WEGNER CPAS, LLP 230 PARK AVE FL 3 NEW YORK, NY 10169-0005

ZIMELE USA A NJ NONPROFIT CORPORATION 291 S VAN BRUNT ST, NO. 4 ENGLEWOOD, NJ 07631-4633

Form **990** 

Department of the Treasury

## 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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change ZIMELE USA A NJ NONPROFIT CORPORATION Name change 35-2292382 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 291 S VAN BRUNT ST 908-336-5153 termin-ated 250,662. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 07631-4633 ENGLEWOOD, NJ H(a) Is this a group return Applica-F Name and address of principal officer: ANGELA YU BAE Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.ZIMELEUSA.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2007 M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE RELIEF TO THE POOR. Governance DISTRESSED, AND UNDERPRIVILEGED IN THE KWA-ZULU NATAL REGION OF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 1 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) <del>15</del> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 231,046. 249,034. Contributions and grants (Part VIII, line 1h) Revenue Ō. 35. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 2.931. -3,856. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 234,012. 245,178. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 158,098. 183,259. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 55,812. 61,230. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 23,378. 11,781. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 237,288. 256,270. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -3,276. -11,092. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year **End of Year** 25,122. 13,623. 20 Total assets (Part X, line 16) 1,272. 865. 21 Total liabilities (Part X, line 26) 23,850. 758. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ANGELA YU BAE, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 6/29/21 SCOTT HAUMERSEN, CPA P00084908 Paid Firm's name WEGNER CPAS, Firm's EIN > 39-0974031 Preparer Firm's address 230 PARK AVE FL 3 Use Only NEW YORK, NY 10169-0005 Phone no. 212-551-1724 May the IRS discuss this return with the preparer shown above? See instructions X Yes

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Form	$_{ m 0.990(2020)}$ ZIMELE USA A NJ NONPROFIT CORPORATION $35-2292382$ P	age 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
•	TO CONFRONT THE ROOT CAUSES OF POVERTY IN RURAL SOUTH AFRICA BY	
	EMPOWERING WOMEN WITH FINANCIAL LITERACY, SMALL BUSINESS TRAINING AND	`
	LIFE SKILLS TO SUSTAIN NOT ONLY THEMSELVES, BUT THEIR FAMILIES AND	
	COMMUNITIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	1
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 199,168. including grants of \$ 183,259.) (Revenue \$ 46	55.
4a	(Code: ) (Expenses \$ 199,168 including grants of \$ 183,259 ) (Revenue \$ 46	
	TO ACHIEVE OUR MISSION, OUR APPROACH INVOLVES AN INTENSIVE PROCESS TH	IA.I.
	SECURES A SAFE ENVIRONMENT FOR HEALTHY GROWTH ENABLING WOMEN TO RISE	
	ABOVE POVERTY. WE PROVIDE FUNDING FOR TRAINING WORKSHOPS IN BUSINESS	
	SKILLS SUCH AS PRODUCT DESIGN, MARKETING, BOOKKEEPING AND BASIC	
	FINANCIAL MANAGEMENT. BY BUILDING THESE ENTREPRENEURIAL SKILLS,	
	COMMUNITIES WILL BE ABLE TO SUSTAIN INDEPENDENT BUSINESSES. MORE	
	IMPORTANTLY, THE PROGRAMS THAT WE FUND RAISE UP WOMEN LEADERS WHO MAK	E
	KEY DECISIONS FOR THEIR COMMUNITIES ADVOCATING WITHIN LOCAL GOVERNING	
	BODIES. CHANGE AND SOCIAL REFORMS SUCH AS ACCESS TO HEALTH CARE, BETT	
	EDUCATION AND EMPLOYMENT OPPORTUNITIES POSITIVELY AFFECT THE LIVES OF	
	THEIR COMMUNITIES. OUR MAIN FOCUS IS TO EMPOWER AND BUILD UP WOMEN TO	<u> </u>
	BECOME SELF-RELIANT THROUGH SELF-HELP GROUPS, CLUSTER LEVEL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
		— <i>'</i>
	Other program consisce (Deceribe on Schedule O.)	
40	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses > 199,168.	
<u>4e</u>	Total program service expenses ► 199,168.	

