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)

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

7	A Fo	or the 2020 calendar year, or tax year beginning	l•	Inspection
I	B Ch	eck if Disable: C Name of organization		
		Address change	Employer	identification number
		Name change NATHANIEL J. WILLIAMS FOUNDATION INC.		
		Initial return INVITIDGI dilli SITERI (OF P. I.) NOV it mort to not delivered to a control of the control of th		528290
		Final return/ terminated P.O. BOX 52	Telephone	
		Amended return City or town, state or province, country, and ZIP or foreign postal code	6033	566358
		Application pending NORTH CONWAY, NH 03860	Group Exe	emption
G	Acc	counting Method: Cash X Accrual Other (cognition)	Number	
ı	We	bsite: WWW.ASSISTANCECANINE.ORG		X if the organization is
J	Tax	rexempt status (check only one) — X 501(c)(3) 501(c) (ed to attach Schedule B
K	For	m of organization: X Corporation Trust Accordation 4947(a)(1) of 527	(Form 990), 990-EZ, or 990-PF).
L	Add	l lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000		
		imn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		05 44 4
H	Part	nevenue, Expenses, and Changes in Net Assets or Fund Balances (assets in Net Assets or Fund Balances)	. \$	87,604.
_	_	oneck if the organization used Schedule U to respond to any question in this Part I	JIIS IUI Pai	[1]
		Contributions, gifts, grants, and similar amounts received		X
	2	Program service revenue including government fees and contracts	1	59,124.
	3	1 Macadoliiolito		578.
	4		3 4	2/1
	5	a dross amount from sale of assets other than inventory	4	341.
		2 2003: dost of other basis and sales expenses		
		dant of (1035) from sale of assets other than inventory (subtract line 5h from line 5a)	5c	
	6	Gaming and fundraising events:	-	
ne		a Gross income from gaming (attach Schedule G if greater than \$15,000)		
Revenue	1.	Co.		
æ	1	of contributions		
		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
	Ι,	gross income and contributions exceeds \$15,000) 6b 4,061.		
	1	Less: direct expenses from gaming and fundraising events Net income or (loca) from coming and fundraising events 6c 372		
	7a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances	6d	3,689.
	b	Less cost of goods cold CTTP CONTRACT 7a 23,500.		
	C	Less: cost of goods sold SEE SCHEDULE O Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	7c	10,900.
	9	Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	8	
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) Benefits paid to or for members	9	74,632.
	11	Benefits paid to or for members	10	
2	12	Benefits paid to or for members Salaries, other compensation, and employee benefits	11	
IISE	13	Professional fees and other payments to independent contractors	12	15,248.
y De	14	Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping	13	352.
<u> </u>	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0)	14	450.
	16		15	818.
_	17	Total expenses. Add lines 10 through 16	16	46,538.
,	18	Excess or (deficit) for the year (subtract line 17 from line 9)	17	63,406.
	19	Net assets or fund balances at beginning of year (from line 27, column (A))	18	11,226.
		(must agree with end-of-year figure reported on prior year's return)		3
	20	o rand balances (expigit iti olificitili iti	19	193,647.
-	21	Net assets or fund balances at end of year. Combine lines 18 through 20	20	0.
ŀΑ	For	Paperwork Reduction Act Notice, see the separate instructions.	21	204,873.
				Form 990-EZ (2020)

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1 2020.02010 NATHANIEL J. WILLIAMS FOU 999___

Form 980-EZ (2020) NATHANIEL J. WILLIAMS	FOUNDATION INC.		26-052	2200 Barra
- See the instructions for Pa	art II)		The second secon	8290 Page 2
Check if the organization used Schedule O	to respond to any questi	on in this Part I	ľ	X
		(A) Beginning of ye	-3477	B) End of year
22 Cash, savings, and investments		139,98		149,541.
20 Land and buildings			23	149,341.
CHEDU	LE ()	55,66	0. 24	57,332.
20 10(4) 4556(5		195,64	7. 25	206,873.
(CILIDIII	JP, () I	2 00	0	2,000.
Net assets or fund balances (line 27 of column (B) must agree with I	line 21)	193,64	7 . 27	204,873.
27 Net assets or fund balances (line 27 of column (B) must agree with Part III Statement of Program Service Accomplis	hments (see the instruc	ctions for Part II	1)	Expenses
——————————————————————————————————————	o respond to any questic	on in this Part II	X (Requir	ed for section
SCHEDUL	ie O		501(c)(3) and 501(c)(4) ations; optional for
Describe the organization's program service accomplishments for each of its three largest promises the services provided, the number of persons benefited, and other relevant	rogram services, as measured by expense	es. In a clear and concise	others.)	
28 SEE SCHEDULE O	t information for each program title.			
(Grants \$) If this amount includes 6				
29	reign grants, check here)	► 28a	63,778.

