Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

Department of the Treasury

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

Inte	mal Reve	enue Service	Go to www.irs.gov/Form990 for instructions	s and the late	est info	ormation.		Inspection
Α	For the	e 2020 calend		020, and end	ding			, 20
в	Check it	f applicable:	C Name of organization The Eugene V. Debs Foundation, Inc.				D Emplo	oyer identification number
	Address	s change	Doing business as					35-60413
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street add	n/suite	E Teleph	none number		
	Initial re	turn	PO Box 9454	812-232-2163				
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal of	code				
	Amende	ed return	Terre Haute, IN 47808				G Gross	receipts \$
	Applicat	tion pending	F Name and address of principal officer:			H(a) Is this a gro	oup return fo	or subordinates? 🗌 Yes 🗌 No
						H(b) Are all su	ubordinat	es included? 🗌 Yes 🗌 No
<u> </u>		empt status:		a)(1) or 52	7	lf "No," a	ittach a li	st. See instructions
J	Website	e: 🕨 www.de	bsfoundation.org			H(c) Group ex	kemption	number 🕨
κ	Form of	organization: 🗸	Corporation Trust Association Other	L Year of for	rmation	: 1962	M State	of legal domicile: IN
Ρ	art I	Summa	ry					
	1	Briefly des	cribe the organization's mission or most significant act	ivities: ^{Own,}	mainta	in, and operate	e the Eug	ene V. Debs Historic
e		Home in or	der to be a memorial to Eugene V. Debs and Theodore Debs a	and receive, h	old, ar	nd administer	such gi	fts of money, property,
Jan		works of art	, historical papers and documents, museum specimens, and c	other items of	huma	nitarian value).	
/eri	2	Check this	box ► [] if the organization discontinued its operation	ns or dispos	ed of	more than a	25% of	its net assets.
6	3	Number of	voting members of the governing body (Part VI, line 1a	a)			3	30
~	4	Number of	independent voting members of the governing body (F	Part VI, line	1b) .		4	39
Activities & Governance	5	Total numb	per of individuals employed in calendar year 2020 (Part	V, line 2a)			5	1
Ę	6	Total numb	per of volunteers (estimate if necessary)				6	2
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 1	2			7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, li	ine 11			7b	0
						Prior Year		Current Year
e	8	Contributio	ons and grants (Part VIII, line 1h)			7	512.53	25180.16
nue	9	Program se	ervice revenue (Part VIII, line 2g)					
Revenue	10	Investment	t income (Part VIII, column (A), lines 3, 4, and 7d)			13	249.47	26458.52
Œ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and ⁻	11e)		20	728.06	4582.06
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, columr	n (A), line 12)		41	499.06	56220.47
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3) .				2000	200
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)					
ŝ	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)		24	205.73	31736.71
us.	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)				500.13	46.59
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25)					
ш	17	Other expe	enses (Part IX, column (A), lines 11a–11d, 11f–24e) .				638.21	39732.64
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A),	line 25) .		63	344.07	74991.84
	19	Revenue le	ess expenses. Subtract line 18 from line 12			(218	345.01)	(18771.10)
ces Ces					Beg	inning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)			985	256.05	1115716.15
t As d B	21	Total liabili	ties (Part X, line 26)				2777	0
P Run	22	Net assets	or fund balances. Subtract line 21 from line 20			982	479.05	1115716.15
Pa	art II	Signatu	re Block					
Lin							h	

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.

	< 15 ··· Kite			10	March 202	21
Sign	Signature of officer			Date		
Here	Benjamin C. Kite, Treasurer					
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►			Phone	e no.	
May the IRS	discuss this return with the preparer	shown above? See instructions				🗌 Yes 🗌 No
	ule Deduction Act Nation and the concern	te instructions				E

For Paperwork Reduction Act Notice, see the separate instructions.