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## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the any irrepresent historic land areas or historic structures? If "Voc " complete Schoolule D. Port II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_4

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### Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		1
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		Α.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		
<b>5</b> 5	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			· · · · ·
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	L	

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# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor'	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44-		X
14a	· · · · · · · · · · · · · · · · · · ·	14a	-	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
	and the state of t	F	990	(0000)

Form **990** (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X		
Sec	tion A. Governing Body and Management							
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		8				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			ا				
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh					.,		
	officer, director, trustee, or key employee?			2	<u> </u>	X		
3	Did the organization delegate control over management duties customarily performed by or under the					٠,,		
	of officers, directors, trustees, or key employees to a management company or other person? $\dots$				<u> </u>	X		
4	Did the organization make any significant changes to its governing documents since the prior Form				<u> </u>	X		
5	Did the organization become aware during the year of a significant diversion of the organization's as				<u> </u>	X		
6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					37		
	more members of the governing body?			7a		X		
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
persons other than the governing body?  7th								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				177			
а	The governing body?			8a	X			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real					37		
<del></del>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	Revenue	e Code.)		l.,	·		
40				40	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			10a				
D	If "Yes," did the organization have written policies and procedures governing the activities of such or and beginning to a second the procedure of the control of the contr			406				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х			
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ay bero	re tiling the form?	11a	22			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			100	Х			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X			
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120	125			
С	in Schedule O how this was done			12c	x			
13	Did the organization have a written whistleblower policy?			13	<del> </del>	Х		
14	Did the organization have a written document retention and destruction policy?			-		X		
15	Did the process for determining compensation of the following persons include a review and approv			17				
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	idependent					
а	The organization's CEO, Executive Director, or top management official			15a	х			
	Other officers or key employees of the organization			15b	†	Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.55				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			16a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation			100				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the steps are steps and take steps to safeguard the organization of the steps are steps and take steps to safeguard the organization of the steps are steps as the steps are steps as the steps are steps as the steps are steps are steps are steps as the steps are steps are steps as the steps are steps are steps are steps as the steps are steps are steps are steps are steps as the steps are steps are steps are steps are steps are steps are steps as the steps are step as the step are steps are steps are steps are steps are step are step are steps are step as the step are step are step as the step are step		•					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ►NJ , NY							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	0-T (Section 501(c)	(3)s onl	y) avai	lable		
	for public inspection. Indicate how you made these available. Check all that apply.		. ,					
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		,	and fina	ncial			
	statements available to the public during the tax year.		. ,					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks ar	nd records					
	KAREN MANLOVE - 908-336-5153							
	291 S VAN BRUNT ST. UNIT 4. ENGLEWOOD. NJ 07631-4	1633						

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	(C)		1001	(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per week	box	, unle	ss pe	rson i	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	line)	Indivi	Instit	Officer	Key e	Highe empl	Former			
(1) ANGELA YU BAE	40.00									_
EXECUTIVE DIRECTOR				Х				55,600.	0.	0.
(2) PETER AHN	5.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(3) NEIL LYNCH	1.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) MARGARET CHAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) HEATHER ZIEGLER BAIYE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TAYLOR LEE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRISTINE ANDERSON-MASON	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAIRO PAREDES	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RENEE KARIBI-WHYTE	1.00									
DIRECTOR		Х						0.	0.	0.
		-								
				_		-	_			

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	(do box offi	not c	Posi heck ss pe	ition more rson		one h an	(D)  Reportable  compensation  from	(E) Reportable compensation from related		(F) Estimate amount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		ompensat from the organization and relate rganization	e ion ed
				0	Α.	1 0						
1b Subtotal c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	55,600. 0. 55,600.	C	).		0.
d Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization							no re			<u>' •  </u>		0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								ghest compensated emp		3	Yes	No X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab 0,000? <i>If "Yes,</i>	le co " <i>co</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edule	d otl e <i>J f</i>	her compensation from for such individual	the organization			Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com  Section B. Independent Contractors	-				-		elat	ted organization or indiv	idual for services	5		X
Complete this table for your five highest co the organization. Report compensation for										ensatio	n from	
(A) Name and business	address	N	ONI	3				(B) Description of s	services	Com	(C) pensation	<u>1</u>
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organic	zation 🕨				(	0				For	m <b>990</b> (2	2020)

Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 31,120. c Fundraising events ..... 1c d Related organizations 1d 11,500. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 206,414 similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 249,034. h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 31,120. of contributions reported on line 1c). See 0 Part IV, line 18 5,484 **b** Less: direct expenses \_\_\_\_\_ -5,484. -5,484. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 465 and allowances 0. **b** Less: cost of goods sold ..... 465. 465. c Net income or (loss) from sales of inventory **Business Code** 11 a 1,163. 900099 1,163. d All other revenue 1,163. e Total. Add lines 11a-11d .....

