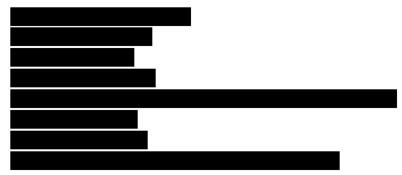
# Anthrop. MARTA TUROK CV APRIL 2024

Legal name: DEBRA MARTA TUROK WALLACE

Professional name: Marta Turok W.



#### **EDUCATION**

PROFESSIONAL: -Tufts University 1970-1974 Medford, Massachusetts. USA. (Diploma notarized by the

Mexican Consul in Boston and revalidation letter from UNAM)

DEGREE OBTAINED: Bachelor of Arts (B.A.) in Anthropology and Socioeconomic Development

THESIS AND MENTIONS: B. A. Honors Thesis "SYMBOLIC ANALYSIS OF CONTEMPORARY

MAYAN TEXTILES: THE CEREMONIAL HUIPIL FROM MAGDALENAS,

CHIAPAS, MEXICO".

Cum laude, Honors Program. Advisors: Dr. Evon Z. Vogt,

Harvard University, Dr. Carol Joplin, Tufts University, Dr. Wilbur Cartwright, Tufts

University.

POSTGRADUATE: -Universidad Nacional Autónoma de México (UNAM), Philosophy and Literature Faculty,

1975-1977 Masters in Ethnology (Internship letter 100% credits).

-University of California, Berkeley School of Extension. August-December 1996.

Marketing course with honorary mention (Diploma).

SCHOLARSHIPS: -Harvard Chiapas Project/National Science Foundation. 1971-1974

-UNAM. Academic Staff Training Program. 1975-1977

-National Institute of Indigenous Affairs, Research Department. Anthropology and Social

Organization. 1977-1978.

LANGUAGES: Spanish and English, fluent

French and Maya Tzotzil, intermediate

#### PROFESSIONAL EXPERIENCE

#### BANCO DE MÉXICO-FRANZ MAYER CULTURAL TRUST

-Coordinator and Curator, Ruth D. Lechuga Folk Art Collection, October 2009 to present day

# NATIONAL INSTITUTE OF FINE ARTS/ DEPUTY MANAGEMENT OF ARTISTIC EDUCATION AND RESEARCH/ ARTS AND CRAFTS SCHOOL (ESCUELA DE ARTESANÍAS INBA)

**-Head of Research at the Arts and Crafts School** January 2009 to August 31<sup>st</sup> 2017. Full time position as researcher "C".

#### NATIONAL FUND FOR THE PROMOTION OF ARTS AND CRAFTS (FONART)

- -Deputy Director of Social Programs October 2005-October 2008
- -General Coordinator for the Arts and Crafts Development Program April-September 2005
- -Consultant for Design and Commercialization, 2002-2005

#### ASOCIACIÓN MEXICANA DE ARTE Y CULTURA POPULAR, A.C. (AMACUP)

#### -NON-PROFIT ORGANIZATION

- -President and project coordinator-1989-2005
- -Legal representative 2008-2016.

#### Semillas, Sociedad Mexicana Pro Derechos de la Mujer, A.C.

-Consultant for Arts and Crafts Development and Economic Autonomy, 2002-2005

#### CASA DE LAS ARTESANIAS DE MICHOACAN

-Consultant for the Research and Development area. 2005-2007

#### NATIONAL SOLIDARITY PROGRAM/SECRETARIAT OF PROGRAMMING AND BUDGET

-Head of Community and Municipal Development Women's Program (PINMUDE). 1989

## OFFICE OF POPULAR CULTURES/SECRETARIAT OF PUBLIC EDUCATION/DEPUTY SECRETARY OF CULTURE -EXECUTIVE DIRECTOR 1986-1988

- -Technical Deputy Director 1985
- -Programa de Artesanías y Culturas Populares PACUP Coordinator (1983-1985)
- -Deputy Director of Liaison 1984-1985
- -Head of Training Department 1983-1984

#### CONASUPO, S. A. (DICONSA) DISTRIBUTOR CONASUPO-COPLAMAR SUPPLY SYSTEM FOR MARGINALIZED AREAS

- -Corporate Coordinator for Training/Deputy Management of Rural Operations 1982
- -Zone chairperson for the State of Chiapas/Organization for Commercialization 1980-1982

#### NATIONAL INSTITUTE OF INDIGENOUS AFFAIRS (INI)

-Head of Anthropological Research and Social Organization Department/State Coordinator for Chiapas. 1978-1980.

#### **SPECIAL PROJECTS**

#### 2016-Present The Mexican Museum of San Francisco

-Special advisor for the revision and opinion of Folk art collections: Valner Collection in Toluca, Mexico and Puebla, Mexico, Goldman Collection in Connecticut, Margolin Collection in Detroit, Collections in San Francisco.

2023 National Museum of the American Indian/Smithsonian Institution/Cultural Resource Center (CRC) Consultant for the revisión and analysis of Mexican Huipil collection. Virtual and InSitu January-August.

#### 2022 Coahuila State Government, Secretaría de Economía, Escuela del Sarape la Favorita

-Academic Coordinator of the Second National Seminar *El Sarape de México: arte y tradición textil. Saltillo, Coahuila. 50 participants, Nov 25-27.* 

2020 Moderator for the series of zoom seminar Interlacing Voices with IMPACTO,NGO that resulted in the Decalog of Textile Traditions. May-June.

1983 to the present. Coordinator for the Advocacy and conservation of the Pacific dye snail *El Caracol purpura*.

-Programa de Fomento a Proyectos y Coinversiones Culturales Emisión No. 35, 2019, FONCA/Secretaría de Cultura

**2016-2017** Support for Revival Project, Training and Innovation for the Classic Rebozo de Jaspe in La Piedad, **Michoacán and Uriangato, Guanajuato.** Promotion for Projects and Cultural Co-investments Program 2015 Emission, FONCA/Secretariat of Culture.

**2015** Organizer and Coordinator for the **2nd Encuentro Nacional del Arte del Jaspe y el Rebozo.** Academic seminar, testimonies from reboceros, workshops for and with reboceros and empuntadoras, catwalk, demonstration of processes, expo-sale. Franz Mayer Museum July 29<sup>th</sup> – August 2<sup>nd</sup>. With the attendance of 24 localities from 12 states. Sponsored by Anglo Arts, UKMX-GREAT-MEXICO, British Council.

**2013** Co-coordinator with Ana Terán of *El Arte del Jaspe y el Rebozo: pautas para la Conservación y Desarrollo de una Tradición* project, financed by the Fondo Nacional para la Cultura y las Artes (FONCA). Seminar, testimonies from reboceros, workshops, catwalk, demonstration of processes, expo-sale. Franz Mayer Museum July 3<sup>rd</sup>-7<sup>th</sup>. With the attendance of 16 localities from 9 states.

2010-2015 with Ana Terán, research, tours, writing, filming and website editing director: El rebozo mexicano (<a href="www.rebozomexicano.com">www.rebozomexicano.com</a>) and Youtube videos (Alejandro Cuevas) Rebozo, Nostalgia y Sueño. Cultural Development Trilce, A.C.

#### 2009-2017 Research Coordinator for the INBAL Arts and Crafts School.

- 2011-2012. Consultant for the Consejo de Pueblos y Barrios Originarios del Distrito Federal,
- Certification of creators of folk art project "Con identidad cultural y artística de la Ciudad de México"

### 2014-2021 Center of Indigenous Arts/Cumbre Tajín and National Museum of the American Indian, Smithsonian Institution.

-Integral support in research, scriptwriting, museum design and assembly for the School of Museography during the installation of the Kiminatkan/Nuestros Dones exhibition held for the XV Cumbre Tajín. Preparation of guided visits, script, role of participants.

-Support for the School of Museography and the Casa de la Danza in evaluating and adjusting "Ka Unin/Entrevientos" exhibitiong held during the XV Cumbre Tajín.

### 2013 Center of Indigenous Arts/Cumbre Tajín and National Museum of the American Indian, Smithsonian Institution.

-Research and scriptwriting trainer, Introductory Museography Workshop for Totonacas and support in the assembly of the first exhibition, "El resplandor de nuestras raíces".

2012 Smithsonian Institution/Cumbre Tajín.

-Co-curator for the exhibition and coordinator of the Seminar "Tierra Viviente" [Living Earth] 2012, with the participation of the Grabadores Mixtecos Unidos Group. July 18<sup>th</sup>-26<sup>th</sup>. National Museum of the American Indian. Washington, D.C.

#### 2011 Coahuila State Government, Instituto de Cultura de Coahuila (ICOCULT)

-Coordinator of the Seminar and Proceedings of *El Sarape, una Tradición Centenaria: Primer Seminario Nacional de Tejedores, Productores e Investigadores*.

#### 2010 Smithsonian Institution, Smithsonian Folklife Program

- -Tribute to Mexico's bicentennial. Facilitator and Translator. June-July.
- -Manager for the appointment and visit of the Seri (Conca'ac) delegation to the Ethnographic Collection of the Museum of the American Indian of the Smithsonian Museum, where they saw pieces collected between 1920 and 1945. Proposal of a possible exhibition in Sonora and Mexico with the Seri participating in the curatorship.

#### 2005-2008 Coordinator for the Grupo Impulsor Artesanía y Manualidad, Foro Nacional Artesanal

-Creation of the *Matriz de Diferenciación entre Artesanía y Manualidad*, adopted unanimously by the federal and state agencies of the artisanal sector.

#### **TEACHING**

#### MUSEO FRANZ MAYER

Introduction to Mexican Folk Art, Coordinación General Marta Turok y ponentes invitados. 30 horas divididos en 10 sesiones de 3 horas c/u.

Módulo I: Más allá del objeto: febrero-abril 2019

Módulo II: Técnicas y Recorridos por el Arte popular: octubre-diciembre 2019

Módulo III: Artesanía y Diseño: octubre-diciembre 2020

#### **MUSEO DE ARTE POPULAR (MAP)**

2008 to 2020. Planning, Production and Commercialization Seminar-Workshop for micro-entrepreneurial artisans. Amacup, A.C. Coordinated and taught by Marta Turok, Carlos Bravo Marentes, María del Carmen Martínez Cruz and several specialists and institutional representatives.

-Folk Art Museum (MAP) consisting of 40 hours of courses and practical exercises for independent creators and representatives of organizations for the production and commercialization of artisanal products. An evaluation and follow-up session is held with the participants of the previous year.

**CENTRO UNIVERSITY of Design and Communication, S.C.**, teacher of the course: The language of clothing and textiles in Mexican culture. January 2009-2014.

**UAM-Atzcapotzalco, PROMDyA Program** (Programa Multidisciplinario de Diseño y Artesanía) y PAUANI, teacher of the course: Integral Artisanal Design and Development, UAM-A. 2007 – present day.

**UNIVERSIDAD IBEROAMERICANA (UIA)** teacher of the course, "ARTISANAL DESIGN AND THE INTEGRAL ARTISANAL DEVELOPMENT", Design Major. January-June 2000

**ESCUELA NACIONAL DE ANTROPOLOGÍA E HISTORIA (ENAH),** teacher of the course, "ARCHAELOGICAL TEXTILES: ANALYSIS TECHNIQUES", Archaeology Major 1983-1986.

**UNIVERSIDAD IBEROAMERICANA (UIA)** teacher of the course, "TRADITIONAL MEXICAN TEXTILE DESIGN", Graphic and Industrial Design Majors 1975-1976.

#### CONSULTANT, READER, ADVISOR or DIRECTOR FOR UNDERGRADUATE AND GRADUATE THESES

- -Bartola Morales García, "Indumentaria Femenina chinanteca de Ojitlán, Oaxaca", Thesis for a Bachelor's Degree in Ethnolinguistics. SEP, INI, CIESAS, 1987
- -Ma. Del Rosario Ramírez Martínez "Iconografía de los malacates en el área de Tlatelolco", Thesis for a Bachelor's Degree in Archaeology ENAH. Mexico 1994.
- -Raquel Mizrahi Hamui Levy "El ixtle, su producción artesanal y su aplicación en el mercado de tiendas de ropa o accesorios" Thesis for a Bachelor's Degree in Textile Design, Universidad Iberoamericana, Mexico, 1996.
- -Viviana Parra Riveros "El diseño aplicado a una línea de accesorios de producción limitada", Thesis for a Bachelor's Degree in Graphic Design. Universidad Iberoamericana, México. 2000.
- -Anthrop. Amalia Ramírez Garayzar "Tejiendo la identidad: El rebozo entre las mujeres purépechas de Michoacán" Master's in Ethnic Studies, Centro de Estudios de las Tradiciones, Colegio de Michoacán, A.C. 2006. (Awarded the Premio Tenerife de Investigación sobre Artesanías 2007)
- -Biol. Karina Miranda Perkins "Factores que influyen en el uso de tintes naturales por los tzotziles de San Andrés Larráinzar y Chamula" Masters in Science of Natural Resources and Rural Development. El Colegio de la Frontera Sur. Unidad San Cristóbal de las Casas, Chiapas. 2006.
- -Biol. Griselda Ma. Eugenia Hernández Rodríguez "Cosmovisión del aprovechamiento del caracol Púrpura *Plicopurpura pansa* (Gould, 1853)" Masters in Science of Natural Resources and Rural Development. El Colegio de la Frontera Sur. Unidad San Cristóbal de las Casas, Chiapas. 2006.
- -Hugo Ernesto Ibarra Ortiz "Trama y Urdimbre de una tradición: los sarapes de Guadalupe, Zacatecas", Centro de Estudios de las Tradiciones, PhD in Human Sciences, El Colegio de Michoacán, A.C. 2007.
- -María Mercedes Rojas Herrera "El Huipil y su representación en el Códice Florentino" Posgraduate course in History of Art, Philosophy and Literature Faculty, Universidad Nacional Autónoma de México. 2008.