orm 99	90 (2020)					Page
Part		nt of Program Servi			ΙΙ	Г
1	Briefly describ	e the organization's m			"	<u>···</u>
	Please see Part	I (1), above.				
2	Did the organi	zation undertake any s	significant program se	ervices during the year w	which were not listed on the	
	prior Form 990) or 990-EZ?				Yes 🗹 No
3	Did the organ	ization cease conduc	cting, or make signif		it conducts, any program	_
		ibe these changes on				Yes 🗹 No
4	Describe the c expenses. Sec	organization's program	service accomplishn (c)(4) organizations a	re required to report the	ee largest program services, as a amount of grants and allocation	
4a	(Code: Own, maintain,) (Expenses \$) and operate the Eugene	74991.84 including V. Debs Historic Home a	grants of \$s cited in part III (1), above.) (Revenue \$)
4b	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)
4.0	(Codo:) (Expanses ¢	including	grants of \$) /Davanua ¢	·····
4c	(Code) (Expenses \$)
4d	Other program	services (Describe or	Schedule O.)			
	(Expenses \$	includir	ig grants of \$) (Revenue \$)	
4e	Total program	service expenses 🕨				

Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	-	~
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			~
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		~
	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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	~	
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
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	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	~	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		~
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		~
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		~
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 See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		~
b	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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		~

Part	Checklist of Required Schedules (continued)			
			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		~
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? <i>If "Yes," complete Schedule J</i> .	23		~
24a	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		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	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		~
25a	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		~
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? <i>If "Yes," complete Schedule L, Part I </i>	25b		~
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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		~
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? <i>If "Yes," complete Schedule R, Part I</i>	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		-
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? If "Yes," complete Schedule R, Part V, line 2	36		~
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		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	~	
Part			. I	
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1-0-Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1-0-Ib-0-			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

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 2a					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	V			
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~		
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,					
h	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country >	4a		~		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~		
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		~		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		~		
7	Organizations that may receive deductible contributions under section 170(c).					
а	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		~		
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	7-				
Ь	required to file Form 8282?	7c		~		
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V		
f	Did the organization receive any funds, directly of indirectly, to pay premiums of a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		~		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~		
b b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		V		
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.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b					
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
a 5	Gross income from other sources (Do not net amounts due or paid to other sources					
b	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 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
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					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		~		
46	If "Yes," see instructions and file Form 4720, Schedule N.	40				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~		
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Page 5

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change						
	Check if Schedule O contains a response or note to any line in this Part VI						
Secti	on A. Governing Body and Management						
		1 1		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 31	_				
	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.						
b	Enter the number of voting members included on line 1a, above, who are independent .	1b 31					
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	•	2	V			
3	Did the organization delegate control over management duties customarily performed by or						
	supervision of officers, directors, trustees, or key employees to a management company or o		3		~		
4	Did the organization make any significant changes to its governing documents since the prior For		4		~		
5	Did the organization become aware during the year of a significant diversion of the organizati	on's assets? .	5		~		
6	Did the organization have members or stockholders?		6		~		
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?						
b	Are any governance decisions of the organization reserved to (or subject to approva						
8	stockholders, or persons other than the governing body?		7b		~		
0	the year by the following:	dentaken dunng					
a	The governing body?		8a 8b	レ レ			
b							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses on Schedule	0	9		~		
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Rever	nue C				
				Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		~		
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exert		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	-	11a	~			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	~			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv		12b	~			
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done		12c		~		
13	Did the organization have a written whistleblower policy?		13	~			
14	Did the organization have a written document retention and destruction policy?		14	~			
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation						
а	The organization's CEO, Executive Director, or top management official		15a		~		
b							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	-	16a		~		
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio participation in joint venture arrangements under applicable federal tax law, and take steps						
	organization's exempt status with respect to such arrangements?		16b		~		
Secti	on C. Disclosure	· · ·					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright Indiana						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicabl						
	(3)s only) available for public inspection. Indicate how you made these available. Check all tha	t apply.			.,		
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc	,	of into	raet n	olicy		
19	and financial statements available to the public during the tax year.				oncy,		
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords				

Michelle K. Morahn • 7828 S 775 E • Carl	2001 IN • 4/85/ • 812-230-0200
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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. See instructions for the order in which to list the persons above.