12 032009 12-23-20

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245,178.

Total revenue. See instructions

465.

### Part IX Statement of Functional Expenses

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

_	Check if Schedule O contains a response not include amounts reported on lines 6b.	se or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	183,259.	183,259.		
4	Benefits paid to or for members	103,233.	103,233.		
5	Compensation of current officers, directors,				
3	trustees, and key employees	55,600.	13,900.	13,900.	27,800
6	Compensation not included above to disqualified	33,000	2373331	20,000	2,,000
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,630.	1,407.	1,408.	2,815
11	Fees for services (nonemployees):	·	-	•	
	Management				
	Legal				
	Accounting	4,681.		4,681.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	375.		375.	
12	Advertising and promotion				
13	Office expenses	801.	602.	109.	90.
14	Information technology	198.		198.	
15	Royalties	0.500		0.000	F 0 0
16	Occupancy	2,500.		2,000.	500.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	60.			60.
19	Conferences, conventions, and meetings	00.			60.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,703.		1,703.	
23	Other expenses. Itemize expenses not covered	1,700.		1,703.	
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES	1,463.		1,463.	
b		-		•	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	256,270.	199,168.	25,837.	31,265.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 10,124. 21,623. Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 3,499. 3.499. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 25,122. 13,623 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,272. 865. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties ..... 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,272. 865. 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 20,950. 9,858. Net assets without donor restrictions 27 27 2,900. 2,900. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 🕨 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund ..... 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 23,850. 12,758. Total net assets or fund balances 32 32 25,122. 13,623. 33 Total liabilities and net assets/fund balances ...

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2			78. 70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	1,0	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	3,8	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	2,7	58.
Pai	t XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the second	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ZIMELE USA A NJ NONPROFIT CORPORATION **Employer identification number** 35-2292382

activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to 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)(4) for section 509(a)(4).  An organization organized and operated exclusively to 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)(4) for 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, supporting organization and complete lines 12e, 12f, and 12g.  Type II. A supporting organization supervised, or controlled by its supported organization(s), by joining the supported organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its 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, its supported organization(s) that is not 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	Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructions.	
A school described in section 170(b);11(A)(ii), (Altan) Schedule ( (Form 990 or 990 EZ))  A hospital or a cooperative hospital service organization described in section 170(b);11(A)(iii), Enter the hospital's name, city, and state:  (ix), 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);11(A)(iv), (Complete Part II), and organization operated growth and in the section 170(b);11(A)(iv), (Complete Part II), and organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b);11(A)(iv), (Complete Part III), and a community fusit described in section 170(b);11(A)(iv), (Complete Part III), and a significant and interest organization described in section 170(b);11(A)(iv), (Complete Part III), and a significant organization and grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). Further the name, city, and state of the college or university.  The variety of a non-land grant college of agriculture (see instructions). In order than 31/3% of its support from grant state of the college or university.  The variety of a non-land state of the college or university in the college or university.  The variety of the college of the college of the college of the college of t	The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, o	heck only	one box.)		
A hospital or a cooperative hospital service organization described in section 170(b)(1)A)(iii). Enter the hospital's name, city, and state:  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(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)A(iv).  A reganization 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(iv). (Complete Part II.)  A community must described in section 170(b)(1)A(iv). (Complete Part III.)  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  The Authority of the describes the type of supporting organization and complete lines 12e, 12f, and 12g, and	1		A church, convention of ch	urches, or association	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).	
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:  A norganization 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).  A community frust described in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A norganization 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; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university; or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). In a non-grant and agriculture (see instructions) in the 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).  An organization organized and operated exclusively for the benefit	2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
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 lederal, state, or local government or governmental unit described in section 170(b)(1)A(iv).   A naginalization 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(iv). (Complete Part II.)   A community trust described in section 170(b)(1)A(iv). (Complete Part II.)   A naginultural research organization described in section 170(b)(1)A(iv). (properate Part II.)   An agricultural research organization described in section 170(b)(1)A(iv). (Complete Part III.)   An arganization and interest organization described in section 170(b)(1)A(iv). (Complete Part III.)   An arganization and interest organization described in section 170(b)(1)A(iv). (Complete Part III.)   An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(a). (Complete Part III.)   An organization organization described in section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(a). An organization organization described in section 509(a)(a), the complete Part IV. (An organization organization organization organization described in section 509(a)(a). See section 509(a)(a). The purpose of organization organizatio	3		A hospital or a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(i	ii).	
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 reganization 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(iv). (Complete Part II.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community trust described in section 170(b)(1)A(iv). (Complete Part III.)  A community or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:  10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business staxable income (sess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organization depended exclusively to test for public safety. See section 509(a)(4).  11 An organization 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 12a. Plzt, and 12a. Plzt, 21z, and 12a. Plzt, 21z, and 12a. Plzt, 21z, 21z, and 12a. Plzt, 21z, 21z, 21z, 21z, 21z, 21z, 21z, 21z	4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
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).  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(v). (Operated in conjunction with a land-grant college or or university;  The province of a province of agricultural research organization described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or or university;  The province of a non-land grant college of agricultural research organization day of agricultural research organization described in sections. The province of a non-land grant college or or university;  The province of a non-land grant college of agricultural research organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated. Supporting organization and complete insolutions, to perform the functions of the functional public functional public functi			city, and state:						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 ZIMELE USA A NJ NONPROFIT CORPORATION 35-2292382 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	228,039.	168,088.	185,179.	231,046.	249,034.	1061386.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	000 000	160 000	105 150	021 046	040 024	1061206
4	Total. Add lines 1 through 3	228,039.	168,088.	185,179.	231,046.	249,034.	1061386.
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,						120 404
_	column (f)						120,494. 940,892.
<u>6</u>	Public support. Subtract line 5 from line 4.						940,092.
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 228, 039.	(b) 2017 168,088.	(c) 2018 185,179.	(d) 2019 231,046.	(e) 2020 249,034.	1061386.
	Gross income from interest,	220,0331	200,0001	100/1/50	231,0100	213,0310	10013001
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1061386.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9,676.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (					14	88.65 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	88.44 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact					_	
	meets the facts-and-circumstances to	•	·	• • • •	•	17- and line 15 in	
b	10% -facts-and-circumstances tes	-					IU% Or
	more, and if the organization meets the		•				▶□
40	organization meets the facts-and-circ						<b>\</b>
18	Private foundation. If the organization	n dia not check a	DOX ON TIME 13, 16	a, 100, 1/a, 01 1/k	o, check this box a	ina see instruction	s

Schedule A (Form 990 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.)

Se	ction A. Public Support	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	` `	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

Pa	t IV Supporting Organizations (continued)			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2				
	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			
0	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	<u>~</u> .		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
р	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust o	n Nov. 20, 1970 (explain in <b>I</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	·	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sec	tion D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported					
	organizations, in excess of income from activity	2					
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations						
4	4 Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required - pro	5					
6	Other distributions (describe in Part VI). See instructions.	6					
7	Total annual distributions. Add lines 1 through 6.	7					
8	Distributions to attentive supported organizations to which the organization is responsive						
	(provide details in Part VI). See instructions.						
9	9 Distributable amount for 2020 from Section C, line 6						
10	Line 8 amount divided by line 9 amount			10			
	<u> </u>	(*)	(···)		(***)		

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

ZIMELE USA A NJ NONPROFIT CORPORATION

35-2292382

Organization type (check one):							
Filers of:		Section:					
Form 990 o	r 990-EZ	X 501(c)( 3 ) (enter number) organization					
	1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	I	527 political organization					
Form 990-P	F	501(c)(3) exempt private foundation					
	I	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	I	501(c)(3) taxable private foundation					
01 1 17							
•	· ·	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Ru	le						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rul	les						
sec an	ctions 509(a)(1) ar y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; ine 1. Complete Parts I and II.					
col	ntributor, during the rary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.					
yea is d pu	ar, contributions e checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \bigsim \b					
but it <b>must</b>	answer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part II, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

### ZIMELE USA A NJ NONPROFIT CORPORATION

35-2292382

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$30,001.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 38,370.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Trumo, addi oco, and En 11	\$6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>11,500.</u>	Person X Payroll