(Grants \$) If this amount includes for	olen evente et et l			
30	eign grants, check here	<u> </u>	29a	
(Grants \$) If this amount includes for	eign grants, check here			
31 Other program services (describe in Schedule O)	olgh grants, check here	······	30a	
(Grants \$) If this amount includes for	eign grants, check hore			
32 Total program service expenses (add lines 28a through 31a)	sign grants, check here		31a	62 550
Part IV List of Officers, Directors, Trustees, and Ke	y Employees (list each one	ovon if not assure	32	63,778.
Check if the organization used Schedule O to	respond to any question	in this Part IV	- see the instructions f	or Part IV)
	(b) Average hours		141	
(a) Name and title	per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
	position	W-2/1099-MISC) (if not paid, enter -0-)	employee benefit plans, and deferred	amount of other compensation
THOMAS ROBERTS			compensation	- The state of the
TREASURER	2.00	0.		
ROBIN CROCKER		0.	0.	0.
VICE PRESIDENT	2.00	0.	_	
CATHY BURKE		1	0.	0.
BOARD MEMBER	2.00	0.	0.	
MARY RUSSELL		0.	0.	0.
BOARD MEMBER	2.00	0.	0.	_
NAN IPPOLITO		0.	0.	0.
BOARD MEMBER	2.00	0.	_	
KELLEY BROWN		0.	0.	0.
PRESIDENT	2.00	0.	0.	^
LORRAINE TILNEY		0.	<u> </u>	0.
BOARD MEMBER	2.00	0.	0.	0
EDWARD ALKALAY		0.	0.	0.
BOARD MEMBER	2.00	0.	0.	0
SALLY BURKE		, ·	0.	0.
SECRETARY	2.00	0.	0.	0
			U •	0.

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3 1	-26-20 For	m 990-E	Z (202
	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5b	
		Va	1
Di:	the organization have a controlled entity within the meaning of section 512(b)(13)? 4 the organization receive any payment from or engage in any transcetion with	4d 5a	2
	Odribudio O	4.	
		4c	_ 2
Di		4b	12
0.	TOTAL SOULZ		
Di	d the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	14a	2
	d the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		
P	d the executation and the control of the executation and the execu	[V	es N
a		/A	
S	ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		Г
		42c	
	and the dailing the calcifulatives, did the organization maintain an office outside the United States?		
5	ee the instructions for exceptions and filing requirements for FinCEN Form 114 Depart of 5		
1	- vol. and the facility of the foleigh country	42b	
C	ver a financial account in a foreign country (such as a bank account, securities account, or other financial ccount)?		es l
(any and during the calcitual year, the organization have an interest in or a signature or other outbands.	,000	
Į	Ocated at > 10 DUPREY ROAD, NORTH CONWAY MY		
1	he organization's books are in care of THOMAS ROBERTS	350	
		40e	
	ransaction? If Yes, Complete Form 8886-T	400	
3	the dynamical one. At any time during the tax year, was the organization a party to a prohibited tax shelter		
	by the organization		
	of (c)(29) of garlizations. Enter amount of tax on line 40c reimbursed		
	organization managers or disqualified persons during the year under sections 4012, 4055, and 4050		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	40b	
	on the prior Forms 930 of 930-EZ? If Yes, complete Schedule I. Part I		
b	to the first of th		
	0 · section 4912		
a			
_	and the state of t		
a	Initiation fees and capital contributions included on line 9		
	coolon of (c)(7) organizations, enter		
b	and the total allount live total	38a	grante.
	in a prior year and still outstanding at the end of the tax year covered by this returned.		
8 a		37b	BADOSAS POR SERVICE
	Did the organization file Form 1120-POL for this year?	100000000000000000000000000000000000000	
87 a	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions Significant disposition of net assets during the year? If "Yes,"	36	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		
36	The second daring the year: It is a complete achienne (; part iii	35c	
(If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(6), or 501(c)(6).	35b	N/
1	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No " provide an explanation in Schodula C.	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)?		
35	about the relief a change to the ordanization's name Otherwise evoluin the change on Cabada a contract of the change of of t	34	
34		33	
	activity in Schedule O	1	1
	and digarization engage in any significant activity not previously reported to the IDSO If "You " provide a del ".		
3	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		Yes