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

				(0	C)					
(A)	(B)	(do n	ot ch		ition	e than c	200	(D)	(E)	(F)
Name and title Average hours			unles	s pe	rson	is both	n an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week				-	or/trust	· · ·	from the	from related	compensation
	(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	related	dual ector	tion	–	mplo	st cc yee	P.	((related organizations
	organizations below	frust	al tru		byee	mpe				
	dotted line)	ee	istee			Highest compensated employee				
(1) Noel Beasley	1									
President				~				0	0	0
(2) Michelle K. Morahn	1									
Secretary				~				0	0	0
(3) Benjamin C. Kite	1									
Treasurer				~				0	0	0
(4)										
(5) (Continued on Schedule O)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2020)

Part	VI Section A. Officers, Directors, 1	rustees,	Key I	Emj	plo	yee	s, an	d F	lighest Compe	nsated	Employ	yees (c	ontinue	эd)
	(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	erson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Report compen	able		(F) ed amour other	nt
		per week (list any hours for related organizations below dotted line)	Individua or directo		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from re organiza (W-2/1099	lated ations	comp frc organi	pensation om the zation and rganizatio	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal													
С	Total from continuation sheets to Part	VII, Sectio		:	•				0		0			0
d 2	Total (add lines 1b and 1c)	not limited						e) w	-	e than \$1	-	of		
	reportable compensation from the organi	zation >											Yes N	lo
3	Did the organization list any former of employee on line 1a? If "Yes," complete s											3		/
4	For any individual listed on line 1a, is the organization and related organizations	sum of regreater the	portal an \$1	ble	con	npei	nsatic	on a	and other compe	nsation fr	om the			
5	individual	r accrue co	ompe									4		
Secti	for services rendered to the organization' on B. Independent Contractors	? If "Yes," C	compi	ete	Scr	ieal	lie J i	or s	such person .		• •	5	6	/
1	Complete this table for your five high					-								
	compensation from the organization. Repo		Sation	110	r trie	e ca	lenua	r ye	(B)		-	(C)	-	<u>ar.</u>
	Name and business add	1000							Description of serv	1000		Compens		
								-						
								-						
2	Total number of independent contractor received more than \$100,000 of compens	`	0					o th	nose listed abov	e) who				

Page 8

Form	990	(2020)
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Form 9										Page 9
Part	VIII	Statement of Rev								
		Check if Schedule	<u>O co</u>	ntains a re	espor	ise or note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaig	ns .		1a					
ant	b	Membership dues			1b					
Gr Gr	С	Fundraising events			1c					
ifts, r A	d	Related organization			1d					
, Gi nila	е	Government grants	(cont	ributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contribution and similar amounts no	ot inclu	uded above	1f	25180.16				
d	g	Noncash contribution				¢				
Cor and	h	Total. Add lines 1a-			1g		25180.16			
<u> </u>	- 11	Total. Aud lines Ta-	-11 .		· ·	Business Code	20100.10			
Program Service Revenue	2a b c									
Rev	d									
rog	e									
đ	f g	All other program se Total. Add lines 2a-								
	3	Investment income								
	5	other similar amoun					13032.70			13032.70
	4	Income from investr	nent o	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties				🕨				
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)								
	d	Net rental income o	r (los	1 [′]						
	7a	Gross amount from		(i) Securit	68.78	(ii) Other				
		sales of assets other than inventory	7a	2010	00.70					
e	h	Less: cost or other basis	74							
Revenue	0	and sales expenses .	7b	2432	00.12					
ече	с	Gain or (loss)	7c	134	25.82					
	d	Net gain or (loss)				🕨	13425.82			13425.82
Other	8a	Gross income from	m fu	ndraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expense			8b					
	C Oc	Net income or (loss)			y eve	ents 🕨				
	9a	Gross income f activities. See Part I			9a					
	b	Less: direct expense			9b					
	С	Net income or (loss)			ctiviti	es 🕨				
	10a	Gross sales of ir								
		returns and allowan	ces		10a	6457.75				
		Less: cost of goods			10b	1875.69				
	С	Net income or (loss)) from	sales of ir	vento		4582.06			4582.06
sno	44-					Business Code				
nec	11a h									
Miscellaneous Revenue	b									
Sce	c d	All other revenue								
Σ	e	Total. Add lines 11a								
	12	Total revenue. See				•	56220.74			56220.74
								1		- 000 /

