (describe in Schedule O)				3,500		3,50
25	Tota	lassets			12	6,617	25	126,61
26	Tota	l liabilities (describe in Schedule O)					26	
27	Net	assets or fund balances (line 27 of column	n (B) must agree with	h line 21)	12	6,617	27	101,44
Part		Statement of Program Service Accom	plishments (see th	e instructions for	Part III)			
		Check if the organization used Schedule	O to respond to a	ny question in this	Part III .			Expenses
What	is the	organization's primary exempt purpose?	Provide services for	under resourced fa	milies			uired for section c)(3) and 501(c)(4)
as m	easure ons bei	e organization's program service accomplid by expenses. In a clear and concise nefited, and other relevant information for e	nanner, describe the ach program title.	e services provide	d, the number			nizations; optional f
28		d vehicles through the Forge Flint Garage for mmunity organizations	under resourced fam					
?	(Grant		includes foreign gra	ants, check here .	•		28a	53,831.1
29	-							
	(Grant		includes foreign gra	ants, check here .	▶		29a	ļ
30	<u></u>							
	(Grant	s\$) If this amount	includes foreign gra	ints check here	b	Πī	30a	
31	<u> </u>	program services (describe in Schedule O)					500	
٠.	(Grant	• • • • • • • • • • • • • • • • • • • •	t includes foreign gra				31a	
32		program service expenses (add lines 28a				┰	32	
Pari		List of Officers, Directors, Trustees, and Ke				the ir		tions for Part IVA
		Check if the organization used Schedule						
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISI	(d) Health be contributions to e	nefits, employe , and	ee (e)	Estimated amount of their compensation
r Pa	ul Don	elly, Chairman	5hrs	(ii flot paid, efiter -o-	y delened compe	si isalio:	'	
(im (Skaff S	ecretary	<u> </u>					
	JRUII, 0	octor y	.5hrs				-	
N m m m	la Field	Tracultar					+	
ange	ela Field	, Treasurer	2hrs					
Gerry	/ Leslie		5hrs					
			-					
			-					,
			-					
			-					
			-			······································	+	
							-	
·- 								······
			.]				1	



Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi			
	mistractions for Fart V.) Check if the organization used Schedule O to respond to any question in the	5 Fait	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		~
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		~
35a	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		./
c 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 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	35b		
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		
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b	7.0	
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 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
а	Initiation fees and capital contributions included on line 9			
b 40a	Gross receipts, included on line 9, for public use of club facilities			
b	Section 4911 , section 4912 , sectio	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		~
41	List the states with which a copy of this return is filed ▶			
12a	The organization's books are in care of ► Located at ► Telephone no. ► ZIP + 4 ►			-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		_/
13	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		. 1) [
l4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	
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		1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	y_03/(7/	✓
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

46	Did the organization engage, directly or in to candidates for public office? If "Yes," of						- C5	
Part \		s Only				· · · · · · · · · · · · · · · · · · ·	or line	es
	Check if the organization used Sch	nedule O to respond	to any question in the	nis Part VI		<u>.</u> .	<u> </u>	. 🗆
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio	n in effect d	uring the	tax 47	Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(ii o an exempt non-cha ection 527 organizatio five highest compens	ritable related organiz n? sated employees (oth	ation? er than office	 ers, directe	. 48 . 49a . 49b ors, truste	es, an	✓ ✓ d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, a compens	employee nd deferred	(e) Estimate other con		
NONE								
		<u></u>						
						·		
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organ	s five highest compe	ensated independent	contractors	who each	received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c)	Compensat	on	
NONE								
								
				+				
d	Total number of other independent contra	actors each receiving	over \$100,000	>	NO	ONE		
52	Did the organization complete Schedu completed Schedule A	ule A? Note: All se		nızations mı		n a ▶ ☑ Yes	<u> </u>	No
Under p	penaities of perjury, I declare that I have examined this rrect, and complete Declaration of peeparer (other than	return, including accompan n officer) is based on all info	ying schedules and stateme irmation of which preparer h	ents, and to the i	oest of my ki ge.	nowledge and	d belief,	it is
				4	10/7	F_		
Sign Here		Soulia -	Director	Date	····			
	▼ Type or print name and title Print/Type preparer's name	Preparer's signature	Da	te		PTIN		
Paid Prep	arer PAULINE SIMMONS	Pauline ?	Dynmors	4/10/21	Check 🗹	l If [080698	84
Use (Only Firm's name Firm's address F			Firm'	sEIN.► eno <i>81</i>	n-922	- 83	19
May th	ne IRS discuss this return with the prepare	r shown above? See i	nstructions	1,	121	▶ V Yes	<u> </u>	No.