	EZ (2020) NATHANIEL J.								
6 Did th	he organization engage, directly or indirectly	in political compains	an in the s					Yes	V
If "Yes	he organization engage, directly or indirectly es," complete Schedule C, Part I	, iii political campaigh acti	vities on behalf of	or in oppositi	on to candidates for p	ublic office?			
Part VI	Section 501(c)(3) Organization	tions Only					46		2
	All section 501(c)(3) organizations in Check if the organization used Sale		17 10h and 50		00004400000000000000000000000000000000				
	Check if the organization used Scho	edule 0 to respond to a	47-490 and 52, a	and complet	e the tables for line	s 50 and 51.			
	,	edule o to respond to a	iny question in t	nis Part VI					L
Did th	ne organization engage in lobbying activities	or have a section 501(h) e	lection in effect du	iring the toy v	oor0 If "Vee "			Yes	
	or garneation a school as described in secilo	OD THE WILL AND THE TOP	" complete Cahad	ula F		1	47		2
							48 49a		
	, and related of garrization a socion size	ULUALIIZALIUH				- 1			
00/1900/00/09/09/09	The street of garingation of the might	est compensated employe	es corner than offi	cers, directors	s, trustees, and key e	nplovees) who ea	ch rec	eived m	ore
man \$	respect of compensation from the organiza	tion. If there is none, enter	"None."			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J. 100 11	
	(a) Name and title of each empl	oyee	(b) Avera		(C) Reportable	(d) Health benefits.	(e)	Estima	ate
		JONE .	per week o		compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amo	unt of	oth
		NONE	posi	uon		plans, and deferred compensation	cor	npensa	tio
			-						
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	10						1		
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			7 10 10 10 10						
Complet organiza		st compensated independe	ent contractors wh	o each receive	ed more than \$100,00	00 of compensation	on fron	n the	
Complet organiza	te this table for the organization's five higher	st compensated independe	ent contractors wh		ed more than \$100,00		on fron		
Complet organiza	te this table for the organization's five highe ation. If there is none, enter "None." ${f N}$	st compensated independe	ent contractors wh						
Complet organiza	te this table for the organization's five highe ation. If there is none, enter "None." ${f N}$	st compensated independe	ent contractors wh						
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Complet organiza (a) Total num	the this table for the organization's five highe ation. If there is none, enter "None." Name and business address of each indeperation in the properties of	st compensated independe ONE ndent contractor receiving over \$100,000 section 501(c)(3) organiz	ant contractors wh	(b)					
Complete organiza (a) Total num Did the orcomplete	the this table for the organization's five higher ation. If there is none, enter "None." Name and business address of each indeperation of the indeperation of the independent contractors each organization complete Schedule A? Note: All and Schedule A	st compensated independe ONE Indent contractor receiving over \$100,000 section 501(c)(3) organiz	ant contractors wh	(b)	Type of service	(c) Cc	ompen	sation	No.
Total num Did the or completed penalties	the this table for the organization's five highe ation. If there is none, enter "None." Name and business address of each indeperation of other independent contractors each organization complete Schedule A? Note: All ad Schedule A	st compensated independe ONE ndent contractor receiving over \$100,000 section 501(c)(3) organiz	ations must attach	(b)	Type of service	(c) Cc	ompen	sation	No
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Total num Did the or complete penalties orrect, ar	mber of other independent contractors each organization complete Schedule A soft perjury, I declare that I have examined the document of preparer (other independent contractors and other independent contractors each organization complete Schedule A? Note: All ad Schedule A soft perjury, I declare that I have examined the complete. Declaration of preparer (other signature of officer that I have examined the complete complete. Declaration of preparer (other signature of officer that I have examined that complete complete completes and the signature of officer that I have examined that complete completes and the signature of officer that I have examined that complete completes and the signature of officer that I have examined that complete completes and the signature of officer that I have examined that complete completes and the signature of officer that I have examined that completes are the signature of officer that I have examined that complete completes and the signature of officer that I have examined that I have examined that completes and the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signature of officer that I have examined that completes are the signatu	receiving over \$100,000 section 501(c)(3) organiz his return, including acconthan officer) is based on a	ations must attach	(b)	Type of service ents, and to the best has any knowledge.	(c) Co	ompen	sation	No
Total num Did the or complete penalties orrect, ar	mber of other independent contractors each organization complete Schedule A? Note: All as of perjury, I declare that I have examined to complete. Declaration of preparer (other signature of officer than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete. Declaration of preparer (other than I have examined to complete than I have examined than I have examined to complete than I have examined to complete than I have examined than I have examine	receiving over \$100,000 section 501(c)(3) organiz his return, including acconthan officer) is based on a	ations must attach	es and statem	ents, and to the best has any knowledge. Check	(c) Co X of my knowledge 1/25/21 if PTIN	ompen	sation	No
Total num Did the or completed penalties orrect, ar	mber of other independent contractors each independent contractors each organization complete Schedule A? Note: All ed Schedule A sof perjury, I declare that I have examined the complete Declaration of preparer (other signature of officer THOMAS W. ROBERTS, Type or print name and title Print/Type preparer's name THOMAS W. ROBERTS, CPA	receiving over \$100,000 section 501(c)(3) organiz TREASURER Preparer's signature	ations must attach	(b)	ents, and to the best has any knowledge. Check	of my knowledge	Yes and be	lief, it i	No
Total num Did the or completed penalties orrect, ar	mber of other independent contractors each organization complete Schedule A? Note: All and complete. Declaration of preparer (other independent complete.) THOMAS W. ROBERTS, Type or print name and title Print/Type preparer's name THOMAS W. ROBERTS, CPA Firm's name LEONE, MCDO.	receiving over \$100,000 section 501(c)(3) organiz this return, including acconthan officer) is based on a TREASURER Preparer's signature NNELL & ROBE	ations must attach	and statem. Thich preparer	ents, and to the best has any knowledge. Check self- employer	if PTIN d P0044	Yes and be	lief, it i	No
Total num Did the or completed penalties orrect, ar	mber of other independent contractors each organization complete. Schedule A: sof perjury, I declare that I have examined to the complete. Declaration of preparer (other independent). Signature or officer THOMAS W. ROBERTS, Type or print name and title Print/Type preparer's name THOMAS W. ROBERTS, CPA Firm's name LEONE, MCDO Firm's address 10 DUPREY	receiving over \$100,000 section 501(c)(3) organiz his return, including acconthan officer) is based on a TREASURER Preparer's signature NNELL & ROBE ROAD	ations must attach mpanying schedule II information of w	and statem. Thich preparer	ents, and to the best has any knowledge. Check self- employe	(c) Co X Df my knowledge 1 /2-5 /2-1 oate PTIN P0044 02-0417	Yes and be	lief, it i	
Total num Did the or complete penalties orrect, ar arer Only	mber of other independent contractors each organization complete. Schedule A: sof perjury, I declare that I have examined to the complete. Declaration of preparer (other independent). Signature or officer THOMAS W. ROBERTS, Type or print name and title Print/Type preparer's name THOMAS W. ROBERTS, CPA Firm's name LEONE, MCDO Firm's address 10 DUPREY	receiving over \$100,000 section 501(c)(3) organiz than officer) is based on a Preparer's signature Preparer's signature NNELL & ROBE ROAD AY, NH 03860	ations must attach mpanying schedule II information of w	and statem. Thich preparer	ents, and to the best has any knowledge. Check self- employer	(c) Co X Df my knowledge 1 /2-5 /2-1 oate PTIN P0044 02-0417	Yes and be	lief, it i	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization