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				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	200	200		
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	21322.01	21322.01		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3516.66	3516.66		
10	Payroll taxes	6898.04	6898.04		
11	Fees for services (nonemployees):	0000.04	0000.04		
a	Management				
b					
c d	Accounting				
е	Professional fundraising services. See Part IV, line 17	46.59			46.59
f	Investment management fees	9885.76		9885.86	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3286.00	3286.00		
12	Advertising and promotion				
13	Office expenses	513.60	513.60		
14	Information technology	368.40	368.40		
15		000.10	000.10		
		13890.60	13890.60		
16		13690.00	13690.00		
17 18	Travel				
40		650.07	650.07		
19	Conferences, conventions, and meetings	659.27	659.27		
20		139.44	139.44		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	6737.00	6737.00		
24	Other expenses. Itemize expenses not covered 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 O.)				
а	Printing and Copying	2329.82	2329.82		
b	Postage and Shipping	3326.69	3326.69		
c	Commissions and fees	457.45	457.45		
d	Books, Subscriptions, and References	898.56	898.56		
e	All other expenses	515.95	515.95		
25	Total functional expenses. Add lines 1 through 24e	74991.84	65059.39	9885.86	46.59
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)				Form 990 (2020)

	990 (20	,			Page 11
Pa	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	15840.36	1	27001.32
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	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	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 102100			
	b	Less: accumulated depreciation 10b	102100	10c	102100
	11	Investments—publicly traded securities	883156.05	11	986614.83
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	985256.05	16	1115716.15
-	17	Accounts payable and accrued expenses	2777	17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
lal	23	Secured mortgages and notes payable to unrelated third parties		22	
-	23 24			23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X		24	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	2777	26	0
Se		Organizations that follow FASB ASC 958, check here ►			
ŭ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	346141.11	27	494926.11
ä	28	Net assets with donor restrictions	537014.94	28	620790.04
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► □ and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž ⊿	32	Total net assets or fund balances	985256.05	32	1115716.15
ž	33	Total liabilities and net assets/fund balances	982479.05	33	1115716.15

Form 99	90 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		562	20.74
2	Total expenses (must equal Part IX, column (A), line 25)	2		749	91.84
3	Revenue less expenses. Subtract line 2 from line 1	3		(1877	1.10)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9852	56.05
5	Net unrealized gains (losses) on investments	5		1393	45.33
6	Donated services and use of facilities	6			
7	Investment expenses	7		988	85.86
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		11157	16.15
Part	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 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," e	explain in			
-	Schedule O.		-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		01-		
b	Were the organization's financial statements audited by an independent accountant?		2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted on a			
	separate basis, consolidated basis, or both:				
_					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov the audit, review, or compilation of its financial statements and selection of an independent accounts		2c		~
	If the organization changed either its oversight process or selection process during the tax year, e		20		-
	Schedule O.				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in the			
Jd	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	· · ·			
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		
				000	