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer Identification number FORGE FLINT** 461203704 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3/9 of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Part	(Complete only if you checked the						
	Part III. If the organization fails to						amy under .
Secti	on A. Public Support	s quality and	0, 1,10 10010 11	stod Bolow, p	iodoc compi	/	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(é) 2020	(f) Total
1	Gifts, grants, contributions, and 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	magnetic or sulfately state than	LICENSES ASSESSED. PROPER		100 abbuma al numeromon more	of Atlantonic and Atlantonic account	
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)						
6	Public support. Subtract line 5 from line 4	EVALUE OF	32/3623	Nation 1	CHANCHI		
	on B. Total Support						-
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4		1			• •	
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop he	organization	's first, second			12 ear as a section	
Sacti	on C. Computation of Public Suppor			· · · · ·			
14	Public support percentage for 2020 (line	······		11, column (fl)		14	
15	Public support percentage from 2019 Sci		_			15	
16a	331/3% support test-2020. If the organ	ization did no	t check the bo				
	box and stop here. The organization qua	•	•	_		in 221,-04 or	_
. b	33 ¹ / ₃ % support/test—2019. If the organithis box and stop here. The organization					18 33 73 % OF II	► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization meets the Part VI how the organization meets the organization	neets the facts	s-and-circumst	tances test, ch	eck this box a	and stop here .	. Explaın ın
b	10% facts-and-circumstances test—2 15 is 10% or more, and if the organization part VI how the organization meets the organization	on meets the f	acts-and-circu	mstances test	, check this bo	ox and stop he	re. Explain
18	Private foundation. If the organization						
	, instructions	`					
- //					Sc	hedule A (Form 99	0 or 990-EZ) 2020

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.)

Secti	on A. Public Support				inploto i arti		·
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	107628	49880	31654	22733	34118	245923
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	107628	49880	31654	22733	34118	245923
7a	Amounts included on lines 1, 2, and 3	10,020	47000	31034	22755	34110	243723
	received from disqualified persons .	İ					
b	Amounts included on lines 2 and 3						
	received from other than disqualified					l	
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from				PC-81155008		
•	line 6.)						245923
Secti	on B. Total Support				months are seren (11)		
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	107628	49880	31564	22733	34118	245923
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less					:	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	37418	34668	30986	o	o	103072
13	Total support. (Add lines 9, 10c, 11, and 12.)	145046	84548	62550	22733	34118	348995
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppo	rt Percentage	•				
15	Public support percentage for 2020 (line					_	70 %
16	Public support percentage from 2019 Sc			<u> </u>	· · · · ·	16	63 %
	on D. Computation of Investment In			u line 10 selv	(6)	147	
17 18	Investment income percentage for 2020 Investment income percentage from 201	•		-			<u>%</u> %
19a	33¹/a% support tests—2020. If the organ	•					
	17 is not more than 331/3%, check this box						•
b	331/3% support tests-2019. If the organiz		=			-	_
	line 18 is not more than 331/3%, check this	box and stop he	ere. The organi	zation qualifies	as a publicly se	upported organi	zation 🕨 🔲
20	Private foundation. If the organization d	id not check a b	oox on line 14,	19a, or 19b, o	heck this box	and see instruc	ctions 🕨 🗌

Part IV Suppo

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

- 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 of "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	V Supporting Organizations (continued)			
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	es .	No
С	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 11c		
Section	on B. Type I Supporting Organizations			
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	es .	No
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		
Section	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).	1	es	No
Secti	on D. All Type III Supporting Organizations	1-		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	es :	No
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		
Secti	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 a			
2	Activities Test. Answer lines 2a and 2b below.			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 b	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> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Part	Type III Non-Functionally integrated 509(a)(3) Supporting Org	jan	izations /				
Secti	on 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):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		Contract to the contract of th			
е	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C—Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
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-function (see instructions).	ally	integrated Type III supporti	ng organization			

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued	1)	
Secti	on 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 Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	1	- 1	
	(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) Underdistribution: Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020		and the state of t	3	PERSONAL SERVICES
-	(reasonable cause required—explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016	The state of the s			
С	From 2017			纖	
d	From 2018	建筑线线线线线			
е	From 2019	THE SECOND			
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				ality Carmania
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			靏	
	Section D, line 7:				
<u>a</u>	Applied to underdistributions of prior years		no	2/4/607	
b	Applied to 2020 distributable amount			300	others and the sound of the second of the se
С	Remainder. Subtract lines 4a and 4b from line 4.	ADMA ADMINISTRALIZATION OF THE PROPERTY OF THE ANALYSIS OF THE PARTY O		羅	
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result			ı	
	greater than zero, explain in Part VI. See instructions.			2540	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			· ·	
	Excess distributions carryover to 2021. Add lines 3j and 4c.				Section 1981
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				Campacine ship
<u>d</u>	Excess from 2019				
е	Excess from 2020			额	

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

2020

Open to Public Inspection

Employer identification number

FORGE FLINT	461203704
PART 1 LINE 8	
PANDEMIC GRANT RECEIVED FROM SBA \$1,000	
PART 1 LINE 16 OTHER EXPENSES	
ADVERTISING 1350.37	
BANK CHARGES/FEES 627.18	
DUES & SUBSCRIPTIONS 150.00	
GARAGE REPAIRS 4400 80	
INSURANCE 5527.85	
MEALS & ENTERTAINMENT 439.67	
OFFICE EXPENSE 1136.21	
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