Inspection Employer identification number

		NΔ	т татиант	WILLIAMS BOT			E	mployer id	dentification number
P	art I	Reason for Publ	lic Charity Statu	WILLIAMS FOU s. (All organizations mus	NDATIO	N INC		26	-0528290
The	e organ	nization is not a private fo	undation because it i	io: (Far lines 1 through 1	st complete ti	his part.) S	See instructions.		
1		A church, convention of	of churches or associ	ation of oburghes describe	check only	one box.)			
2		A school described in s	section 170/b)/1\/A\/:	ation of churches describ	ped in section	on 170(b)((1)(A)(i).		
3		A hospital or a cooperat	tive bospital consider	i). (Attach Schedule E (Fo	orm 990 or 99	90-EZ).)			
4		A medical research orga	anization operated in	organization described in	section 170)(b)(1)(A)(i	iii).		
		city, and state:	anization operated in	conjunction with a hospi	tal described	in section	on 170(b)(1)(A)(iii). Enter the	e hospital's name,
5		,, o tato.							
		section 170(b)(1)(A)(iv)	(Complete Part II.)	college or university own	ed or operate	ed by a go	overnmental unit	described i	in
6									
7	X	A federal, state, or local An organization that nor	mally receives a subs	minental unit described i	n section 17	70(b)(1)(A))(v).		
		An organization that nor section 170(b)(1)(A)(vi).	(Complete Part II.)	stantial part of its suppor	t from a gove	ernmental	unit or from the g	eneral pub	lic described in
8		A community trust descr	ribed in section 170	(b)(4)(A)(-i) (O					
9		An agricultural research	organization describe	od in acetic - 470/1 V	art II.)				
		An agricultural research or university or a non-lan	d-grant college of ag	riculture (section 170(b)(1)(A	A)(ix) operate	ed in conju	unction with a land	d-grant col	lege
		or university or a non-lan university:	ia grant college of ag	nouture (see instructions	s). Enter the n	name, city	, and state of the	college or	
10			mally receives (1) mor	ro than 22 1/20/ -4:1					
		An organization that norractivities related to its ex	cempt functions subj	ect to cortain expentions	oport from co	ontribution	ns, membership fe	ees, and gr	oss receipts from
		activities related to its ex income and unrelated bu	usiness taxable incom	ne fless section 511 tool 6	, and (2) no m	nore than	33 1/3% of its su	pport from	gross investment
		income and unrelated bu See section 509(a)(2). (0	Complete Part III)	ic (less section 511 tax) f	rom business	ses acquir	red by the organiz	zation after	June 30, 1975.
11		An organization organize	d and operated exclu	isively to test for public s	afaty Can a		107 1741		
12		An organization organized	d and operated exclu	sively for the benefit of	o perform the	ection 50	19(a)(4).		
	(more publicly supported a	organizations describ	ped in section 509(a)(1)	or section 50	OO(a)(a)	is of, or to carry o	out the purp	ooses of one or
		lines 12a through 12d tha	at describes the type	of supporting organization	on and compl	lete lines	120 12f and 10	a)(3). Chec	k the box in
а		Type I. A supporting or	ganization operated,	supervised, or controlled	hv its sunna	orted orga	nization(s) turis	. 	
		the supported organiza	tion(s) the power to r	egularly appoint or elect	a majority of	the direct	ore or trustees of	illy by givir	ig
		organization. Tou must	complete Part IV, S	sections A and B.					orting
b		Type II. A supporting or	rganization supervise	ed or controlled in connec	ction with its	sunnorted	d organization(s)	h., h., .	
		control or management	of the supporting or	ganization vested in the s	same persons	s that con	trol or manage th	by naving	
		organization(s). Tou mu	ust complete Part IV	, Sections A and C.					
C		Type III functionally int	tegrated. A supporti	ng organization operated	in connectio	n with an	nd functionally int	o avata d	11.
			cural face manucinali	S). You must complete	Part IV Sect	tione A D	and E		
ď		Type III non-tunctional	lly integrated. A sup	porting organization one	rated in conn	ection wit	th its supported -	vraanizatio	2(2)
		and to not functionally if	negrated. The organi	zation generally must sa	tisfy a distribu	ution room	iromont and an a	ttontivono	1(S)
		requirement (acc mande	rions). Tou must co	mplete Part IV. Section	s A and D ar	nd Dort V			55
е	Ш	Check this box if the org	ganization received a	written determination from	m the IRS th	at it is a T	vpe I. Tvpe II. Tvr	ne III	
		intograted, c	or Type in Hon-fulletic	onally integrated supporti	ng organizati	ion.), , . , po, . , ,	30 III	
Ť	Enter t	the number of supported	organizations					Г	
g	Provid (i) N	e the following informatio	on about the supporte	ed organization(s).					
	(., .	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the organiza in your governing d	ation listed document?	(v) Amount of mone	etary (v	i) Amount of other
				above (see instructions))	Yes	No s	support (see instruct		ort (see instructions)
	-						The F		
								100	
otal						and the second			FI CONTRACTOR OF THE PARTY OF T
-	r Pape	erwork Reduction Act N	lotice see the last	intiona to F					
			iodoc, see the mstrt	or Form 990 or	990-EZ. 032	2021 12-23-2	20 Schedule A	(Form 990	or 990-EZ) 2020

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.)

dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to	(a) 2016 32,394.	(b) 2017 36,748.	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to					(e) 2020	(f) Total
membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organzation's benefit and either paid to	32,394.	36,748.	25 506			
include any "unusual grants.") Tax revenues levied for the organ- zation's benefit and either paid to	32,394.	36,748.	25 526		(
Tax revenues levied for the organ- zation's benefit and either paid to	02,001.	30,740.		F7 10F		AD 101100 1011 11 10
zation's benefit and either paid to			35,786.	57,187.	59,124.	221,239
ar expended on the ballage						
or expended on its behalf						
The value of services or facilities						
urnished by a governmental unit to		É				
he organization without charge	_					
Total. Add lines 1 through 3	32,394.	36,748.	35 786	57 107	EO 104	001 000
he portion of total contributions			33,700:	37,107.	39,124.	221,239.
y each person (other than a						A TANANA
overnmental unit or publicly						
upported organization) included						

ublic support. Subtract line 5 from line 4.					en a Carlos de la companya de la com	221 220
		320 10	PERSONAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF THE P			221,239.
ar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2010	(-) 0000	
mounts from line 4	32,394.	36,748.		57.187.	59 124	(f) Total 221,239.
				37,72076	33,124.	221,239.
	10					
	1.					1
						1.
her income. Do not include gain						
						221,240.
oss receipts from related activities, et	c. (see instructions	s)				86,700.
st 5 years. If the Form 990 is for the	organization's first,	, second, third, fou	rth, or fifth tax yea	ar as a section 501	(c)(3)	00,700.
driization, check this box and stop h	iere				(0)(0)	
11 C. Computation of Public	Support Perce	entage		The state of the s		
olic support percentage for 2020 (line	6, column (f), divid	ded by line 11, colu	ımn (f))		14 1	00.00 %
and adoptors bescessage stors 2019 20	chedule A. Part II. I	ine 14			- 1	00 00
n hara The area in the organization of the org	anization did not c	heck the box on lin	ne 13, and line 14 i	is 33 1/3% or more	e, check this box a	and
F qualifies as	a publiciv supporte	ed organization				
stop here. The average is	anization did not cl	neck a box on line	13 or 162 and line	e 15 is 33 1/3% or	more, check this t	00X
i signification qualific	s as a publicly Sub	DOLLED OLGANIZATION	n			
if the organization most the feet	2020. If the organi	zation did not ched	ok a hav an line 10	1 40 400		
and a second modes the lacts al	nu-circumstances t	test, check this ha	y and etan have	Evalain in Dad VIII	now the organizati	on
and an outflotte loos tost.	THE OLUMNIZATION O	ILIAIITIAS AS A NITINIA	W cumported aver-	-111-		
6 -facts-and-circumstances test - 2	019. If the organiz	zation did not ched	k a box on line 13	10- 401 4-	The second section of the sect	% or
A and it the organization	note and			and the same of th		
, and organization modes the la	acis-and-circumsta	inces test, check t	his box and stop	here. Explain in P	art VI how the	
e, and if the organization meets the fance anization meets the facts-and-circums rate foundation. If the organization d	stances test. The o	rganization qualifie	e ac a publish au			
The Line of the land of the la	the portion of total contributions by each person (other than a covernmental unit or publicly supported organization) included in line 1 that exceeds 2% of the mount shown on line 11, folumn (f) sublic support. Subtract line 5 from line 4. The promounts from line 4 fross income from interest, widends, payments received on curities loans, rents, royalties, dincome from unrelated business tivities, whether or not the siness is regularly carried on the income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) stal support. Add lines 7 through 10 for the sanization, check this box and stop here. The organization qualifies as 1/3% support test - 2020. If the organization qualifies as 1/3% support test - 2019. If the organization meets the facts-and-circumstances test. The organization meets the facts-arts the facts-and-circumstances test.	the portion of total contributions by each person (other than a covernmental unit or publicly supported organization) included in line 1 that exceeds 2% of the mount shown on line 11, solumn (f) sublic support. Subtract line 5 from line 4. Ton B. Total Support subtract line 5 from line 4. Ton B. Total Support subtract line 5 from line 4. Ton B. Total Support subtract line 5 from line 4. To ses income from line 4 so ses income from interest, widends, payments received on curities loans, rents, royalties, di income from unrelated business tivities, whether or not the siness is regularly carried on the income. Do not include gain loss from the sale of capital sets (Explain in Part VI.) Tall support. Add lines 7 through 10 ses receipts from related activities, etc. (see instructions at 5 years. If the Form 990 is for the organization's first, anization, check this box and stop here. The Computation of Public Support Percentage from 2019 Schedule A, Part II, Incomplete and the organization did not complete. The organization qualifies as a publicly support of the organization dualifies as a publicly support of the organization dualifies as a publicly support of the organization meets the facts-and-circumstances tests the facts-and-circumstances test. The organization states the facts-and-circumstances test.	the portion of total contributions by each person (other than a povernmental unit or publicly apported organization) included in line 1 that exceeds 2% of the mount shown on line 11, bolumn (f) ablic support. Subtract line 5 from line 4. On B. Total Support are year (or fiscal year beginning in) to mounts from line 4. Tourities loans, rents, royalties, and income from interest, vidends, payments received on curities loans, rents, royalties, and income from unrelated business tivities, whether or not the siness is regularly carried on the income. Do not include gain loss from the sale of capital lests (Explain in Part VI.) Lal support. Add lines 7 through 10 pass receipts from related activities, etc. (see instructions) and anization, check this box and stop here. The Computation of Public Support Percentage of the organization of properties are a publicly supported organization. If the organization qualifies as a publicly supported organization of facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly supported organization is the facts-and-circumstances test. The organization qualifies as a publicly	the portion of total contributions by each person (other than a overnmental unit or publicly upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, olumn (f) ublic support. Subtract line 5 from line 4. The mounts from line 4 (a) 2016 (b) 2017 (c) 2018 (b) 2017 (c) 2018 (c) 2018 (d) 2016 (d) 2017 (d) 2018 (d) 2018 (d) 2016 (d) 2017 (d) 2018 (d) 2016 (d) 2017 (d) 2018 (d) 2018 (d) 2016 (d) 2017 (d) 2018 (d) 2018 (d) 2016 (d) 2017 (d) 2018 (d)	he portion of total contributions y each person (other than a overmmental unit or publicly upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, oblumn (f) ublic support. Subtract line 5 from line 4. on B. Total Support uryear (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (d) 20	he portion of total contributions y each person (other than a overmmental unit or publicly upported organization) included in line 1 that exceeds 2% of the mount shown on line 11, plumn (f) ublic support. Subtreat line 5 from line 4 oss income from interest, vidends, payments received on curities loans, rents, royalties, d income from similar sources it income from similar sources. 1. (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (d) 2019 (d) 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.)