SCH	IEDUI	E A	
-			

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

2020

Department of the Treasury	Attach to Form 990 or Form 990-EZ.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number The Eugene V. Debs Foundation, Inc. 35-60413							
Par	t Reason for Public Cha	ritv Status. (All	organizations mus	t comple	te this r	art.) See instructio	ons.
	organization is not a private foundation		*				
1	A church, convention of churc	hes, or associati	on of churches descri	bed in se	ction 17	0(b)(1)(A)(i).	
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E2	Z).)	
3	A hospital or a cooperative ho		•				
4	A medical research organizatio		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
5	hospital's name, city, and stat	the benefit of a	college or university	owned o	r operate	ed by a government	al unit described in
	section 170(b)(1)(A)(iv). (Com	, ,					
6 7	 A federal, state, or local gover An organization that normally described in section 170(b)(1) 	receives a subs	tantial part of its sup				the general public
8	A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:						
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fur t income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a e (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its
11	An organization organized and	l operated exclus	sively to test for public	c safety. S	See sect i	ion 509(a)(4).	
12	An organization organized and of one or more publicly support Check the box in lines 12a through	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
а	Type I. A supporting organ	-	••••••		-		· · · ·
-	the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
с	Type III functionally integ its supported organization	rated. A support	ting organization oper	rated in c			ally integrated with,
d	Type III non-functionally	integrated. A su	pporting organization	operated	l in conne	ection with its suppo	orted organization(s)
	that is not functionally inter requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
e	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination tionally integrated sup	on from th oporting o	ne IRS tha organizati	at it is a Type I, Type ion.	e II, Type III
f	Enter the number of supported						
g	Provide the following information	n about the supp	orted organization(s).	1			
	(i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (isted in your governing document? (v) Amount of monetary instructions) (v) Amount of other support (see instructions)					other support (see	
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							

Total

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part II

(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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . . 3058 11834 80388 7521 25180 127972 Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3058 11834 80388 7521 25180 127972 4 Total. Add lines 1 through 3. 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 127972 6 Section B. Total Support (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 Calendar year (or fiscal year beginning in) ► (f) Total Amounts from line 4 3058 11834 80388 7521 25180 127972 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 3211 3373 6287 1442 6457 20770 148742 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 20770 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ► Section C. Computation of Public Support Percentage 86 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 Public support percentage from 2019 Schedule A, Part II, line 14 58 15 15 % 16a 33¹/₃% support test – 2020. If the organization did not check the box on line 13, and line 14 is 33¹/₃% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ~ b 331/3% support test-2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

Schedule A (Form 990 or 990-EZ) 2020

Buld the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	SCHE	DULE D	Supplement	al Financial St	atements		OMB No. 1545-0047
Department of the Treatwork Part W, line 6, 7, 8, 9, 0, 114, 115, 117, 124, or 12b. Open to Public Over 12b. Department of the argumentation > 0 to www.irs.gov/Form300 for instructions and the latest information. Open to Public Over 12b. Part W Data for form 900. Part W. Inter 6, 100. Statest for form 900. Statest for form 900. Part W Data formation answered "Yes" on Form 900. Part IV, line 6. Statest for Accounts. Complete if the organization answered "Yes" on Form 900. Part IV, line 6. Statest for accounts. 1 Total number at end of year . (#) Done advest funds (#) Funds and ther accounts 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Organization form all grantese, dones, and doner advisors in writing that the assets held in doner advised funds are the organization resources to the organization securities lead control? .	(Forn	n 990)		20 20			
Total number of the again the second secon			Part IV, line 6, 7, 8, 9, 10				
The Eugen V Debs Foundation. Inc. 358041305 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year (a) Ouror advised Funds or Other Similar Funds or Accounts. 2 Aggregate value of cantibutions to (during year) (a) Ouror advisors in withing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or fund funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors or fund funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor or fund funds can bused on the total cantibution in the form of a conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a instorcally important land area assement on the last day of the tax year. 0 Complete if the organization netwered 'Yes' on Form 990, Part IV, line 7. Preservation of a conservation easements included in (a)					I the latest informatio	n.	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. 1 Total number at end of year		-			En	nployer iden	
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year . 2 Aggregate value of contributions to (during year) . 3 Aggregate value of contributions to (during year) . 4 Aggregate value of grants from (during year) . 5 Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors or writing that grants to complete in the organization inform all grantees, donors, and donor advisors in writing that grants funds can be used only for charitable purposes and not for the benefit of the donor advisors or for any other purpose conferring impermisable private benefit? Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of all dor public use for example, recreation or education) Preservation of a confied historic structure □ Preservation of a pane gace 2 2 2 Complete inthe asset to comparization held a qualified conservation contribution in the form of a conservation easements an eartified historic structure 2 1 Preservation easements an eartified historic structure included in (a) . 2 2 2 Number of conservation easements included in (c) acquired after 7/25/06, a		•	•				
I Total number at end of year	Par					or Accou	nts.
2 Aggregate value of contributions to (during year) .		Compl		,	;	(b) Fun	ds and other accounts
3 Aggregate value of grants from (during year)	1	Total number	at end of year				
A Aggregate value at end of year							
 5 Did the organization inform all donors and donor advisors in writing that the assets hed in door advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor, or for any other purpose conferring impermissible pivate beenefit?							
funds are the organization's property, subject to the organization's exclusive legal control?		00 0		dvisors in writing th	at the assets held i	n donor a	udvised
G Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of and for public use (for example, recreation or education) Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	5						
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 \$	0	Stall and volun	teer nours devoted to monitoring, inspec	ang, nanoling of violation	ons, and enforcing co	nservation	easements during the year
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	7	Amount of exp	enses incurred in monitoring, inspecting	g, handling of violation	s, and enforcing con	servation e	easements during the year
 and section 170(h)(4)(B)(ii)?							
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 (ii) Assets included in Form 990, Part X	b	art, historical t	reasures, or other similar assets held	for public exhibition,			
 (ii) Assets included in Form 990, Part X		(i) Revenue in	cluded on Form 990, Part VIII, line 1			🕨	\$
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1		(ii) Assets incl	uded in Form 990, Part X			🕨	\$ 102100
a Revenue included on Form 990, Part VIII, line 1	2					ets for fir	nancial gain, provide the
	а	-		-		🕨	\$
			ed in Form 990, Part X				\$