- -Norma Patricia Lache Bolaños "La indumentaria tradicional de Yalalag, identidad y cosmovisión de los Bene Ursa." Postgraduate course in History of Art, Philosophy and Literature Faculty, Universidad Nacional Autónoma de México. 2009.
- -María Mercedes Rojas Herrera "Pasado y presente del vestir femenino indígena: tradición visual e historiografía" PhD in History of Art, Philosophy and Literature Faculty, Universidad Autónoma de México.
- -Danielle Dupiech Cavaleri "Analyse d'une tradición textile maya du Yucatán (XXIe siecle): usage, rituels e codes symboliques, PhD from the École des Hautes Études en Sciences Sociales, Paris, France June 2014.
- -Judith Angélica Campos González "El tramado de la cestería tarahumara. Identidad, construcción y disposición de un objeto artesanal ", Masters in Design, Universidad Autónoma de Ciudad Juárez, Chih.
- -Alan Daniel, "Masewal tlakemitl: la tradicion de la indumentaria y textil de Zontecomatlán, Veracruz." Universidad Indígena Intercultural Mazahua (UIIM), thesis director, in process.
- -Azucena Díaz, "La producción artesanal y la organización de las mujeres en la Cooperativa Jolom Mayaetik 2014, una aproximación etnológica" Escuela Nacional de Antropología e Historia (ENAH), thesis director, in process.
- María Teresa Chávez Franco "Entretejiendo la Dualidad Cultural: Cosmovisión y Significación de la Indumentaria Triqui a partir del relego cultural sufrido en la Ciudad de México en el siglo XXI ", Thesis for a Bachelor's Degree in Art and Cultural Heritage, Universidad Autónoma de la Ciudad de México (UACM) Campus Cuautepec, thesis director, in process.
- Vanina Alejandra Tobar, "El tejido en la comunidad tsotsil de San Bartolomé de los Llanos, Chiapas Una aproximación etnográfica al lenguaje simbólico del brocado ("la siembra del yalak´il ") y a la práctica Textil", Posgrado en Estudios Mesoamericanos, Universidad Nacional Autónoma de México. 2019-2020.

#### MUSEOLOGY AND CURATORSHIP

-Co-curator for the Cartonería exhibit at the **Museum of International Folk Art** (with Leigh Thelmadatter). Organization January- December 2022, exhibition January 2023-to the present. Lecture and Gallery visit August 3-5, 2023.

#### Franz Mayer Museum and Center for the Study of Folk Art Ruth D. Lechuga

- -Co-curator for the "No por natural es sostenible: experiencias desde el arte popular" [Natural is not equal sustainable, examples from Folk Art] exhibition. September 2, 2023-January 14, 2024. (With Carlos Bravo Marentes).
- Co-curator for the "El Cuarto Rosa: vida y muerte en la Colección Ruth D. Lechuga" exhibition. October 23<sup>rd</sup> 2014 January 25<sup>th</sup>, 2015.
- Curator for the "1001 Rostros de México: máscaras de la colección Ruth D. Lechuga" exhibtion. Museum March-May 2010 and Mexican Cultural Institute of Washington, D.C. March-May 2012.
- -Co-curator for the "El Sarape de Saltillo: Enigma y Huella" exhibition, June-September 2003. (With Mark Winter from Santa Fe, New Mexico).

#### Design Museum in Helsinki, Finland

-Curator for the "Ruth Lechuga – kokoelma: Meksikon chalet kasvot" exhibition. Design Museum/Franz Mayer Museum, September-December 2006.

- -Curator for the "Cerámica de Mata Ortiz: Renacer de una Tradición" traveling exhibition. Amparo Museum, Puebla; Franz Mayer Museum; México, D.F.; Mexican Revolution Museum, Monterrey, NL, and Austin Museum Of Art; Austin, TX from 1999 to 2000.
- -Curator for the "De Juguetes y Más: Homenaje a Coleccionistas" exhibition and Museum of International Folk Art of Santa Fe, NM. 1999.
- Coordinator for the "De Lacas y Maques" exhibition Franz Mayer Museum 1997.

#### Consejo Estatal para la Cultura y las Artes de Hidalgo (CECULTAH)

- Co-Coordinator for the Folk Art Collection, research, book and exhibition: El Arte Popular de Hidalgo: rituales, usos y creaciones. October 2010 – March 2011. (With Santiago Garfias Turok)

#### Fomento Cultural Banamex / Mayan Textiles Repository.

- -Development of the script for the temporary exhibition "LA COLECCIÓN PELLIZZI". (2011)
- -Member of the Academic Committee for the review of the script for the permanent room. (2012)

#### Museum of Mexican History, Monterrey, NL

-Coordinator for the museum and scientific script for the Museum of Mexican History Textile Collection exhibition, Monterrey, Nuevo León, May-December 2009.

#### Museo del Sarape y Trajes Mexicanos, Saltillo, Coahuila

-Coordinator for the scientific script, museum script, April-December 2007.

#### **SUNY/ALBANY**

-Curator for the "Living Traditions: Mexican Popular Arts" exhibition. SUNY/ALBANY 1992 and as a traveling exhibition with Exhibits USA from 1992 to 1996.

#### Museo Nacional de Culturas Populares (MNCP)

-Consultant for the "Tixinda Cayi Huva: Tintoreros del caracol" temporary exhibition 1988 UNAM Museo de Ciencias y Artes (MUCA)

-Coordinator of La Galería Universitaria Aristos/Museo de Ciencias y Artes/UNAM Series of Exhibitions About Contemporary Arts and Crafts from 1975 to 1977

#### **JURY**

- -Jury in artisanal contests and/or folk culture projects at a community, regional, state and national level since 1972.
- -Member of the Founding Council for the National Prize for Arts and Sciences, VI Branch, Folk Art and Traditions (1983) and jury in 1991, 1993, 2018, 2023.
  - -Participation in the winning proposals of Juan Quezada Celado from Mata Ortiz, Chihuahua, potters from Los Reyes Metzontla, Nahua amate painters from Guerrero, Cooperativa Textil La Flor de Xochistlahuaca, Cooperativa de Tintoreros del Caracol púrpura
- -Jury in the call for the National Youth Prize in 1986, 1988 and 2010.

#### **REVIEW OF FOLK ART COLLECTIONS**

-Yolanda Gonzalez Ulloa collection for the Mexican Cultural Center in Madrid, Spain.

- -Mexican Museum of San Francisco, Comisión Mexicana para los Guiones, review of donated collections. 2016
- -CDI (Coordinación Nacional para el Desarrollo de los Pueblos Indígenas). Review of textile collection (ca. 4000 pieces) and the lacquer collection (750 pieces), coordinator of the data sheet capture (2005-2006).
- Ruth D. Lechuga Collection/ Franz Mayer Museum. Co-executor, coordinator of re-cataloguing, review and curatorship of this private collection of 9,000 pieces donated to the Franz Mayer Museum. (2004 to present day).
- -Museum of Mexican History. Beginning of "Serfin" garment collection review, Monterrey, México. (2009).
- Georgina Luna Parra de García Saénz private collection. Review and appraisal of assembled garments, textiles and masks. (July-August 2012).

#### **PUBLISHED ESSAYS AND BOOKS**

1974 "Symbolic Análisis of Contemporary Mayan Textiles: The Ceremonial Huipil from Magdalenas, Chiapas, Mexico." Plan of Study Thesis. Tufts University. (Unpublished thesis).

1976 "Diseño y Símbolo en el Huipil Ceremonial de Magdalenas, Chiapas", in *Boletín del Departamento de Investigación de las Tradiciones Populares, No.3.* Dirección General de Arte Popular/SEP, Mexico.

1978 "La producción artesanal lanar en Chamula, Chiapas y Evaluación de programas de desarrollo artesanal en Chiapas", in *Evaluación de una Practica*, Instituto Nacional Indigenista, Social Research Series, No. 1 Mexico.

1979 "Realidades y Proyectos: La Antropología en el INI." Unpublished Ms. Subdirección General de Antropología Social. INI.

1983 "Los Lacandones: un mito de la Reforma Agraria" (with Gerardo Garfias Ruiz), in *Antropología e Historia de los Mixe-zoques y Mayas: Homenaje a Frans Blom*. UNAM and Brigham Young University co-edition.

1984 "Del Textil Textual al Texto Textil: Alegoría sobre un Huipil Ceremonial", in *Bordando sobre la Escritura y la Cocina*. INBA. Estanquillo Literario Collection: Los Banquetes.

1985 "La Investigación de las Artesanías en México", in *Artesanías*, Indigenous Mexico. Instituto Nacional Indigenista, Mexico. Vol. 1 No. 3 March-April.

1985 "El caracol *Púrpura pansa* ante el Reto de la Sobrevivencia", en *Suplemento Perfil de la Jornada*. 31 de mayo. México.

1986 "El Arte Mexicano y la Identidad Nacional", in *Identidades mexicanas*. Programa Cultural de las Fronteras, SEP. México.

1986 "La Dirección General de Culturas Populares: un Proyecto Alternativo", in *Anuario Indigenista*. Instituto Indigenista interamericano. Vol. XLVI. December.

1987 "Identidad Étnica y Conflictos Políticos en Chamula, Chiapas", in *Homenaje a Paul Kirchhoff*. Instituto de Investigaciones Antropológicas/UNAM. México.

1987 "The changing face of Mexican Folk Art", in Manos a la Obra, Year of the Vibrant Arts. Friends of Mexican Art/Maricopa Community Colleges. Gilbert Daniel, Linda A. McAllister, Proyect Directors. Exhibit catalog text. 1988 "La Promoción de las Culturas Populares: Posibilidades y Limitaciones de la Acción del Estado" in *Política Cultural para un país multiétnico*.. El Colegio de México, La Universidad de las Naciones Unidas and la Dirección General de Culturas Populares co-edition. Mexico.

1988 *Como Acercarse a la Artesania*. Plaza y Valdés. State Government of Querétaro and Secretariat of Public Education co-edition. México.

- 1988 Turok et al., *El Caracol Púrpura: Una tradición milenaria en Oaxaca*. Dirección General de Culturas Populares/SEP. México.
- 1988 Turok et al., Indice Bibliográfico sobre Artesanías. Dirección General de Culturas Populares/SEP. Mexico.
- 1991 *Presencia Maya*, Spanish translation of Living Maya, Walter F. Morris, Jr. text. State Government of Chiapas, Abrams, New York.
- 1991 "Las artesanías en el Contexto Internacional", in *Audiencias Públicas, Micro, Pequeña y Mediana Industria y Artesanías,* September 26<sup>th</sup> 1991. Permanent Forum of Information, Opinion and Dialogue about the negotiations of the Trilateral Free Trade Agreement between Mexico, the United States and Canada.
- 1991 "Le 'huipil' de la vierge de Magdalenas", in *Mayas: la passion des ancêtres, le désir de durer*. Autrement. Série Monde-H.S. No. 56. October.
- 1992 "Survival through change: a look at Mexican Popular Arts on the Eve of the Twenty-first Century" in *Living Traditions: Mexican Popular Arts*. University at Albany, State University of New York.
- 1992 *Fiestas Mexicanas*. Marta Turok text. Photos by George O. Jackson. InverMéxico Financial Group/ Jilguero Editions. Mexico.
- 1992 *Mexican Fiestas*. Text Marta Turok. Photos George O. Jackson. Grupo Financiero InverMéxico. Ediciones Jilguero. México.
- 1993 "Voir et lire les textiles mayas", in Art Textile des Mayas, Danielle Cavaleri and Natalie Cottin. Les Meilleurs Éditions. Paris.
- 1993 "Artesanía y Ecología: un reto presente y futuro" in Revista Artesanos de América. CIDAP Cuenca, Ecuador.
- 1994 "La Urdimbre del Tiempo Maya" (With Walter F. Morris, Jr.), in *Semillas de la Industria: Transformaciones de la tecnología indígena en las Américas.* Mario Humberto Ruz (ed.). Smithsonian Institution Quintcentennary Program. Centro de Investigaciones y Estudios Superiores en Antropología Social (CIESAS), Grijalbo Eds. Mexico.
- 1995 "Hacia una apreciación del Arte Popular Mexicano" in *95 Salón de Maestros del Arte Popular*. Fundación Cultural Bancomer. Mexico.
- 1996 "Xiuhquilitl, Nocheztli y Tixinda: Tintes Espectaculares del México Antiguo", in *Indumentaria prehispánica*.. Mexican Archaeology. Volume III, number 17. January-February. Mexico.
- 1996 "Artesanos y Recursos Naturales: Problemas y Soluciones". En *La Jornada Ecológica* Suplemento especial publicado por el Periódico La Jornada. Año 5, numero 49. México.
- 1996 "De Fibras, Gusanos y Caracoles..." in *Textiles de Oaxaca*, Artes de México. No. 35, 1996. Mexico.
- 1996 "Un mundo artesanal dinámico y cambiante!" interview with Marta Turok. Beatriz Palacios. Tierra Adentro, No. 82. October-November.
- 1997 "Artesanos y Medio Ambiente: Problemas y Retos", in *Amate: Artesanos, Medio Ambiente y Tecnología*. Bimonthly newsletter from the Asociación Mexicana de Arte y Cultura Popular A.C. (Amacup). Year 1, Number 1, February 1997. Mexico.
- 1997 Turok, Marta and Carlos Bravo "Patrimonio artesanal en riesgo" in *Lacas Mexicanas*, Artes de México and Franz Mayer Museum. Usos y Estilo Series. Mexico.
- 1997-1998 Editor of the newsletter *Amate: Artesanos, Medio Ambiente y Tecnología*. Asociación Mexicana de Arte y Cultura Popular, A.C. (Amacup), A.C. Year 1, No. 1-4.