Name of organization

Employer identification number

### ZIMELE USA A NJ NONPROFIT CORPORATION

35-2292382

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** 35-2292382 ZIMELE USA A NJ NONPROFIT CORPORATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

➤ Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identil	ication number
ZIMELE USA A NJ	NONPROF	IT CORPO	RATION		35-229238	2
			tside the United States. Comple	ete if the organ		
Form 990, Part IV						
			ds to substantiate the amount of its gra			
the grantees' eligibility to	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance? 🕰	Yes No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of its	e grante and o	ther assistance out	side the
United States.	inde ii ii ait v tiie	organization s	procedures for mornioning the use of its	s grants and o	iner assistance out	side tile
	he following Parl	t I. line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
		_	GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	1	0	LOCATED IN REGION			183,259.
						1
3 a Subtotal	1	(				183,259.
<b>b</b> Total from continuation	_	_				
sheets to Part I	0	(				0.
c Totals (add lines 3a	1	,				193 250
and 3b)	, ±	۱ (				183,259.

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

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						
		AFRICA	GENERAL SUPPORT	183,259.	WIRE TRANSFER	0.		
				1				
2 Enter total number of								

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2020

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Schedule F (Form 990) 2020

# ZIMELE USA A NJ NONPROFIT CORPORATION Schedule F (Form 990) 2020 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: ZIMELE WETHU SUBMITS PERIODIC REPORTS DETAILING UPDATES ON THEIR PROGRAMS WHICH ZIMELE USA FUNDS SUPPORTS. PART I, LINE 3: THE ORGANIZATION ACCOUNTS FOR EXPENDITURES IN THE LISTED REGION USING THE ACCRUAL METHOD OF ACCOUNTING.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **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

Name of the organization ZIMELE USA A NJ NONPROFIT CORPORATION 35-2292382 Part I 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 rais	ed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations				overnment grants			
<b>b</b> Internet and email solicitations			-	nment grants			
c Phone solicitations	g Special						
d In-person solicitations	<b>3</b> opena.	rarrare	9	ovonio			
-	er aral agraement with any individual	(in alu	dina o	fficare directors tru	otooo or		
2 a Did the organization have a written of						☐ No	
key employees listed in Form 990, Pa							
<b>b</b> If "Yes," list the 10 highest paid indiv		ant to	agree	ements under which	the fundraiser is to t	oe .	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total			<b>•</b>				
3 List all states in which the organizatio or licensing.			utions	s or has been notified	d it is exempt from re	egistration	

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 ZIMELE USA A NJ NONPROFIT

Part II Fundraising Events Complete if the complete is the complete in the complete in the complete is the complete in the com 35-229<u>2382 Page 2</u> CORPORATION

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	~					
		or randraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events			
			(-, -, -, -, -, -, -, -, -, -, -, -, -, -	(-, -: -: -: -	NONE	(d) Total events		
0			BIKE-A-THON			(add col. (a) through		
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )		
Revenue								
eve	1	Gross receipts	31,120.			31,120.		
ш								
	2	Less: Contributions	31,120.			31,120.		
	3	Gross income (line 1 minus line 2)						
	_	Cook prizes						
	4	Cash prizes						
	5	Noncash prizes						
es		Tremedon prizes						
ens	6	Rent/facility costs						
Direct Expenses								
ect	7	Food and beverages	1,275.			1,275.		
ä								
	8	Entertainment				4 200		
	9	Other direct expenses				4,209. 5,484.		
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			_	-5,484.		
Pa						3,101.		
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 100	1000,1 41111, 1110 10, 01	roportod moro triair			
<b>0</b>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
auce			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))		
Revenue								
_	1	Gross revenue						
	_							
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizos						
Ä	3	Noncash prizes						
rect	4	Rent/facility costs						
՝								
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	└── No	└── No	└── No			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>			
	8	Not gaming income summany Subtract line 7	7 from line 1 column (d)		_			
_	0	Net gaming income summary. Subtract line 7	rioni line i, column (u)		······	<u> </u>		
9	Ent	er the state(s) in which the organization cond	ucts gaming activities:					
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:						Yes No		
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? <b>Yes No</b>						
b	If "`	If "Yes," explain:						
	_							