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 2 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its 3 collection items (check all that apply): **d** Loan or exchange program Public exhibition а e 🗌 Other _____ **b** Scholarly research **c** Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not 1a 🗌 Yes 🗌 No **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c **d** Additions during the year 1d 1e е 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 🗌 Yes 🗌 No **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 883155 703254 735333 699399 565523 **1a** Beginning of year balance . . **b** Contributions Net investment earnings, gains, and С losses 179901 (32079)35934 52607 d Grants or scholarships Other expenditures for facilities and е programs Administrative expenses f 986614 883155 703254 735333 699399 End of year balance g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 a Board designated or quasi-endowment ▶____% b Permanent endowment ►____% Term endowment ► С % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) . depreciation 14800 14800 **1a** Land 87300 87300 **b** Buildings **c** Leasehold improvements d Equipment Other . е Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 102100

Schedule D (Form 990) 2020

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.) . ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
_ (6)		
_ (7)		
(8)		
(9)		
	990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Schedule D (Form 990) 2020

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.		
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	-		
b	Prior year adjustments	2b	-		
С	Other losses	2c	-		
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b		4c		
5 Port	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i> XIII Supplemental Information.	9 10.)	5		
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line					
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
Part V, Line 4 - Intended Uses of the Endowent Fund					
Endowment was established with the intention of maintaining a non-spendable balance with the investment income made available for					
maintenance and upkeep of the Debs home and financing of educational programs pertinent to the misson of the foundation.					

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(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.	2020
Department of the Treasury	Attach to Form 990 or 990-EZ.	Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization		nployer identification number
The Eugene V. Debs Foundat	ion, Inc.	356041305
990 (VI) 19: Other Organizatio	on Documents Publicly Available	
Bylaws and financial statemer	nts (published in our newsletter) are available through our website.	
990 (VI) 11b		
The board of directors will be pres	ented with form 990 and all schedules in person at semi-annual board meeting and have prior acces	ss online.
990 VII a: Directors receiving		
 Wes Bishop 	Arieh Lebowitz	
Dave Bozell	Ralph Leck	
 Kirsten Campb 		
Dennis A. Ches		
Brad Counterm		
Mark Crouch	• Katie Morrison • Lisa Phillips	
Kathleen Culve	•	
Rosemary Feu Nancy Gabin	Jeanne Rewa	
Kaisa Goodma		
Mark Haworth	Randy Schmidt	
Timothy Kelley		
	• Bill Treash	