1997 "Desarrollo Artesanal Integral: un proceso apasionante, delicado y polémico", in *Amate: Artesanos, Medio Ambiente y Tecnología*. Bimonthly newsletter of the Asociación Mexicana de Arte y Cultura Popular, A.C. (Amacup). Year 1, Number 3, June 1997

1997 "Una colección de vivencias", in Museo Ruth D. Lechuga de Arte Popular. Artes de México No. 42.

1998 "Retos y perspectivas de la Conservación y Manejo de las Materias Primas de Uso Artesanal: Crónica de un Seminario", in *Amate: Artesanos, Medio Ambiente y Tecnología*. Quarterly newsletter of the Asociación Mexicana de Arte y Cultura Popular, A.C. (Amacup). Year 1, number 4, Spring 1998.

1998 "El Caracol Púrpura pansa: Un Pequeño Gran Recurso" in *El Pacifico Sur,* Tierra Adentro, no. 92. June-July. Mexico.

1998 "Conservación del Palo Fierro de Sonora y Uso Integral de Maderas Duras de Quintana Roo", Amacup. A.C. with Jesús Andrade, in *Aspectos económicos sobre la biodiversidad de México*. CONABIO, Instituto Nacional de Ecología/SEMARNAP. Mexico.

1999 Coordinator, Manual de Comercialización para Empresas Sociales y Productores Rurales. Fundación FORD, SAGAR, SEMARNAP. Unpublished Ms.

1999 Coordinator of the *Cerámica de Mata Ortiz* number, Artes de México No.45. Mexico.

1999 "Juan Quezada: un alma de alfarero", in Cerámica de Mata Ortiz, Artes de México No. 45. Mexico.

1999 "Le geste des tisserandes: transmisión et renouvellement", in *Textiles mayas: La trame d'un peuple*. Coord. Danielle Cavaleri. UNESCO. Paris.

1999 "Fiestas: where contemporary Mexican tribes and ancient customs meet", in *Visions of the West: art and artifacts from the private collection of J.P. Bryan*. Torch Energy Inc. Gibbs-Smith Publisher. Salt Lake City. USA. 1999 "Mark Turok y la postal de los 50" in *La Tarjeta Postal*. Artes de México No. 48. México.

1999 "El caracol Púrpura", interview with Marta Turok by Emma Romeu. National Geographic in Spanish. Vol 5, No. 1. July.

2000 "El Juego de Pelota en la Actualidad: entre el sincretismo y la supervivencia", in *El juego de pelota,* Arqueología Mexicana Vol. VIII, Num. 44, July-August. Mexico.

2000 "Entre calacas, calaveras y ofrendas", in *La Muerte*, Tierra Adentro No. 106, October-November. CONACULTA, Mexico.

2000 "Luz Jiménez en el arte popular" in *Luz Jiménez, símbolo de un pueblo milenario 1897-1965*. Casa Estudio Diego Rivera y Frida Kahlo Museum. National Institute of Fine Arts, Mexico.

2000 "Protection of the colorful Mixteca and Nahua indigenous dye traditions in Mexico. The saga of the Plicopurpura snail", with Javier Acevedo, in *Use of Incentive measures for Conservation and Sustainable use of Biological Diversity*. UNEP. In <a href="https://www.cbd.int/doc/case-studies/inc/cs-inc-mx-mixteca">www.cbd.int/doc/case-studies/inc/cs-inc-mx-mixteca</a>.

2001 "Dyes and Colors for Cloth", in *Archaeology of Ancient México and Central America: an encyclopedia*. Susan Toby Evans, David L. Webster, Editors. Garland Publishing, Inc. New York, New York.

2001 "Entre urdimbres y tramas: los caminos de la serpiente", in *Serpiente Popular*, Artes de México No. 56. Mexico

2002 "La Ofrenda: un derroche creativo", in *Día de Muertos: Serenidad Ritual*. Artes de México, Number 62. Mexico 2002 "Árboles de la Vida" in *Vive México*, Vol. 11, April-August 2002. Cancun, Quintana Roo, Mexico.

2002 "El Sarape de Saltillo", in Vive México, Vol. 12, Septemer-December 2002. Cancun, Quintana Roo, Mexico.

2003 "Máscaras de México: arte ritual vivo", in *Vive México*, Vol. 13, January-April 2003 Cancun, Quintana Roo, Mexico

2003 "El Sarape de Saltillo: enigma y huella", Text from the exhibition's companion catalogue, Franz Mayer Museum, Mexico. July-September.

2003 "Survival through Change: a look at Mexican Popular Arts and Metepec Ceramics at the Dawn of the Twenty-First Century", in *Ceramic Trees of Life: Popular Art from México*, edited by Lenore Hoag Mulryan. UCLA Fowler Museum of Cultural History, Los Angeles. USA

2005 "Entre el Juego y la Muerte: Carnaval en la Huasteca", in *Máscaras de Carnaval*. Artes de México. Number 77. Mexico.

2005 "El Fondo Nacional para el Fomento de las Artesanías (FONART) y la promoción de la artesanía mexicana" in *Arte Popular de México: 30 años de reconocimiento al Arte Popular Mexicano*. SEDESOL/FONART. Mexico.

2005 "El artesanado: ¿una especie en peligro de extinción?" (With Carlos Bravo Marentes), in *Úkata: Revista de Arte Popular Michoacano*. April-June.

2005 "Factores que influyen en el uso de tintes naturales aplicados a textiles por los tsotsiles de San Andrés Larráinzar, Chiapas, México" (by Kalina Miranda con Adriana E. Castro-Ramírez, Marta Turok Wallace and Mario Ishiki Ishihara), *Revista América Indígena*, volume LXI, number 2.

2006 "El ixtle y el ayate conquistan los mercados internacionales", in *México: valor de origen*. Banco Santander, S.A. México.

2006 "Marta Turok: entrevista", in *Culturas Populares: Recuento en siete voces.* Dirección General de Culturas Populares e Indígenas. CONACULTA. México.

2006 "El juguete mexicano en el siglo XX", in *El Juguete michoacano,* coordinator Enrique Florescano. State Government of Michoacán and Santillana Ediciones Generales. Mexico.

2006 "El juguete mexicano en el siglo XX", in *El Juguete mexicano*, coordinator Enrique Florescano. Taurus. Mexico. 2006 "Medio ambiente y producción artesanal: contexto y experiencias", in *El Arte Popular Mexicano: Memoria del Coloquio Nacional*. Consejo Veracruzano de Arte Popular, Secretariat of Public Education, State Government of Veracruz.

2006 Texts for the catalog for the Ruth D. Lechuga exhibition – kokoelma, Meksikon

Chalet kasvot. Designmuseo in Helsinki, Finland. Franz Mayer Museum, Mexican Embassy in Finland, Kotivinkki. 2006 "Los textiles: Tramas y Urdimbres Privilegiados", in *Museo Franz Mayer: 20 años de arte y cultura en México*. Banco de México, Chapa Ediciones. Mexico.

2006 "El huipil de la Virgen de Magdalenas", in *De la Mano de lo Sacro: santos y demonios en el mundo maya*, Mario Humberto Ruz, editor. Instituto de Investigaciones Filológicas, Universidad Autónoma de México. Mexico.

2007 "Los ajuares de Frida: eclecticismo y etnicidad", in El ropero de Frida, Zweig editoras/Conarte. Mexico.

2007 "Identidades al descubierto: el guardarropa de Frida/Uncovered Identities: Frida's Wardrobe", in *Tesoros de la Casa Azul: Frida y Diego*. Frida Kahlo Museum Mexico City, July 6<sup>th</sup>, 2007.

2007 "Espejos del alma: textiles e identidad en Frida Kahlo", in *La Casa Azul de Frida*, Banco de México. 2007. 2008 "Crónica de encuentros y descubrimientos entre México y Japón en torno al Caracol púrpura", in *Grana Cochinilla y Colorantes Naturales*, Celina Llanderal, Dulce H. Zetina, Ana Lilia Vigueras, Liberato Portillo, eds. Colegio de Posgraduados, Chapingo, México.

2008 Self Portrait in a Velvet Dress: Frida's Wardrobe" Fashion from the Frida Kahlo Museum

by Marta Turok, Teresa del Conde, Carlos Phillips Olmedo. Chronicle Books, San Francisco

2008 "Bolitas, palomos y caramelos de Santa María del Río, San Luis Potosí", in *El Rebozo* Artes de México. Number 90, Mexico.

2008 "Innovando la Tradición: el 'milagro' de Mata Ortiz, Chihuahua", in *Y sigue...MATA dando*, catalog for the exhibition, May 7<sup>th</sup> – August 3<sup>rd</sup>, National Museum of Popular Cultures. DGCP. CONACULTA.

2008 "Claves para descifrar algunos enigmas", in *Sarape de Saltillo*, Uso y Estilo Collection. Franz Mayer Museum and Artes de México.

2008 "Textiles and costumes from Mesoamerica and the Andes" in *Ritual Beauty: Art of the Ancient Americas, The I. Michael Kasser Pre-Columbian Collection*. University of Arizona Museum of Art and Holualoa Companies, Tucson. Pp. 89-106.

2008 "El Arte Popular Mexicano en la Casa Benito Juárez de La Habana", in *La Casa de México en La Habana*. Boloña Editions, La Habana Vieja, 2008.

2009 Coordinator, Manual de Diferenciación entre Artesanía y Manualidad, Foro Nacional Artesanal/Fonart.

2009 Presentation, Manual de Medio-Ambiente y Artesanía, Foro Nacional Artesanal/CONABIO.

2010 "Orígenes de una prenda emblemática: el sarape durante la Colonia", "Consolidación de una prenda nacional: el sarape en los siglos XIX y XX", and "El segundo aire del Sarape de Saltillo", in *El Sarape de Saltillo*. Museo del Sarape y Traje Mexicano, Instituto Coahuilense de Cultura, State Government of Coahuila y Grupo Azabache.

2010 "Origins of an Emblematic Garment: the Colonial period", "Consolidation of a National Garment: Independent Mexico" and "The Saltillo Sarape's Second Boom: Modern Mexico", in *The Saltillo Sarape*. Sarape and Mexican Costume Museum, Coahuila Cultural Institute, State Government of Coahuila and Grupo Azabache.

2011 "Rituales, Usos y Creaciones" in *El Arte Popular de Hidalgo: rituales, usos y creaciones*. Editorial Coordinator Santiago Garfias Turok. Consejo Estatal para la Cultura y las Artes de Hidalgo / CONACULTA. México.

2011 "El rebozo: estado actual, origen e influencias", in El rebozo mexicano. Editorial Trilce. In process.

2011 "Arte Popular: entre la transición y la extinción", in *Otros rostros de México: la mirada de Ruth D. Lechuga*. Artes de México, No. 100. Mexico.

2011, Coordinator of the Proceedings *El Sarape, una Tradición Centenaria: Primer Seminario Nacional de Tejedores, Productores e Investigadores*. Instituto Coahuilense de Cultura, State Government of Coahuila. Mexico.

2012 "Vestiduras y Ornamentos Litúrgicos de la Catedral de Monterrey: gramática ilustrada y comentada", in 400 años de la Catedral de Monterrey, Monterrey University.

2012 "Jícaras, cacao y el quetzal: una remembranza inmortalizada", in *Chocolate II, Mística y mestizaje*, Artes de México, No. 105, Mexico.

2012 "El Acervo de Arte Indígena: una historia pendiente", in *Culturas Indígenas, boletín de la Dirección General de Investigación y Patrimonio Cultural*, Vol. 4, Num. 7, 2012. National Commission for the Development of Indigenous Peoples. Mexico. Pp. 27-33.

2013 "Una paleta con historia en la costa de Oaxaca", *Del Rojo al Rosa Mexicano*, Artes de México, No. 111 , Mexico.

2014 with Ariana Landín López "Muerte y vida en la colección Ruth D. Lechuga", in *El Cuarto Rosa de Ruth D. Lechuga*, Uso y Estilo Collection, Franz Mayer Museum and Artes de México. Mexico.

2016 *El Arte del Jaspe y el Rebozo: Seminarios 2013 y 2015*, e-book, Centro de Estudios de Artes popular Ruth D. Lechuga/Franz Mayer Museum. In process.