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	nedule G (Form 990 or 990-EZ) 2020 ZIMELE USA A NJ NONPROFIT CORPORATION 35-2	2292382	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
			<b></b>
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Yes	∟ No
	www		
t	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\bigs\\$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Adduses N		
	Address		
16	Gaming manager information:		
10	daming 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		
	retain the state gaming license?	Yes	☐ No
ŀ	<b>5</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III. lines 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, <u>-</u>	,,
	······································		

Schedule G	i (Form 990 or 990-EZ)	ZIMELE USA	A NJ	NONPROFIT	CORPORATION	35-2292382 Pa	age <b>4</b>
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation (continued)					
_							

# SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

OMB No. 1545-0047

Inspection

Name of the organization

ZIMELE USA A NJ NONPROFIT CORPORATION

**Employer identification number** 35-2292382

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SOUTH AFRICA.

ZIMELE USA WILL SEEK TO TRANSFORM THE RURAL COMMUNITIES OF KWA-ZULU NATAL BY PARTNERING WITH INDIVIDUALS AND LEADERS TO INSTILL THE VALUES OF SELF-RELIANCE AND SELF-SUSTAINABILITY WITHIN ITS COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ASSOCIATIONS AND FEDERATIONS. BY WORKING IN COMMUNITY WITH OTHER WOMEN, THEY ALSO RECEIVE VITAL SUPPORT IN IMPROVING THEIR LIVES. TO ACHIEVE THESE GOALS, ZIMELE USA FUNDRAISED THROUGH VARIOUS ACTIVITIES INCLUDING: 1) IN FEBRUARY, ZIMELE USA HELD A VIRTUAL BAKE SALE CALLED BAKED WITH LOVE. LOCAL AREA BAKERS DONATED BAKED GOODS WHICH WERE PRE-ORDERED AND PROCEEDS WERE DONATED TO ZIMELE USA. THIS WAS ALSO AN OPPORTUNITY FOR ZIMELE USA TO SHARE ABOUT THE SOUTH AFRICAN WOMEN WHO HAVE STARTED THEIR OWN BAKING BUSINESSES. 2) IN AUGUST, ZIMELE USA ORGANIZED A 300 MILE BIKE RIDE CALLED "RIDE FOR ZIMELE" IN WHICH A TEAM 6 CYCLISTS RODE THEIR BIKES FROM FORT LEE, NJ TO BOSTON, MA OVER 4 DAYS TO FUNDRAISE FOR ZIMELE PROGRAMS. 3) IN DECEMBER, WE SOLD ZIMELE HOLIDAY ORNAMENTS AND CRAFTS FOR THE HOLIDAY SEASON ONLINE. THESE CRAFTS ARE IN OUR INVENTORY ALREADY. ZIMELE USA DID NOT HOLD THE ANNUAL ZIMELE GALA THIS YEAR DUE TO COVID-19 CONCERNS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PRINCIPAL OFFICER PASTOR PETER AHN REVIEWS THE PREPARED FORM 990 AND PROVIDES A COPY OF THE RETURN TO THE MEMBERS OF THE GOVERNING BODY BEFORE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

Name of the organization ZIMELE USA A NJ NONPROFIT CORPORATION	Employer identification number 35-2292382
THE RETURN IS FILED WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUALLY, ALL DIRECTORS ARE GIVEN A CONFLICT OF INTEREST	STATEMENT TO
COMPLETE AND SIGN. THE SIGNED STATEMENTS ARE KEPT AT THE	ORGANIZATION'S
OFFICE. MANAGEMENT DETERMINES WHETHER THERE ARE INSTANCES	OF CONFLICTS OF
INTEREST DURING DISCUSSIONS OF ZIMELE ACTIVITIES DURING T	HE YEAR. ANY
PERSON WITH A CONFLICT OF INTEREST IS PROHIBITED FROM PAR	TICIPATING IN THE
GOVERNING BODY'S DISCUSSIONS AND DECISIONS REGARDING THE	MATTER.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED BY THE	PRESIDENT AND
BOARD OF DIRECTIORS ANNUALLY AND INCLUDES A REVIEW OF OVE	RALL PERFORMANCE
IN THE ROLE. THERE IS NO EXTERNAL REVIEW TO DETERMINE COM	PENSATION. THE
BOARD OF DIRECTORS DISCUSS, DETERMINE AND VOTE TO APPROVE	ANY COMPENSATION
ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.