Section A. Public Support

Goddon A. I ublic Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(6) 0000	707
 Gifts, grants, contributions, and 			(0)2010	(u) 2019	(e) 2020	(f) Total
membership fees received. (Do not					L	
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the		1			1	
organization's tax-exempt purpose						1
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		1				
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities					+	
furnished by a governmental unit to					1	
the organization without charge						1
6 Total. Add lines 1 through 5			ne entre			
7a Amounts included on lines 1, 2, and						1000
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the					1	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Mar Printer and American Street Control of the Cont	
alendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6					(0) 2020	(f) Total
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						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for the o	rganization's first	, second, third, for	urth, or fifth tax ve	ear as a soction F	:01(=)(2)	
				oar as a section s	organization	n, ▶ ┌──
The state of the s	oupport Perce	entage				
Public support percentage for 2020 (line	8, column (f), divi	ded by line 13, colu	umn (f))		15	0.4
Public support percentage from 2019 Sch	hedule A Part III	line 15			16	9/
ection D. Computation of Investm	ent Income F	ercentage		The second secon		%
Investment income percentage for 2020	(line 10c, column	(f), divided by line	13, column (f))		17	0.4
invosament income percentage from 2019	9 Schedule A. Pa	rt III. line 17				
a do in on support tests - 2020. If the org	anization did not	check the hoy on I	ing 11 and line 1	IF:		is not
S S S S S S S S S S S S S S S S S S S	rup nere. The on	ganization dualities	as a publicly our	anamad auar - :	•	
2 00 17070 Support tests - 2019. If the ord	anization did not	check a how on line	11 00 1: 10-			d
The first more than 55 1/5/6, Check the	IIS DOX AND STON	hore The organize	stion avertiff.			_
and organization did	d not check a box	x on line 14, 19a, o	r 19b, check this	box and see inst	ructions	
23 12-23-20					dule A (Form 990	or 990 E71 0000
121 759259 999		7	010			
		4040.02	UTO NATH	ANTETT	WTT.T.TAMC T	1011

(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 Sectio

	1 Are all of the organization's supported organizations lists at		Yes	s N
	and organization's supported organizations listed by name in the organization's governing	74		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
,	class of purpose, describe the designation. If historic and continuing relationship, explain	1	1	100000
2	and organization riave any supported organization that does not have an IRS determination of status	No. of the second		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
3	organization was described in Section 509(a)(1) or (2)	2		
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	30		
		3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.			
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b	1000000	100000000000000000000000000000000000000
	purposes: If "Yes," explain in Part VI what controls the organization put is also at			
4	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
	res, and it you checked box 12a or 12b in Part I answer lines 4b and 4a below.			1500
k	Did the organization have ultimate control and discretion in deciding whether to make grants to the ferrige	4a		l Mark
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled of Supervised by or in connection with its supported associations	4b		
C	bid the organization support any foreign supported organization that does not have an IDS determination			
	arrest decided 30 f(c)(3) and 509(a)(1) or (2)? If "Yes." explain in Part VI what controls the arresting to			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1 6	
52	purposes,	4c		
Ja	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 pages 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	5a		
	designated in the organization's organizing document?			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b	_	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		10000
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable along			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that the			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	· · · · · · · · · · · · · · · · · · ·			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		25
	(as defined in section 4956(c)(5)(C)), a family member of a substantial contributor, or a 35% controlled antity in			
	regard to a substantial contributor? If "Yes." complete Part Lof Schodulo I. (Form 200 - 200 FT)	7		
8	22 and organization make a loan to a disqualified person (as defined in section 4958) not described in line 72			
	II Tes, complete Part I of Schedule I (Form 990 or 990 EZ)	8		Calebra 1
Ja	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			
	"1 300 (a)(1) of (2))? If "Yes." provide detail in Part VI	9a		BOOM TO S
	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
С	the supporting organization had an interest? If "Yes," provide detail in Part VI. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
100 B	as defined in line sa) have an ownership interest in, or derive any personal benefit			

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. 032024 12-23-20

10b Schedule A (Form 990 or 990-EZ) 2020

9с

10a

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.