2016 "SOME NATIONAL GOODS IN 1871: THE REBOZO", in *Textile Society of America Symposium Proceedings*. http://digitalcommoons.unl.edu/tsaconf/993

2018 "La flor: polisemia y síntesis de lo diverso" in La Flor en la Cultura Mexicana. INAH. Mexico.

2018 "La miniatura en el arte popular: ritualidad, ingenio y asombro", in *El juego y el arte de La miniatura en el Museo del Estanquillo*. Museo del Estanquillo: Carlos Monsiváis collections, Asociación Cultural El Estanquillo, A.C. México.

2018 "Albores de una tradición alfarera" in Ocumicho: vocación fantástica. Artes de México Number 129. Mexico.

2021 "Manufacturas y Artes populares 1821-2021", en *México: una obra de arte a 200 años de la Independencia.* Fundación BBVA. México.

2022 "Frida Kahlo, de los pies a la cabeza: arte color y los rituales del vestir", en *Su Universo/Frida Kahlo*. Editorial RM, Museo Frida Kahlo, Museo Diego Rivera Anahuacalli, Mexico.

2022 "Frida Kahlo, from head to toe: Art, colour and the rituals of dressing up", en *Frida Kahlo: Her Universe*, Editorial RM, Museo Frida Kahlo, Museo Diego Rivera Anahuacalli, Mexico.

2022 "Los contextos de creación y uso en las Artes Indígenas y Populares", en *Arte de los pueblos de México*. *Disrupciones Indígenas*, Instituto Nacional de Bellas Artes y Literatura/Museo del Palacio de Bellas Artes. Primera edición, p.221-238. México

2023 Voces de Oro: joyería del Istmo de Tehuantepec, Coordinadora Académica y autora de la Introducción, Capítulo I "El Oro: Metal precioso, amuleto y monda", Capítulo 2, "Las mujeres del Istmo de Tehuantepec y la Joyería de Oro", "Epílogo" y Co-autora Capítulo III "La anatomía de las Joyas" (con Albert

Robles Estrella). LE M (Laresgoiti Ehun-Museoa), México.

#### Awards and recognitions

#### In Museology

- -Honorary Mention, Miguel Covarrubias Award in Museology, INAH Awards 2000 for *Cerámica de Mata Ortiz* (shared with Héctor Rivero-Borrell, Ángeles Espinosa Iglesias, Juan Emilio Amor, Alberto Ruy Sánchez)
- -Honorary Mention, Miguel Covarrubias Award in Museology, INAH Awards 1998 for Lacas Mexicanas (shared with Héctor Rivero-Borrell and Rocío Ordóñez).

#### **Professional career**

- -Música por la Tierra Award, for 23 years defending the Caracol Púrpura. Huatulco, Oaxaca. May 2006. With Habacuc Avendaño Luis and Mtro. Javier Acevedo García.
- -Van Deren Coke Lifetime Achievement Award, Los Amigos del Arte Popular, USA. October 2005
- -Recognition by the Comisión Nacional para el Desarrollo de los Pueblos Indígenas (CDI) for work done in the field of indigenous people and folk art. 2017.

#### For artisanal development projects

- -Special Mention, in the DEFACTO Award for Innovation in Arts and Crafts in Mexico and Latin America for the Textile Project developed in the communities of Pinotepa de Don Luis and Telares Uruapan 2002.
- -Ciudad de México Award for Artisanal Exportation in 1998 as a member AMACUP, A.C.
- -First place in the National Artisanal Awards 1997 de SECOFI, in the Marketable Products category (shared with Olivia Lopez and Amacup, A.C.)
- -Cédula Real (Royal Certificate) City of Puebla, Mexico lifetime achievement award for the promotion of Puebla crafts and craft traditions at risk of extinction, 2018.

#### PROFESSIONAL ACTIVITIES

- -Mexican representative, North American Crafts Council, branch of the World Crafts Council.
- -Co-executor and curator, Ruth D. Lechuga Museum of Folk Art, 2004-2009.
- -Coordinator, Centro de Estudios de Arte Popular "Ruth D. Lechuga" / Franz Mayer Museum
- -Member of the Textile Society of America since 2014
- -Citizen Cultural Advisor for the Secretariat of Culture of Mexico City, 2012-2018

#### **PARTICIPATION IN VIDEOS AND FILMS**

1985 "El Caracol púrpura", Cuadro x Cuadro/Subsecretariat of Culture/DGCP. Director Luis Estrada. Ariel Award in half-length documentary.

1987 "El Caracol púrpura: su reto de supervivencia", two 27-minute documentarie. TV-UNAM. Director Carlos Carrera

1991 "The Maya", National Geographic Television.

1992 "Los juegos de pelota de origen prehispánico", IV Festival Cultural Sinaloa, State Government of Sinaloa.

2004 "Caracol púrpura", ARTES Cultural Television, Germany/France. Director Barbarra Trottnow

2009 "El juego de pelota entre los mayas", in Los Mayas, History Channel and INAH.

2010 Host "Artes y artesanías" a show that was part of the EL BICENTENARIO, PUEBLOS INDIOS Y EL FUTURO DE MÉXICO series

2011-2012 "Ritualidad en Magdalenas, Aldama, Chiapas", in process.

2012-2013 El Museo Ruth D. Lechuga, Biografía de Ruth D. Lechuga, Mis 100 piezas favoritas y Ruth D. Lechuga fotógrafa, in process.

2013 Proceedings of the Seminar-Workshop "El arte del jaspe y el rebozo: pautas para la conservación de una tradición". Franz Mayer Museum

2015 Proceedings of "El arte del jaspe y el rebozo: 2º encuentro" Franz Mayer Museum.

2020 Camino a la extinción del caracol púrpura en la Bahías de Huatulco. Produced by the Caracol purpura: Tradición y Ciencia work-group.

Curator and participant of the XXXX del Arte popular. 25 3minute clips and an extensive interview. 2023

# PROJECT COORDINATION IN THE ASOCIACIÓN MEXICANA DE ARTE Y CULTURA POPULAR (AMACUP, A.C.) FROM 1989-2012.

- -COMMERCIAL DEVELOPMENT OF ARTS AND CRAFTS IN MEXICO. 1996-2005. Technical assistance and loaning for the Small Project Program for the Inter-American Development Bank
- -Diagnostics and Commercial Development of Arts and Crafts from Regional and Northeastern Guanajuato 1999-2000 Secretariat of Economic Development, State Government of Guanajuato.
- -Diagnostics for Small-Scale Creators in the Artisanal Sector of 16 municipalities of the State of Guanajuato. 1997-1998, CODEREG/Guanajuato.
- -Commercial development in the Social Sector of Small-Scale Creators: Challenges and Alternatives. 1995-2000. Fundación Ford.
- -Design and teaching of the Seminar-Workshop "Desarrollo Comercial en el Sector Social de Pequeños Productores". With SAGAR in the 3 regional exhibitions of Non-Traditional Agricultural Products and International Exhibition, 1999.
- Design and teaching of the Seminar-Workshop "Desarrollo Comercial en el Sector Social de Pequeños Productores". With SEMARNAP in the 3 Encounters and Exchange of Experiences of the Sustainable Rural Development Program 2000.

#### -ARTISANS AND ENVIRONMENT PROGRAM, AMACUP, A.C. 1990-2005

- -Conservation of the Sonoran ironwood and integral use of hardwoods from Quintana Roo 1994-1995. CONABIO.
- -Artisans and Ecology: Product development in protected natural áreas of the humid tropics. 1995-1999 The John D. and Catherine T. Mac Arthur Foundation.
- -Development of a line of products from the Mayan jungle 1995-1999. The John D. and Catherine T. MacArthur Foundation.
- -National Raw Materials for Artisanal Use Inventory, Amacup, A.C./CONABIO, 1995-1998
- -Conservation and Handling of Raw Materials for Artisanal Use Seminar, Amacup, A.C., Semarnap and US Fish and Wildlife Service. 1997-1998.
- -Strategies for the Conservation of the caracol Púrpura (*Plicopurpura pansa*) in the Mexican Pacific. 1999-2001. With the biologist Javier Acevedo García. Fondo Mexicano para la Conservación de la Naturaleza.

- -Textile workshop with Tyrian purple dye by Mixtec weavers and dyers in the Huatulco National Park, CONANP/PNH, AMACUP, Tixinda SSS and Cooperativa de Tintoreros del Caracol púrpura, SC de RL. 2003.
- -Coordinator of the Preservation of Natural Dyes in Hard Fibers and Cotton Program 1992-1996, through 4 courses taught by Ana Roquero, which took place in Ixmiquilpan, Hidalgo, Oaxaca, Oax., Quintana Roo and Mexico City between Ñahñu, Amusgo, Mixtec, Huave, Maya and Zapoteco indians.
- -Development of products using natural dyes in Hard Fibers and Cotton commercialized by AMACUP and/or directly by the following groups 1992-2005:
- La Flor del Valle (ixtle), Chuy Bi Soskil (sisal), La Flor de Xochistlahuaca (cotton), Tixinda, SSS (cotton), Natzojpuey, SSS (cotton), Women who weave sarapes (wool and wool/cotton), Chianpatzcani, laquer with natural pigments.

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### **Return of Organization Exempt From Income Tax**

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

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

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

Open to Public

OMB No. 1545-0047

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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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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> 2	11b		No
	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		No
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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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)? If "Yes," complete Schedule D, Part X 1987.	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
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		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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		No

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Part IV 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		No
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	Yes	
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		No
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		No
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		No
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		No
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</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pai				_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>U</u>
4-	Enter the number reported in box 2 of Form 1006 Enter 0, if not applicable 1 4-1 200		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 302  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	·· <u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		F		<b>0</b> (2021)

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	14-		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
о 15	If Yes, has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	140		
13	parachute payment(s) during the year?	15		No

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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2021)
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_				
	990 (2021)	"		Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the and of the tay year.		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year  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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on 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? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable foderal tax law, and take stops to cafeguard the organization of evaluations.			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

<sup>17</sup> List the states with which a copy of this Form 990 is required to be filed

	CA	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	Own website Another's website 🗸 Upon request 🗀 Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: ▶Sebastian Alioto CFO 362 Capp Street San Francisco, CA 94110 (415) 206-7761	
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#### 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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	n on on is	e bo both	t che x, u n an or/tr	nless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) santiago ruiz CEO (Pers/retirement)	0.00							47,641	0	451,456
(2) Sebastian Alioto CFO	40.00			х				213,903	0	30,782
(3) Richard Ybarra CEO	40.00			х				200,538	0	1,579
(4) Jose Rodriguez	40.00			х				178,488	0	4,885
(5) Cynthia Nieves VP of Children Ser	40.00							150,540	0	14,501
(6) Eulalia Brito Controller	40.00							124,496	0	15,807
(7) Moreno Rafael R Youth Services Dir	40.00							122,739	0	11,361
(8) Liliana Carnero-Rossi Chief Programs Off	40.00							115,836	0	10,830
(9) Nyree Monroe Workforce Dev Dir	40.00							97,396	0	24,907

		1			1		
(10) Beverly Hayon	2.00	X					0
President	0.00					Ü	0
(11) Kelly Ehrenfeld Vice President	0.00	Х	X		0	0	0
(12) Erich Schulz Treasurer	2.00	Х			0	0	0
(13) Zonia Lei Director	0.00	Х			0	0	0
(14) Chris Collins Director	2.00	×			0	0	0
(15) Virginia M Gacula-Santiago Director	1.00	Х			0	0	0
(16) Maria Elena Guillen Director	1.00	X			0	0	0
(17) James Loyce Director	1.00	Х			0	0	0

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(A) Name and title	(B) Average hours per week (list any hours  (C) Position (do no than one box, is both an of director/i					s pers	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	MISC/1099- NEC)	organization and related organizations	
18) Claudia Garcia	1.00	.,									
Director	0.00	×						0	0	(	
19) Christian de Guzman	1.00										
Director	0.00	X						0	0	(	
(20) Christine Marie Nevarez	1.00										
Director	0.00	×						0	0	(	
(21) Jose Cartagena	1.00										
Director	0.00	X						0	0	(	
(22) James Quadra	1.00										
Director	0.00	X						0	0	(	
5.1100.00	0.00										
	†										

5/27/24, 10:01 PM	Mission Neighbor	hood Centers Inc - F	ull Filing- Nonprofit Exp	olorer - ProPublic	a	
c Total from continuation sheets to Par	t VII, Section A	<u> </u>				
d Total (add lines 1b and 1c)			1,251,577			566,10
Total number of individuals (including be of reportable compensation from the or		listed above) who re	ceived more than \$100	,000		
					Yes	No
Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J t</i>	,		•	nployee on	<b>3</b> Yes	
For any individual listed on line 1a, is the organization and related organizations individual				he	4 Yes	
Did any person listed on line 1a receive services rendered to the organization?					5	No
Section B. Independent Contracto	rs					1
Complete this table for your five highes from the organization. Report compens	st compensated indepen				pensation	
Name an	(A) d business address		Descrir	(B) otion of services		<b>C)</b> ensation
ony Commercial Maintenance	a Basilless address		Janitorial Serv		Сотпре	734,409
01 Peru Ave AN FRANCISCO, CA 94112						
uzman Construction Group Inc			Construction 8	Renovation		669,865
501 Mariposa St 316 an Francisco, CA 94107						
igbreak LLC			Food Catering	Services		371,604
O Box 288						
outh San Francisco, CA 94083 eople 1st IT			IT Services			341,627
82 Howard St 756						
an Francisco, CA 94105 hildcare Staffing			Childcare Serv	ices		334,198
01 Spear Street 100						
San Francisco, CA 94105  2 Total number of independent contractors	(including but not limite	ed to those listed abo	ve) who received more	e than \$100,000	of	
compensation from the organization $\blacktriangleright$ 5	(					. (202
					Form <b>9</b> 9	<b>90</b> (202)
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orm 990 (2021)						Page
Part VIII Statement of Revenue						rage
Check if Schedule O contains a	a response or note to ar	y line in this Part VII				
		(A) Total revenue	<b>(B)</b> Related or	<b>(C)</b> Unrelated	(D Reve	
		Total revenue	exempt	business	exclude tax under	d from
			function revenue	revenue	512 -	
Federated campaigns 1a						
Contributions,  Sifts, Grants,  Indi  Membership dues   1b						
of Hermership daes 1. In the Park Property of the P						
imiler Gothedraising events 1c						
d Related organizations						
e Government grants (contributions)						
26,801,286						
f All other contributions, gifts, grants, and similar amounts not included above						
2,191,015						
g Noncash contributions included in lines 1a - 1f:\$						
h Total Add lines 1a-1f						

ATALAL Add lines 11s 11d

e iotai. Add iiiies iia-iid	-	488,546		
12 Total revenue. See instructions	•	29,422,263	440,872	

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Form 990 (2021) Page 10 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 or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses expenses general expenses 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 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 **4** Benefits paid to or for members . . . . . 0 5 Compensation of current officers, directors, trustees, and 743.242 743,242 key employees . 6 Compensation not included above, to disqualified persons (as 0 defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . . . **7** Other salaries and wages . . . . . . . 12,467,430 11,865,775 586,223 15,432 338,721 293,868 44,753 100 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 624 2.138.710 1.839.535 298,551 **9** Other employee benefits . . . . 1,997 1.135.659 1.025.936 107.726 **10** Payroll taxes . . . . . **11** Fees for services (non-employees): a Management . . . 62,788 62,788 **b** Legal . 0 **c** Accounting . **d** Lobbying . . . . . . 0 e Professional fundraising services. See Part IV, line 17 0 **f** Investment management fees . 0 g Other (If line 11g amount exceeds 10% of line 25, column 2,592,525 2,306,157 267,333 19,035 (A) amount, list line 11g expenses on Schedule O) **12** Advertising and promotion . 16,682 15,222 1,420 40 **13** Office expenses . . 77,777 4,847 722,496 639,872 **14** Information technology . 0 0 **15** Royalties 4.864.412 4.905.725 -41.313 **16** Occupancy . 300,552 285,631 14,92 **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 **19** Conferences, conventions, and meetings **20** Interest . . . . 215,733 138,377 77,356 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization . 512,217 512,217 139,236 136,981 2,255 23 Insurance . 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Program Supplies 1,253,952 1,221,747 18,662 13,543 **b** Other Expenses 489,821 90,642 399,179 22 425,812 465,725 -39,935 c Building Repairs and Maint.

	<b>d</b> Furniture, Equipment & Vehicle	296,///	261,541	34,429	807
	e All other expenses	540,994	491,586	49,086	322
25	Total functional expenses. Add lines 1 through 24e	29,257,759	26,047,108	3,153,882	56,769
26	<b>Joint costs.</b> 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** (2021)

Page 11 -Form 990 (2021) Page **11 Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part IX . . . (A) (B) Beginning of year End of year 9,580,638 3,053,145 Cash-non-interest-bearing . 1 1 340,184 264,173 2 Savings and temporary cash investments 2 197,115 250,295 3 3 Pledges and grants receivable, net . 2,292,897 4,649,308 4 4 Accounts receivable, net . Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 0 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)... 0 6 7 0 Notes and loans receivable, net . . . 0 Inventories for sale or use . 8 9 0 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other 10a 10a 19.536.481 basis. Complete Part VI of Schedule D 4,292,955 10b 14,525,841 15,243,526 b Less: accumulated depreciation 10c 11 Investments—publicly traded securities . 11 0 Investments—other securities. See Part IV, line 11 . 12 0 0 13 13 Investments—program-related. See Part IV, line 11 0 14 14 Intangible assets . 17.583 15 53.551 15 Other assets. See Part IV, line 11 . 26,954,258 23,513,998 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 16 2,340,383 2,133,384 Accounts payable and accrued expenses 17 17 18 18 Grants pavable 5,505,448 1,958,244 19 Deferred revenue . 19 Tax-exempt bond liabilities . . . . . . 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities 22 Loans and other 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 . . . 22 23 7.136.627 7.325.810 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 14,982,458 26 **Total liabilities.** Add lines 17 through 25 . . 26 11.417.438 Balances Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. 11,422,336 12,096,560 27 Net assets without donor restrictions 27 549.464 28 28 Net assets with donor restrictions or Fund Organizations that do not follow FASB ASC 958, check here 

and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds . . . Assets 30 Paid-in or capital surplus, or land, building or equipment fund . 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Total net assets or fund halances

12 096 560

11 971 800

32

https://projects.propublica.org/nonprofits/organizations/941408150/202400679349300300/full

efile Public Visual Render

ObjectId: 202400679349300300 - Submission: 2024-03-06

TIN: 94-1408150

### SCHEDULE A (Form 990)

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

		he organization					Employer identific	ation number
					<del> </del>		94-1408150	
The c		Reason for Public ration is not a private four					See instructions.	
1		A church, convention of	churches, or as	ssociation of churches	described in <b>se</b>	ction 170(b)(1)	(A)(i).	
2		A school described in se	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research orga	nization operat	ed in conjunction with	a hospital desc	ribed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
		name, city, and state:						
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	)(v).	
7	$\checkmark$	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See <b>section</b> 1	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz			r public safety.	See <b>section 509</b>	(a)(4).	
12		An organization organizmore publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ection 509(a)(2	). See <b>section 509(</b> a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	rated, supervised, or ca	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the san				
c		Type III functionally supported organization(						ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and		
e		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	nation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported	dorganizations				<u> </u>	
g		de the following informat						
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 1128	BSF	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2021						Page <b>2</b>
Pa	rt II			zations Described			(iv) and 170(b)(1	

Section A. Public Support

If the organization failed to qualify under the tests listed below, please complete Part III.)

	<sup>2</sup> 24, 10:01 PM				g- Nonprofit Exploi		
	fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	17,808,497	18,516,960	21,009,232	25,817,085	28,993,808	112,145,582
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	17,808,497	18,516,960	21,009,232	25,817,085	28,993,808	112,145,582
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						0
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	<b>Public support.</b> Subtract line 5 from line 4.						112,145,582
	ection B. Total Support	1	Ī	I	I		I
	endar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	17,808,497	18,516,960	21,009,232	25,817,085	28,993,808	112,145,582
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,788	32,106	41,068	14,700	28,183	146,845
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	63,211	-12,709	238,231	43,920	488,546	821,199
11	<b>Total support.</b> Add lines 7 through 10						113,113,626
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	l
13	First 5 years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) orgai	nization, check
	this box and <b>stop here</b>					▶□	
S	ection C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	99.140 %
15	Public support percentage for 2020 Se	chedule A, Part II,	line 14			15	99.430 %
<b>16</b> a	<b>33</b> 1/3% support test—2021. If the	e organization did i	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
b	and <b>stop here.</b> The organization qua <b>33</b> 1/3% <b>support test—2020.</b> If the box and <b>stop here.</b> The organization	e organization did	not check a box of	on line 13 or 16a, a	and line 15 is 33 $_{ m 1}$	3% or more, chec	
<b>17</b> a	10%-facts-and-circumstances tes and if the organization meets the "fac	<b>t—2021.</b> If the or	ganization did not	check a box on li	ne 13, 16a, or 16b	, and line 14 is 10	)% or more,
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b							
	more, and if the organization meets				•		_
18	meets the "facts-and-circumstances' <b>Private foundation.</b> If the organizatinstructions	ion did not check	a box on line 13, 1	.6a, 16b, 17a, or 1	17b, check this box	and see	- 0
							Form 990) 2021
_			Page 3	-			
Sch	edule A (Form 990) 2021						Page <b>3</b>
	* * *	for Organizatio	ons Described i	n Section 509	(a)(2)		Page <b>3</b>
	Support Schedule 1 (Complete only if you	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		
F	Support Schedule 1 (Complete only if you the organization fails	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		
	Support Schedule 1 (Complete only if you the organization fails ection A. Public Support	u checked the boot to qualify unde	ox on line 10 of r the tests listed	Part I or if the o	organization faile complete Part II	.)	ler Part II. If
S	Support Schedule 1  (Complete only if you the organization fails ection A. Public Support endar year fiscal year beginning in)	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		
S	Complete only if you the organization fails ection A. Public Support endar year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	u checked the boot to qualify unde	ox on line 10 of r the tests listed	Part I or if the o	organization faile complete Part II	.)	ler Part II. If
S Cal (or	Complete only if you the organization fails ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  Gross receipts from admissions,	u checked the boot to qualify unde	ox on line 10 of r the tests listed	Part I or if the o	organization faile complete Part II	.)	ler Part II. If
S Cal (or 1	Complete only if you the organization fails ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	u checked the boot to qualify unde	ox on line 10 of r the tests listed	Part I or if the o	organization faile complete Part II	.)	ler Part II. If
S Cal (or 1	Complete only if you the organization fails ection A. Public Support  endar year  fiscal year beginning in)  Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in	(a) 2017	ox on line 10 of r the tests listed	Part I or if the o	organization faile complete Part II	.)	ler Part II. If

3/2//2	4, 10:01 PM	Mission Ne	eighborhood Cente	ers Inc - Full Filing	g- Nonprofit Explore	er - ProPublica			
	not an unrelated trade or pusiness	Ī					I		
4	under section 513 Tax revenues levied for the								
•	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
3	furnished by a governmental unit to								
_	the organization without charge								
6 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						1		
/ a	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year.						1		
8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c								
	from line 6.)								
	ction B. Total Support		_				_		
	ndar year fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) ⊺	otal	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.  Net income from unrelated business								
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	-							_
	this box and <b>stop here</b>							<u> )</u>	<b>&gt;</b> U
	ction C. Computation of Public Public support percentage for 2021 (lii	ne 8 column (f) d	entage livided by line 13	column (f))		15			
16	Public support percentage from 2020 S					16			
	- asia support personage noin 2020					10			
	ction D. Computation of Invest			line 13, column (	f))	17			
	ction D. Computation of Invest Investment income percentage for 20		mn (f) divided by						
Se		<b>21</b> (line 10c, colu							
Se 17 18	Investment income percentage for 20	<b>21</b> (line 10c, colu <b>2020</b> Schedule A,	Part III, line 17 .			18	e 17 is	not	
Se 17 18	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and	21 (line 10c, colu 2020 Schedule A, organization did r	Part III, line 17 . not check the box organization quali	on line 14, and li	ne 15 is more thar supported organiz	<b>18</b> and lin	•		
Se 17 18	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	<b>21</b> (line 10c, colu <b>2020</b> Schedule A, organization did r d <b>stop here.</b> The e organization did	Part III, line 17 . not check the box organization quali not check a box o	on line 14, and li fies as a publicly on line 14 or line	ne 15 is more thar supported organiz 19a, and line 16 is	18 ation	<b>▶</b> ₃% and	l line :	18 is
17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box o The organization o	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	▶ 3% and	l line :	18 is
17 18 19a	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box o The organization o	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	l line :	
17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box o The organization o	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 ation	Þ 3% and . Þ	l line :	
17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	l line :	
17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box o The organization o	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	l line :	
17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	l line :	
Se 17 18 19a b	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here.	Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	I line :	
See 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here. To on did not check a	Part III, line 17 . not check the box organization quali not check a box of The organization of a box on line 14, 1	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ	ne 15 is more thar supported organiz 19a, and line 16 is licly supported org	18 at 33 1/3%, and line at 1/3%, and line at 1/3% anization	Þ 3% and . Þ	I line :	2021
See 17 18 19a b 20	Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2021. If the more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the not more than 33 1/3%, check this box Private foundation. If the organization dule A (Form 990) 2021  TV Supporting Organization (Complete only if you checked)	21 (line 10c, colu 2020 Schedule A, organization did r d stop here. The e organization did c and stop here. on did not check a	Part III, line 17. not check the box organization quali not check a box of The organization of a box on line 14, 1  Page 4	on line 14, and li fies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, check	ne 15 is more than supported organiz 19a, and line 16 is licly supported org k this box and see	18 n 33 1/3%, and line ation		990)	<b>2021</b> age <b>4</b>
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	determination.	3b	i	
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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 <b>Part VI</b> , 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).	4c 5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
C	Did a disqualified person (as defined on 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 <b>Part VI</b> .	9c		
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.	10a		
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).			
	Schedule A	(Form	1 990)	2021
	Page 5 ———————————————————————————————————			
Sche	dule A (Form 990) 2021			age <b>5</b>
	t IV Supporting Organizations (continued)			age 3
			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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
_Se	ction B. Type I Supporting Organizations		l vaa	Na
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		