	chedule A (Form 990 or 990-EZ) 2020 NATHANIEL J. WILLIAMS FOUNDATION INC. 26-0 Part IV Supporting Organizations (continued)	52829	90 i	⊃age :
1	1 Has the organization accepted a gift or contribution (Yes	No
,	a substitution accepted a gift of contribution from any of the following paragraph			
	a 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?			
	b A family member of a person described in line 11a above?	11a		
	c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to11a, 11b, or 11c, provide	11b		
S	ection B. Type I Supporting Organizations	11c		
	Did the governing body, marshays of the		Yes	No
	more supported organizations have the power to regularly opposite an aleast at the conficial capacity, or membership of one or	455		
	organization, describe how the powers to appoint and/or remove officers. If the organization had more than one supported supported organizations and what conditions or restrictions. If any other interests of the organization had more than one supported supported organizations and what conditions or restrictions.		DEED R	
2	The string of the string of the string the s	1		
	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.			
Se	ction C. Type II Supporting Organizations	2		
1	Word a majority of the		Yes	No
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	of tradices of each of the organization's supported organization(s)? If "No " describe in Part VI how partial			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Se	ction D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior to			
	your, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) and its			
_	organization's governing documents in effect on the date of notification, to the extent not proviously provided	1	and Same	teres.
2	the organization's officers, directors, or trustees either (i) appointed or elected but the			qui
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " avalois is Part VI to			
_	the organization maintained a close and continuous working relationship with the supported agreed in the	2		
3	by readers of the relationship described in line 2, above, did the organization's supported organizations have a	2		
	organization's investment policies and in directing the use of the			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the aggregation is			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	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. Organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Control and received the received the received			
b	Ine organization is the parent of each of its supported organizations.			
C	The organization supported a governmental entity. Describe in Part VI housest a supported to			
2			000	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	and dupported digalization(s) to which the organization was responsive?			
	and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly furthered their exempt and explain how these activities directly further exempt and explain how the exempt and exemp			
	was responsive to those supported organizations, and how the organization determined			
	That these activities constituted substantially all of its activities	2a		
a	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,		4078 30	
	one of more of the organization's supported organization(s) would have been engaged in 2. # #Voc. # # voc. # v			
	the reasons for the organization's position that its supported organization(s) would have organized in			
	arese activities but for the organization's involvement.	2h		ennet.
3	Parent of Supported Organizations. Answer lines 3a and 3b below	2b		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Dort VI	3a		
	The digalization exercise a substantial degree of direction over the policies, programs, and astivity			
	12-23-20 Part VI the role played by the organization in this regard.	3b		10.55
**	Schedule A (Form 99)) or 990-	EZ) 20)20
12	1 750050 000			
	2020.02010 NATHANIEL J. WILLIAMS	FOU !	999_	

Part V Type III Non-Functionally Integrated 509(a)(3) Support	S FOUNDA'	TION INC.	26-0528290 Page
1 Check here if the organization action of the latest 309(a)(3) Supply	orting Organ		
Check here if the organization satisfied the Integral Part Test as a qualification. All other Type III non-functionally integrated supporting organizations.	alifying trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
, mograted supporting organizations	must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	mana manahari manahar	
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
Aggregate fair market value of all non-exempt-use assets (see	1000	y y mor roar	(optional)
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities			
b Average monthly cash balances	1a		
c Fair market value of other non-exempt-use assets	1b		
d Total (add lines 1a, 1b, and 1c)	1c		
e Discount claimed for blockage or other factors	1d	action argue to a conference and the page of the	
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	1e		
3 Subtract line 2 from line 1d.	2		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	3		
see instructions).			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	4		
6 Multiply line 5 by 0.035.	5		
7 Recoveries of prior-year distributions	6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
	8	National Control of the Control of t	
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	11		
2 Enter 0.85 of line 1.	2	TOWN TO THE STREET	
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	The state of the s	
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 instructions)	ally integrated T	voo III ounne di	
instructions).	y intograted i	ype iii supporting organi	zation (see

Schedule A (Form 990 or 990-EZ) 2020

S	Chedule A (Form 990 or 990-EZ) 2020 NATHANIEL J. Part V Type III Non-Functionally Integrated 50	WILLIAMS FOUND	ATION INC.	2	6-0528290 Page 7
S	ection D - Distributions	()() supporting orga	(contin	uea)	
	1 Amounts paid to supported organizations to accomplish e	Yempt nurnesse			Current Year
	2 Amounts paid to perform activity that directly furthers exer	mpt purposes		1	
	organizations, in excess of income from activity	mpt purposes of supported			
-;	Administrative expenses paid to accomplish exempt purpo			2	
	Amounts paid to acquire exempt-use assets	oses of supported organization	S	3	
- 5				4	
-	- anicarità (prior in approvar required	provide details in Part VI)		5	
7	describe in Fait VI). See instructions.			6	
<u>'</u> ع	Taranta and the state of the st			7	
	which	the organization is responsive			
9	(provide details in Part VI). See instructions.			8	
	amount for 2020 north Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2					
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2020			100 100 1740 18	
	From 2015			1000	
k	From 2016		etasement provide de la company. A 1807 de la company de la company de la company.		
_ (From 2017				
	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount		The Gallery of the Company of the Co	45	
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,		and the Andrews		
	line 7:				
a	Applied to underdistributions of prior years				
	Applied to 2020 distributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
3	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.	10 4 10 10 10 10 10 10 10 10 10 10 10 10 10			
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				A STATE OF THE STA
	Excess from 2019		747 - 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
е	Excess from 2020			-	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 NATHANIEL J. WILLIAMS FOUNDATION INC. 26-0528290 Page 8
	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, 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 B, lines 2, 5, and 6. Also complete this part for any additional information.
28 12-23-20	

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number NATHANIEL J. WILLIAMS FOUNDATION INC. 26-0528290 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events q d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes ☐ No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (iii) Did (v) Amount paid to (or retained by) fundraiser (iv) Gross receipts (vi) Amount paid (ii) Activity or entity (fundraiser) to (or retained by) have custody or control of from activity organization listed in col. (i) Yes No

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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2020.02010 NATHANIEL J. WILLIAMS FOU 999_