					Yes	No		
1	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the							
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).							
Se	ction D. All Type III Supporting Organizations							
_					Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during			3				
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?		ganization's governing					
2			by the cupported	1	<u> </u>			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the							
	organization maintained a close and continuous working relationship with the supported organization(s).							
3	By reason of the relationship described in line 2 above, did the organization's supported to the organization's investment policies and in directing the use of the organization.							
	voice in the organization's investment policies and in directing the use of the organizationing the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3				
Se	ction E. Type III Functionally-Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	tions):				
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.							
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.					
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	ported a government entity (see	e instru	ctions)			
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 supported organization(s) to which the organization was responsive? <i>If "Yes," then in</i>							
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the	oses, i	how the organization was					
	substantially all of its activities.	at thes	se activities constituted	2a				
b	Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes,"							
	the organization's position that its supported organization(s) would have engaged in the							
	organization's involvement.			2b				
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>				<u> </u>	<u> </u>		
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	icers, o	directors, or trustees of each of	3a				
b	Did the organization exercise a substantial degree of direction over the policies, progra							
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organizations	ation ii	3	3b				
			Schedule A	۱ (Forn	n 990)	2021		
	Page 6							
	Tage 0							
Sched	dule A (Form 990) 2021				F	Page <b>6</b>		
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations			3		
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	st on I	Nov. 20, 1970 (explain in <b>Part</b>	<i>VI</i> ). Se	e			
	instructions. All other Type III non-functionally integrated supporting organization	tions i						
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	.r		
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						
	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
	Section B - Minimum Asset Amount	1	(A) Prior Year		rent Yea onal)	ır		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1						
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c	l i					

_	ran market raide of other non-onempt acc access	1	1	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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		
8	Section C - Distributable Amount	8		Current Year
1		1		Current Year
1 2	Section C - Distributable Amount			Current Year
1	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)	1		Current Year
1 2	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	1 2		Current Year
1 2 3	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3		Current Year
1 2 3 4	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	1 2 3 4		Current Year

Schedule A (Form 990) 2021

– Page 7 *–* 

Schedule A (Form 990) 2021

Page **7** 

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
Distributable amount for 2021 from Section C, line 6	9	
LO Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			

5/27/24, 10:01 PM Mis	ssion Neighborhood Ce	nters Inc - Full Filing- Nonpro	fit Explorer - P	roPublica
<u>\$</u>		1		
a Applied to underdistributions of prior years				
<b>b</b> Applied to 2021 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Par See instructions.				
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greathan zero, explain in Part VI. See instructions.	iter			
7 Excess distributions carryover to 2022. Add lin 3j and 4c.	nes			
8 Breakdown of line 7:				
a Excess from 2017				
<b>b</b> Excess from 2018				
<b>c</b> Excess from 2019				
d Excess from 2020				
e Excess from 2021				
	Page 8	8 —		
Schedule A (Form 990) 2021				Page <b>8</b>
Part VI Supplemental Information. Provide th Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6 Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, 9 instructions).	6, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a,	and 11c; Part IV, Section B, 2b, 3a and 3b; Part V, line 1	lines 1 and 2; L; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circum	stances Test		
Return Reference		Explanation		
			Sc	hedule A (Form 990) 202:

Additional Data Return to Form

**Software ID:** 21013475 **Software Version:** 2021v4.1

efile Public Visual Rende	ObjectId: 202400679349300300 - Submission: 2024-03-06		TIN: 94-1408150					
Schedule B	Schedule of Contributors		OMB No. 1545-0047					
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information.		2021					
Name of the organization Mission Neighborhood Cente	rs Inc	Employer	identification number					
Organization type (check	one):	94-140815	0					
Filers of:	Section:							
Form 990 or 990-EZ	501(c)( ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fo	undation						
	☐ 527 political organization							
Form 990-PF	☐ 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3) taxable private foundation							
money or other p contributions.  Special Rules  For an organization under sections 50% received from any 990, Part VIII, line  For an organization during the year, tot purposes, or for the United States of the St	on filing Form 990, 990-EZ, or 990-PF that received, during the year, controperty) from any one contributor. Complete Parts I and II. See instruction of described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ one contributor, during the year, total contributions of the greater of (1) \$5 (1), or (ii) Form 990-EZ, line 1. Complete Parts I and II.  In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that all contributions of more than \$1,000 exclusively for religious, charitable, so prevention of cruelty to children or animals. Complete Parts I, II, and III.  In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that intributions exclusively for religious, charitable, etc., purposes, but no such ed, enter here the total contributions that were received during the year for applete any of the parts unless the <b>General Rule</b> applies to this organization, etc., contributions totaling \$5,000 or more during the year	s <sup>1</sup> / <sub>3</sub> % support test Z), Part II, line 13 5,000 or <b>(2)</b> 2% of at received from a scientific, literary, at received from a contributions to bor an exclusively to because it received it received promotes the contributions to bor an exclusively to because it received.	of the regulations s, 16a, or 16b, and that f the amount on (i) Form any one contributor, or educational any one contributor, taled more than \$1,000. religious, charitable, etc.					
Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Part	hat isn't covered by the General Rule and/or the Special Rules doesn't fil must answer "No" on Part IV, line 2, of its Form 990; or check the box on I, line 2, to certify that it doesn't meet the filing requirements of Schedule	line H of its Forn	orm 990,					
Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Part 990-EZ, or 990-PF).	must answer "No" on Part IV, line 2, of its Form 990; or check the box on I, line 2, to certify that it doesn't meet the filing requirements of Schedule  Notice, see the Instructions  Cat. No. 30613X	line H of its Forn B (Form 990,	orm 990,					
Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Part 990-EZ, or 990-PF).	must answer "No" on Part IV, line 2, of its Form 990; or check the box on I, line 2, to certify that it doesn't meet the filing requirements of Schedule  Notice, see the Instructions  Cat. No. 30613X F.	line H of its Forn B (Form 990,	orm 990, n 990-EZ					
Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Part 990-EZ, or 990-PF).	must answer "No" on Part IV, line 2, of its Form 990; or check the box on I, line 2, to certify that it doesn't meet the filing requirements of Schedule  Notice, see the Instructions  Cat. No. 30613X	line H of its Forn B (Form 990,	orm 990, n 990-EZ					
Caution: An organization 990-EZ, or 990-PF), but it or on its Form 990PF, Part 990-EZ, or 990-PF).	must answer "No" on Part IV, line 2, of its Form 990; or check the box on I, line 2, to certify that it doesn't meet the filing requirements of Schedule  Notice, see the Instructions  Page 2	line H of its Forn B (Form 990,	orm 990, n 990-EZ					

94-1400130

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additio	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
		\$	Payroll
			Noncash
(-)		(1)	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
_		\$	Payroll
		<del></del>	Noncash
			(Complete Part II for noncash contributions.)
	•		Schedule B (Form 990) (2021)
	Page 3		
Schedule B	(Form 990) (2021)		Page <b>3</b>
Name of org	anization	Employer identification	
	hborhood Centers Inc	94-1408150	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

-			<u> </u>	\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			<u> </u>	\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			=	\$	
(a) No. from Part I	(b)  Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			<u> </u>	\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			<u> </u>	\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) (or estimate) instructions)	(d) Date received
-			<u> </u>	\$_	
Cabadula	D (Faura 000) (2024)	Page 4 —			Schedule B (Form 990) (2021)
Name of o	B (Form 990) (2021) rganization ighborhood Centers Inc			Employer iden	Page 4
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See insection Use duplicate copies of Part III if additional sections.)	tributor. Complete colur e total of exclusively rel tructions.) \( \)	mns (a) through (e)	and the following	g line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Descrip	ption of how gift is held
-	Transferee's name, address, and	(e) Transfe	er of gift Relationsh	nip of transferor to	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use c	of gift	(d) Descrip	ption of how gift is held
. ]					
	Transferee's name, address, and	(e) Transfe ZIP 4	er of gift Relationsh	nip of transferor to	o transferee
(a)	(L) D			/ D. P.	

Part I	(b) Fulpose of glit	(૯) ઇક્ટ ઇ લુલા	(u) Description of now gift is neith
			_
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relatio	nship of transferor to transferee
			Schedule B (Form 990) (20

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**Return to Form** 

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ObjectId: 202400679349300300 - Submission: 2024-03-06

TIN: 94-1408150 OMB No. 1545-0047

**SCHEDULE D** 

(Form 990)

## **Supplemental Financial Statements**

Donartment of the Treasury

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

	Revenue Service Go to www.irs.gov/Form990 for instructions and the latest info	ormation.	-	spection
Na	me of the organization	Employer ide		
Mis	sion Neighborhood Centers Inc	04 1400150		
Da	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds	94-1408150		
Pc	organizations Maintaining Donor Advised Funds or Other Similar Funds of Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	or Accounts.		
	(a) Donor advised funds	(b) Funds	s and other	accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor a organization's property, subject to the organization's exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds car charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose private benefit?			Yes 🗆 No
Pa	rt II Conservation Easements.			
_	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 land for public use (e.g., recreation or education)	n historically impo	ortant land a	area
	☐ Protection of natural habitat ☐ 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 for easement on the last day of the tax year.			of the Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
c	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by tax year ▶	the organization	during the	
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling and enforcement of the conservation easements it holds?	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation ease		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse  \$\$\$\$	rvation easement	s during the	e year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1 and section 170(h)(4)(B)(ii)?	170(h)(4)(B)(i)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experiments balance sheet, and include, if applicable, the text of the footnote to the organization's financial state the organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Otl	her Similar As	sets.	
1-	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stateme	ent and halance sh	neet works a	of art
1a	historical treasures, or other similar assets held for public exhibition, education, or research in furth Part XIII, the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:			
(	(i) Revenue included on Form 990, Part VIII, line 1	🕨 \$		
	ii)Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treasures, or other similar assets for final following amounts required to be reported under FASB ASC 958 relating to these items:		de the	
а	Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$		
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		
	,	· ·		

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

Schedule D (Form 990) 2021

Cat. No. 52283D

— Page 2 ————

Sched	dule D	(Form 990) 2021										Page 2
Part	III	Organizations M	aintaining Col	lections of Art,	Historica	Trea	sures, o	r Other	Similar As	sets (conti	nued)	
3		the organization's acq (check all that apply):		n, and other record	,	of the	following	that are a	significant u	se of its colle	ection	
а		Public exhibition			d [	Loa	an or exch	nange prog	grams			
b		Scholarly research			<b>e</b> [	Otl	her <u></u>					
С		Preservation for future	e generations									
4	Provid Part X	de a description of the	organization's col	lections and explai	n how they f	ırther t	the organi	zation's ex	xempt purpo	se in		
5		g the year, did the orga s to be sold to raise fur								☐ Yes	□ N	0
Par	t IV	Escrow and Cust Complete if the or line 21.			orm 990, Pa	ırt IV,	line 9, o	r reporte	d an amou			
1a		e organization an agent led on Form 990, Part								☐ Yes	□ N	o
b	If "Ye	s," explain the arrange	ement in Part XIII	and complete the	following tab	ام:			Δ	mount		_
c		ning balance		•			_	1c	^			_
d	_	ons during the year .						1d				_
е		butions during the year						1e				_
f		g balance						1f				_
2-									- L:I:L		O	_
2a		ne organization include			•				•	_	∪N	0
b	rt V	s," explain the arrange  Endowment Fundowment Fundowment		Check here if the	explanation	nas bee	en provide	ed in Part	XIII	<u> </u>		
Pai	I L V	Complete if the or		vered "Yes" on Fo	orm 990, Pa	rt IV.	line 10.					
			<b>J</b>	(a) Current year	(b) Prior			years back	(d) Three year	ars back (e) F	our yea	rs back
1a	Beginni	ing of year balance .										
b	Contrib	outions										
c I	Net inv	estment earnings, gair	ns, and losses									
d (	Grants	or scholarships										
		expenditures for facilition	es									
f	Admini	strative expenses .										
g I	End of	year balance										
2 a		de the estimated perce I designated or quasi-e		ent year end baland	ce (line 1g, c	olumn	(a)) held a	as:				
b		anent endowment 🕨	<del></del>									
c		endowment <b>&gt;</b>										
•		ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%.								
3а		nere endowment funds ization by:	not in the posses	sion of the organiz	ation that ar	e held	and admir	nistered fo	r the		Yes	No
	<b>(i)</b> Ur	nrelated organizations								3a(i)		
		elated organizations				٠				3a(ii)		
b 4		s" on 3a(ii), are the re	-	•						3b		
4		ibe in Part XIII the inte			owment rund	s.						
rar	t VI	Land, Buildings, Complete if the or			orm 990 P:	rt IV	line 11a	See For	m 990 Par	t X. line 10		
	Descri	ption of property	(a) Cost or oth	ner basis (b) Co	st or other bas				depreciation		ok value	9
1a <sup>1</sup>	Land					5,476,73	36				5	476,736
	Building					3,445,5			3,875,815			569,703
		old improvements				.,,	-		-,5,5,015		٠,	
		nent				614,22	27		417,140			197,087
	Equipiii Other					U1 1/24			117,140			
_		· · · · · · · · · · · · · · · · · · ·	L Column (d) must e	egual Form 990. Pa	rt X. column	(B). lir	ne 10(c).)		<b>•</b>		15	243,526
. 5.4	uu 1		(a) must e		,	(-), 111	10(0/1)	• •		edule D (Fo		

Schedule D (Form 990) 2021 Page **3** 

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: t or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
A)			
В)			
C)			
0)			
E)			
F)			
G)			
н)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990, I	Part IV,	line 11c. See Fo	rm 990, Part X, line 13.
(a) Description of investment		(b) Book value	<b>(c)</b> Method of valuation: Cost or end-of-year market valu
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (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, P	art IV, I	ine 11d. See For	rm 990, Part X <u>,</u> line 15.
(a) Description			(b) Book value
2)			
3)			
4)			
5)			
(6)			
7)			
8)			
9)			
Fabril (Caluman (b) mount agual Faura 2000, Dant V, and (D) line 15.)			
i otal. (Column (b) must equal Form 990, Part X, Col.(B) line 15.)			
Part X Other Liabilities.			

		sion Neighborhood Centers Inc - Full Filing- N	onprofit Explore	r - ProPι	ıblica
<b>-</b> ) -	euerai ilicuille taxes				
	(Column (b) must equal Form 990, Part X, col.(B) line 25.) bility for uncertain tax positions. In Part XIII, provid	le the tout of the feetmate to the organization!	e financial states	aanta tha	at reports the
	bility for uncertain tax positions. In Part XIII, providication's liability for uncertain tax positions under F	<del>_</del>			
yan	ization's liability for uncertain tax positions under F	N 48 (ASC 740). Check here if the text of the		•	D (Form 990) 2021
			3	lieuule	D (FOI III 990) 2021
		Page 4			
		<b>3</b>			
chec	ule D (Form 990) 2021				Page <b>4</b>
Par	-	lited Financial Statements With Revo	enue per Ret	urn.	
	Complete if the organization answere Total revenue, gains, and other support per audite			1	29,573,084
	Amounts included on line 1 but not on Form 990, F		.	-	23,373,004
a	Net unrealized gains (losses) on investments .	1 1			
a b	Donated services and use of facilities				
	Recoveries of prior year grants				
c d	Other (Describe in Part XIII.)		150,821		
	·	<u>Zu</u>	· · · · · · · · · · · · · · · · · · ·	20	150 921
е	Add lines 2a through 2d		+	2e	150,821
	Subtract line <b>2e</b> from line <b>1</b>		<u> </u>	3	29,422,263
_	Amounts included on Form 990, Part VIII, line 12,	1 1			
a b	Investment expenses not included on Form 990, Pother (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·			
	Add lines <b>4a</b> and <b>4b</b>	40		łc	
c 5		J Form 000 Part I line 12 )	<b>-</b>	5	29,422,263
	Total revenue. Add lines 3 and 4c. (This must equal to the company of Expression of Ex	dited Financial Statements With Exp			29,422,263
аг		d 'Yes' on Form 990, Part IV, line 12a.	enses per Ke	turn.	
	Total expenses and losses per audited financial sta			1	29,448,324
:	Amounts included on line 1 but not on Form 990, F	art IX, line 25:			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c	39,744		
d	Other (Describe in Part XIII.)	2d	150,821		
e	Add lines 2a through 2d		:	2e	190,565
;	Subtract line <b>2e</b> from line <b>1</b>			3	29,257,759
Ļ	Amounts included on Form 990, Part IX, line 25, b	it not on line 1:			<u> </u>
а	Investment expenses not included on Form 990, Pa	nrt VIII, line 7b 4a			
b	Other (Describe in Part XIII.)	, <u> </u>			
С	Add lines <b>4a</b> and <b>4b</b>			łc	
;	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equ	ıal Form 990, Part I, line 18.)	<del>-</del>	5	29,257,759
Par	XIII Supplemental Information	•			<u> </u>
Prov	ide the descriptions required for Part II, lines 3, 5, 2d and 4b; and Part XII, lines 2d and 4b. Also com			line 4; P	art X, line 2; Part XI,
	Return Reference	E	Explanation		
art >	: FIN48 Footnote	MNC is exempt from taxation under Internal			
		Revenue and Taxation Code Section 23701d.0 accounting and disclosure guidance about positions taken by MNC in its federal and stat not to be sustained upon examination. MNC's state taxing authorities, generally for three a	sitions taken by ered its tax posit te exempt organ treturns are sub	an organ ons and zation ta ject to ex	lization in its tax return believes that all of the ex returns are more like xamination by federal a

5/27/24, 10:01 PM

rait AI, Line 2u. Other revenue amounts included in 1/3 | Rental Expenses \$7,0404 | unidialsing Expenses \$7,2417 but not included on form 990

Part XII, Line 2d: Other expenses and losses per audited Rental Expenses \$78404 Funraising Expenses \$72417

F/S

Schedule D (Form 990) 2021

**Additional Data Return to Form** 

> **Software ID:** 21013475 **Software Version:** 2021v4.1

**SCHEDULE G** 

efile Public Visual Render

ObjectId: 202400679349300300 - Submission: 2024-03-06

**Supplemental Information Regarding** 

TIN: 94-1408150

OMB No. 1545-0047

(Form 990)  Department of the Treasury Internal Revenue Service	complete if the organispartment of the Treasury lemal Revenue Service				Gaming Activition Form 990, Part IV, lines in \$15,000 on Form 990-EZ, lines in structions and the latest in	ties 17, 18, or 1 ine 6a.		2021 Open to Public Inspection
Name of the organization Mission Neighborhood Cen	ters Inc						Employer ide	entification number
							94-1408150	
	_	<b>es.</b> Complete if e not required to	_		answered "Yes" on Fo part.	orm 990,	, Part IV, line 1	17.
1 Indicate whether the	organizati	on raised funds th	rough an	y of the f	ollowing activities. Check	all that a	pply.	
a Mail solicitations				•	Solicitation of non	-governm	ent grants	
<b>b</b> Internet and ema	ail solicitation	ons		f	Solicitation of gov	ernment (	grants	
c Phone solicitation	ns			g	Special fundraisin	g events		
d	itions							
or key employees lis	ted in Form	990, Part VII) or	entity in	connectio	vidual (including officers, on with professional fund	raising se	rvices?	es 🗸 No
to be compensated a	ighest paid at least \$5,0	000 by the organiz	aties (fun zation.	draisers)	pursuant to agreements	under wh	ich the fundraise	eris
(i) Name and address of i or entity (fundraise	(ii) Activity	fundrai custo cont	) Did ser have ody or trol of outions?	(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		<u> </u>		.▶				
3 List all states in which licensing.	the organiz	zation is registered	d or licens	sed to sol	cit contributions or has t	een notif	ied it is exempt	from registration or
For Paperwork Reduction A	ct Notice, se	e the Instructions	for Form	990 or 99	O-EZ. Cat. No.	50083H	s	chedule G (Form 990) 2021
				Pa	ge 2 ————			
Schedule G (Form 990) 20	21							Page <b>2</b>
Part II Fundraisir	g Events	. Complete if th	e organ	ization a	nswered "Yes" on For	m 990, F	art IV, line 18	, or reported more

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
			<u>CapitalCam</u> (event type)	(event type)	(total number)	col. <b>(c)</b> )
e						
Revenue						
Rev						
	1 0	Gross receipts	60,000			60,000
		ess: Contributions				
		Gross income (line 1 minus ine 2)	60,000			60,000
	<b>4</b> C	Cash prizes				
S	5 N	Noncash prizes				
euse	6 R	Rent/facility costs				
ă	<b>7</b> F	Food and beverages				
Direct Expenses	8 ⊟	Entertainment				
ă	<b>9</b> C	Other direct expenses	72,417			72,417
	10 🗅	Direct expense summary. Add lines 4 t	hrough 9 in column (d)			72,417
		Net income summary. Subtract line 10				-12,417
Pai	t III	Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
ue			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
Revenue			(4) 290	bingo/progressive bingo	(c) cance gaming	(a) through col.(c))
Re	<b>1</b> G	Gross revenue				
enses	2 (	Cash prizes				
bens						
Direct Exp		Noncash prizes				
e C	<b>4</b> R	Rent/facility costs				
Ξ	<b>5</b> C	Other direct expenses				
			☐ Yes%_	☐ Yes%	☐ Yes%_	
	6 V	/olunteer labor	□ No	□ No	☐ No	
	<b>7</b> D	Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
		Net gaming income summary. Subtract	t line 7 from line 1 colum	n (d)		
_	-					<u> </u>
9 a		er the state(s) in which the organizations: The organization licensed to conduct ga				□ Ves □ No
b	If "I	No," explain:				
						1
10a	Wer	re any of the organization's gaming lic	enses revoked, suspende	d or terminated during the	e tax year?	☐ Yes ☐ No
b		Yes," explain:				
						Form 990) 2021
					Schedule G (	1 01 III 330) 2021

Sched	dule G (Form 990) 2021				F	Page <b>3</b>
11	Does the organization conduct gaming	activities with nonmember	ers?	· · 🗆 Y	es 🗆 No	
12	Is the organization a grantor, beneficial formed to administer charitable gamin	rry or trustee of a trust or g?	a member of a partnership or other entity		es 🗆 No	
13	Indicate the percentage of gaming act	ivity conducted in:			23 — 110	
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the per	rson who prepares the org	anization's gaming/special events books and rec	cords:		
	Name •					
	Address •					
15a	Does the organization have a contract revenue?	with a third party from wl		· · □ <b>y</b>	es 🗆 No	
b	If "Yes," enter the amount of gaming ramount of gaming revenue retained by		ganization $lacksquare$ $lacksquare$ $lacksquare$ and the			
c	If "Yes," enter name and address of th	e third party:				
	Name Name					
	Address					
16	Gaming manager information:  Name  Gaming manager compensation  \$					
	Description of services provided					
	☐ Director/officer	Employee	☐ Independent contractor			
17 a	Mandatory distributions:  Is the organization required under state retain the state gaming license?	te law to make charitable	distributions from the gaming proceeds to	· · □ Ye	s 🗆 No	
b	Enter the amount of distributions required in the organization's own exempt active		buted to other exempt organizations or spent \$		3 2110	
Par	t IV Supplemental Information	on. Provide the explana	ations required by Part I, line 2b, columns plicable. Also provide any additional inforn			s.
	Return Reference		Explanation			
			Schedu	le G (Form 990	) 2021	
Ad	lditional Data			Retur	n to Form	1

**Software ID:** 21013475 **Software Version:** 2021v4.1

ObjectId: 202400679349300300 - Submission: 2024-03-06 efile Public Visual Render **Compensation Information** Schedule J

TIN: 94-1408150 OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2021

(Form 990)

	ment of the Treasury I Revenue Service	► Go to <u>www.irs.gov/Form99</u>	o for in	struction	s and the latest infor	mation.	Open	to Pul			
Nar	me of the organiza					Employer identif					
Miss	sion Neighborhood C	enters Inc				94-1408150					
Pa	rt I Questio	ons Regarding Compensation				I.					
								Yes	No		
1a		ppiate box(es) if the organization provided ection A, line 1a. Complete Part III to provi									
	☐ First-class	or charter travel	□ н	ousing allo	wance or residence for	personal use					
	☐ Travel for	companions	☐ Pa	ayments fo	or business use of perso	nal residence					
	Tax idemr	nification and gross-up payments		ealth or so	ocial club dues or initiati	on fees					
	Discretion	ary spending account	☐ Pe	ersonal se	rvices (e.g., maid, chau	ffeur, chef)					
b		kes on Line 1a are checked, did the organiz or provision of all of the expenses describe					. 1b				
2		ation require substantiation prior to reimbu									
	directors, truste	es, officers, including the CEO/Executive D	irector, re	egarding t	he items checked on Li	ne 1a?	2				
3	organization's C	if any, of the following the filing organization EO/Executive Director. Check all that apply dorganization to establish compensation of	. Do not	check any	boxes for methods						
	Compensa	ation committee	□ w	/ritten emi	oloyment contract						
		ent compensation consultant	_		on survey or study						
	Form 990	of other organizations	✓ A <sub>I</sub>	pproval by	the board or compensa	ation committee					
4	During the year, related organiza	did any person listed on Form 990, Part V.	II, Sectio	on A, line 1	La, with respect to the f	iling organization o	ra				
а	Peceive a sever	ance payment or change-of-control payme	n+2				4a		No		
b		r receive payment from, a supplemental no					4b		No		
c		r receive payment from, an equity-based co					4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and provide th	ne applica	able amou	nts for each item in Par	t III.					
5	For persons liste	), <b>501(c)(4), and 501(c)(29) organiza</b> ed on Form 990, Part VII, Section A, line 1a									
	•	ontingent on the revenues of:									
a	-	1?					5a		No		
ь		anization?					5b		No		
6	For persons liste compensation of	ed on Form 990, Part VII, Section A, line 1a contingent on the net earnings of:	, did the	e organizat	ion pay or accrue any						
а	-	1?					6a		No		
b	· ·	anization?					6b		No		
		6a or 6b, describe in Part III.									
7	For persons liste payments not de	ed on Form 990, Part VII, Section A, line 1a escribed in lines 5 and 6? If "Yes," describe	i, did the in Part I	organizat III	ion provide any nonfixe	d 	7		No		
8	Were any amou	nts reported on Form 990, Part VII, paid or iitial contract exception described in Regula	accured	pursuant	to a contract that was	escribe			140		
							8		No		
9		3, did the organization also follow the rebu					1		_		
		·					9				
For F	Paperwork Redu	ction Act Notice, see the Instructions	for Form	n 990.	Cat. No.	50053T <b>Schedu</b>	ile J (Forn	n 990)	2021		
Calc	dula 1 (F 000)	2021	— Pa	age 2 —							
	dule J (Form 990)	s, Directors, Trustees, Key Employ	,00c 3:	nd High	est Componented 5	mnlovece Hee	dunlicata	conic	if addition	anal enaco ic	naaded
		ose compensation must be reported on Sch									
instru	uctions, on row (ii	). Do not list any individuals that are not limns (B)(i)-(iii) for each listed individual m	sted on F	Form 990,	Part VII. amount of Form 990, P	art VII, Section A, I	ine 1a, app	olicable	column (D	o) and (E) amou	unts for that
		(A) Name and Title		_	(B) Breakdown of W-2 and/o	2, 1099-MISC comp r 1099-NEC	ensation,		Retirement d other	(D) Nontaxab benefits	ole <b>(E)</b> Tota columi