Schedule G (Form 990 or 990-EZ) 2020

	T	II Fundraising Events. Complete if to fundraising event contributions and growth and growth fundraising event contributions.	(a) Event #1	990-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
,	1		(event type)	(overt type)	10	(add col. (a) through col. (c))
0.100	eune		(ovolit type)	(event type)	(total number)	(0)/
á	1	Gross receipts			4,061.	4,061
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)			4,061.	4,061
	4	Cash prizes				27001
	1	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7					
Direc		Food and beverages				
	8	Entertainment				
	10	Other direct expenses Direct expense summary. Add lines 4 through	0: 1 (1)		372.	372
	11	Net income summary. Subtract line 10 from lin	9 in column (d)			372
I	rt II	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	nswered "Yes" on For		eported more than	3,689
ופאפוותם			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 (Gross revenue				
0	2 (Cash prizes				
2		Noncash prizes				
2001000	4 F	Rent/facility costs				
l		Other direct expenses				
T		[Yes %	Yes %	Yes %	
'	6 V	olunteer labor	No	No [Yes %	
	7 D	irect expense summary. Add lines 2 through 5	in column (d)		•	
	B N	et gaming income summary. Subtract line 7 fro				
Is	the	the state(s) in which the organization conducts	gaming activities:			
lf	"No,	organization licensed to conduct gaming activ	ities in each of these s	states?		Yes No
_						
	/ere a	any of the organization's gaming licenses rough				
N	"Yes	any of the organization's gaming licenses revol i," explain:	kea, suspended, or ter	minated during the tax yea	ar?	Yes No
W If						
M If						

Schedule G (Form 990 or 990-EZ) 2020 NATHANIEL J. WILLIAMS FOUNDATION INC. 26-0528290 Page
Does the organization conduct gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer chantable gaming?
a The organization's facility b An outside facility
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ▶
Address ▶
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization \$\bullet\$ and the amount
s saming revenue retained by the third party
c If "Yes," enter name and address of the third party:
Name
Address ►
16 Gaming manager information:
Name
Gaming manager compensation > \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
rotain the state gaining license?
organization's own exempt activities during the tay year
Supplemental Information. Provide the explanations required by Part Lline 2b. columns (iii) and (2) and (2) and (3) and (3) and (4) and (5) and (5) and (6) an
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
32083 11-25-20 Schedule G (Form 990 or 990-FZ) 2020

chedule G (Form 990 or 990-EZ) NAT Part IV Supplemental Information	HANIEL J.	WILLIAMS	FOUNDATION :	INC.	26-0528290	Page

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						A)
14-01-20				Schedu	le G (Form 990 or 99	0-EZ)
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

2020.02010 NATHANIEL J. WILLIAMS FOU 999___

Department of the Treasury Internal Revenue Service Name of the organization

13150121 759259 999

NATHANIEL J. WILLIAMS FOUNDATION INC.

Employer identification number 26-0528290

OMB No. 1545-0047

1200 1210	20-0326290
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	341
	011
FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF	7 INVENTORY.
INCOME:	THE
1. GROSS RECEIPTS	23,500
2. RETURNS AND ALLOWANCES	
3. LINE 1 LESS LINE 2	0.
4. COST OF GOODS SOLD (LINE 13)	23,500.
5. GROSS PROFIT (LINE 3 LESS LINE 4)	12,600.
COST OF GOODS SOLD:	10,900.
6. INVENTORY AT BEGINNING OF YEAR	05.000
7. MERCHANDISE PURCHASED	25,800.
8. COST OF LABOR	15,800.
9. MATERIALS AND SUPPLIES	0.
10. OTHER COSTS	0.
11. ADD LINES 6 THROUGH 10	0.
12. INVENTORY AT END OF YEAR	41,600.
	29,000.
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	12,600.
FORM 990-EZ DARM T. LINE 16	
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DOG CARE EXPENSES	20,525.
INSURANCE	2,583.
ADVERTISING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	5,523. Schedule O (Form 990 or 990-EZ) 202

Name of the organization NATHANIEL J. WILLIAN	MS FOUNDATION INC.	mployer identification nur 26-0528290
DEPRECIATION		1,528
VETERINARY COSTS		10,176
OTHER EXPENSES		3,784
FIELD TRIPS		419
PUPPY PURCHASE - COLDSPRINGS		2,000
TOTAL TO FORM 990-EZ, LINE 16		46,538
FORM 990-EZ, PART II, LINE 24, OTHER	ASSETS:	
DESCRIPTION	BEG. OF YEAR	R END OF YEAR
DOGS	25,800	29,000
OTHER DEPRECIABLE ASSETS	29,860.	28,332
TOTAL TO FORM 990-EZ, LINE 24	55,660.	57,332
DEPOSITS FOR DOG PURCHASE	BEG. OF YEAR 2,000.	
FORM 990-EZ, PART III, PRIMARY EXEMPT	PURPOSE - ACQUIRE, RAIS	E, TRAIN AND
FORM 990-EZ, PART III, LINE 28, PROGRA	AM SERVICE ACCOMPLISHMEN	TS:
SINCE INCEPTION IN 2007 DOZENS OF DOGS	S HAVE BEEN PLACED	
WITH DISABLED INDIVIDUALS OR AS THERA		
TO TWO YEARS TO ATTAIN THE REQUIRED CI	EARANCES, TRAIN AND	
PLACE AN ASSISTANCE DOG INTO A HOME.		
FORM 990-EZ, PART V, INFORMATION REGAR	DING PERSONAL BENEFIT CO	
THE ORGANIZATION DID NOT, DURING THE Y		THE PARTY OF THE P

b	Schedule O (Form 990 or 990-EZ) 2020							
	Name of the organization NATHANIEL J. WILLIAMS FOUNDATION INC.	Employer identification number						
	OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	26-0528290						
	OR INDIRECTLY ON A DEPOCABLE DEVICE.	MS, DIRECTLY,						
	OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.							
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