Page 2

idual. (F) Compensation in (ii) Bonus & incentive (iii) Other deferred (B)(i)-(D) column (B) (i) Base compensation reported as reportable compensation compensation deferred on prior Form 990 compensation 1 Cynthia Nieves VP of Children Ser 130,279 (i) 20,261 4,031 10,470 165,041 (ii) ------------------ - - -----2 Jose Rodriguez COO 157,262 332 183,373 (i) 21,226 4,553 --------(ii) ----3 Richard Ybarra CEO 165,385 (i) 202,117 35,153 1,579 (ii) ----47,218 4 santiago ruiz CEO (Pers/retirement) 423 499,097 450,560 896

----

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\_ \_ \_ \_ \_

(i) (ii)

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5/27/24, 10:01 PM	Mission No	eighborhood (	Centers Inc - F	ull Filing- Nor	profit Explore	r - ProPublic	а	
5 Sebastian Alioto CFO	(i)	193,578		20,325		30,782	244,685	
	(ii)							
						S	chedule J (Fo	orm 990) 2021
		Pa	age 3 ———					
Schedule J (Form 990) 2021								Page <b>3</b>
Part III Supplemental Information  Provide the information, explanation, or descriptions required	for Dort I lines 1 o 1	h 2 45 4h 4c E	a Eb 6a 6b 7 a	nd 0 and for Dart	II. Also somplete	this part for any	additional info	rmation
Return Reference	TOT PAIL 1, IIIIes 1a, 1	υ, ο, 4α, 4υ, 4ι, ο		planation	II. Also complete	uns part for any	additional iiilo	illiation.
<u> </u>				*		s	chedule J (Fo	orm 990) 2021

Additional Data Return to Form

 Software ID:
 21013475

 Software Version:
 2021v4.1

efile Public Visual Render

ObjectId: 202400679349300300 - Submission: 2024-03-06

TIN: 94-1408150

OMB No. 1545-0047

2021

Open to Public Inspection

## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

# 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 <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization Mission Neighborhood Centers Inc **Employer identification number** 

94-1408150

	94-1408150							
Return Reference	Explanation							
Form 990, Part III, Line 2: New Services	Emergency Rental Assistance Program: The Emergency Rental Assistance Program is designed to serve the most vulnerable tenants with the highest likelihood of experiencing homelessness or the most severs consequences of housing loss. With the grant award the agency served over 850 households from multiple districts with an average of \$ 6,400 per household.							
Form 990, Part III, Line 4d: Other Program Services Description	OTHER PROGRAM SERVICES 4: Senior Program: Our program serves a multi-cultural and vulnerable group of over 1,749 unduplicated seniors and adults with disabilities with low-income and in need of community services and resources to improve their health, well-being, and independence. We currently provide more than 20 effective and engaging activities and services, including, exercise classes, dance lessons, art classes, Coro Solera (a 45-member choir), nutrition and wellness education, group counseling, congregate meals, monthly field trips, intergenerational activities and technology literacy. Our multilingual staff also assists our clients with translation, transportation to appointments, and referrals to our network of community-based service providers, working as an ADRC site (Aging and Disability Resource Center). OTHER PROGRAM SERVICES 5: Construction - Construction Program includes normal repair and maintenance services for 12 facilities where MNC operates its child development, youth services, and senior programs MNC currently has projects in early stages of renovation, those costs are reports as in-process construction. OTHER PROGRAM SERVICES 6: Community - Community support includes contracts awarded to perform Covid-19 related activities. Also reflected the Payroll Protection Program employee incentives. OTHER PROGRAM SERVICES 7: Rental Assistance - The Emergency Rental Assistance Program is designed to serve the most vulnerable tenants with the highest likelihood of experiencing homelessness or the most severs consequences of housing loss. With the grant award the agency served over 850 households from multiple districts with an average of \$ 6,400 per household.							
Form 990, Part VI, Line 11b: Form 990 Review Process	presented to the full Board of Directors at the regular scheduled board meeting for review and approval.							
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	At the monthly Board of Directors meeting, board members confirm in writing that they do not have any relationship or personal interest that might result in a conflict of interest.							
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	Mission Neighborhood Centers participates each year Nonprofit Compensation Associates Compensation & Benefits Survey which includes comparable compensation and benefit information for senior managers: Executive Director, Director of Operations, Finance Director. 434 nonprofit organizations participate in the survey from throughout the San Francisco Bay Area. Executive Director's compensation package is reviewed and approved by board of directors.							
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	The Executive Assistant is custodian of public records. A requestor of public documents shall be referred to the custodian. All requests must be made in the form of writing, with specific document needs, associated dates, and requestor contact information. After the petitioner has requested public documents, the custodian of said documents will release them via certified postal mail or email within 48 hours of the initial request. The Executive Assistant will submit a written response declining the request for information beyond what is "Sunshineable". In the event of a dispute, the request will be presented to the Executive Director, President of the Board for resolution. If they are unable to resolve the dispute we will seek the advice of the Sunshine Ordinance Task force.							
Amended Explanation	Form 990, Page 1, Line F - Principal Officer changed from Beiling Gonzalez to Richard Ybarra. Form 990, Part VII, Section ASantiago Ruiz - Changed from Current officer to Former officer.							

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

**Return to Form** 

Software ID: 21013475 Software Version: 2021v4.1 efile Public Visual Render ObjectId: 202400589349300200 - Submission: 2024-02-26 TIN: 94-1408150 OMB No. 1545-0047

## **Return of Organization Exempt From Income Tax**

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

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

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the l	► Go to <u>www.irs, gov/Form990</u> for instructions and the latest information.						
A Fo	or the 2022 c	alendar year, or tax year beginning 07-01-2022 , and ending 06-30	)-2023						
O Add	ck if applicable: dress change	C Name of organization Mission Neighborhood Centers Inc		<b>D Employer</b> 94-140815		fication number			
O Init	me change tial return al return/terminated	Doing business as							
O Am	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te	E Telephone n (415) 206					
		City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94110		<b>G</b> Gross recei	nts \$ 4	11 589 152			
		F Name and address of principal officer:	H(a) Is this	a group retur		,000,100			
		Richard Ybarra 362 Capp Street		d group retur		□ <sub>Yes</sub> ✓ <sub>No</sub>			
		San Francisco, CA 94110	H(b) Are all	subordinates		☐ Yes ☐No			
I Tax		instructions.							
J W	ebsite: > ww	w.mncst.org	ii(c) Group	exemption nu	imber				
<b>K</b> Forn	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1959 M	State	of legal domicile: CA			
Pa	1 Briefly des MNC pron families to	mary scribe the organization's mission or most significant activities: notes and develops leadership by delivering culturally sensitive, multi-gener b build strong, healthy, and vibrant neighborhoods.MNC serves predominant	ly low income	Latino, Africar	n Ame	erican, and Pacific			
Governance		thildren and families in San Francisco's Mission District, Mission Bay Excelsion ent, youth services, and senior programs at 14 facilities.	erates	s its child					
න් ග		of voting members of the governing body (Part VI, line 1a)			3	12			
Œ.	4 Number	of independent voting members of the governing body (Part VI, line 1b) .		•	4	12			
Ę.	5 Total nun	nber of individuals employed in calendar year 2022 (Part V, line 2a)		•	5	404			
ĕ		nber of volunteers (estimate if necessary)			6	186			
		elated business revenue from Part VIII, column (C), line 12			7a	0			
	<b>b</b> Net unre	lated business taxable income from Form 990-T, Part I, line 11			7b				
			Prio	r Year	_	Current Year			
9		tions and grants (Part VIII, line 1h)		28,993,808	-	41,447,679			
e Ven		service revenue (Part VIII, line 2g)		2,547	+	1,560			
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,320	+	4,609			
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	423,588	-	95,621 41,549,469			
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	29,422,203	+				
		nd similar amounts paid (Part IX, column (A), lines 1-3) paid to or for members (Part IX, column (A), line 4)			+	0			
		other compensation, employee benefits (Part IX, column (A), lines 5–10)		16,823,762	,	18,739,067			
Spenses 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		onal fundraising fees (Part IX, column (A), line 11e)		10,023,702	+	18,739,007			
E G		raising expenses (Part IX, column (D), line 25) 581,310							
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		12,433,997	,	19,063,496			
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,257,759	_	37,802,563				
	_	less expenses. Subtract line 18 from line 12		164,504	+-	3,746,906			
Net Assets or Fund Balances	and the state of t		Beginning o	of Current Year	-	End of Year			
sset	20 Total ass	ets (Part X, line 16)		23,513,998	3	29,805,595			
A A		ilities (Part X, line 26)		11,417,438	+	13,959,092			
žĒ		ts or fund balances. Subtract line 21 from line 20		12,096,560	-	15,846,503			
Pa	rt II Sign	ature 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.

	I.					2024-02-26					
Sign	Sig	gnature of officer				Date					
Here	Ric	chard Ybarra CEO									
	Ту	pe or print name and title									
Paid		Print/Type preparer's name	Preparer's	signature	Date	Check if self-employed	PTIN P01249746				
	arer	Firm's name	PANY LLP		•	Firm's EIN ▶ 2	7-0741376				
Use	Only	Firm's address 7677 OAKPORT ST	STE 460			Phone no. (510	) 452-5051				
		OAKLAND, CA 946	21			,	,				
May th	o IDS disc	cuss this return with the preparer s		See Instructions		1	. Ves No				
		Reduction Act Notice, see the				No. 11282Y	Form <b>990</b> (2022)				
		,	•		<b>541.</b>		. 3 223 (2322)				
				— Page 2 ——							
<b></b>	200 (2022	<b>、</b>					_				
	990 (2022)			l			Page <b>2</b>				
Parl		atement of Program Service	-								
1		eck if Schedule O contains a resport scribe the organization's mission:	ise or note to	any line in this Part III		<u> </u>					
_	•	and develops leadership by delivering	ng culturally se	nsitive, multi-generat	ional, community	-based service:	s that empower families to				
		althy,and vibrant neighborhoods.MN rancisco's Mission District, Mission									
	ms at 14 t		Day Excelsiol,	and the bayview. Miv	c operates its cili	iu uevelopinent	, youth services, and serior				
	BUILD	and all and a second and a second and a second and		d	1.2.1	-11					
2		ganization undertake any significar			which were not li	sted on	🗆 Yes 🗸 No				
		Form 990 or 990-EZ? lescribe these new services on Sche					∪ Yes ► No				
	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?										
	If "Yes," d	escribe these changes on Schedule	· O.								
4	Section 50	the organization's program service of the organization of the organization one, if any, for each program service of the organization of the organ of the organization	ns are required								
4a	(Code:	) (Expenses \$	16,388,683	including grants of \$		) (Revenue \$	)				
	grantee froi brought MN children age kindergarte services. Fa assistance, governmen	opment: After serving as a Head Start de m the Health and Human Services Agenc IC the opportunity to serve infants, toddl ed 0-5 with high quality early care and even prepared and ready for a lifetime of least in the service Specialists assist families in employment, mental health services, or t partners. Health/Nutrition and Mental Ho fee paying students and their families.	y, Administration ers, and preschood ducation focused arning. In addition obtaining medic pathways to citiz	of Children and Families olers serving over 388 ch on cognitive and social d on, MNC offers the parent al care, dental care, and tenship receive assistance	Office of Head Star ildren in 2022-2023 evelopment. Studer and families of the government assista and referrals to ma	t. This Head Starl . MNC's child deve its who graduate i se children compr nce. Parents seeki any communities,	/Early Head Start grant award elopment programs provided from our programs go on to ehensive supportive social ng housing, domestic violence private, non-profit, and				
4b	experiencin	) (Expenses \$ Rental Assistance Program: The Emerge g homelessness or the most severs cons erage of \$ 6,400 per household.									
4c	(Code:	) (Expenses \$	3,720,034	including grants of \$		) (Revenue \$	)				
70	Youth Progrempowermeeting the female focu	) (Expenses \$ ram: Approximately 600 youths were ser ent activities designed to assist high-risk eir educational goals. Youth programs inc ised services, organized sports activities, h programs also include culturally releval	ved by MNC thro youth and gang- luded case mana summer youth e	ugh its youth programs d affiliated youth to reach gement, after school tuto amployment, special ever	their fullest potentia orial programs, drop ts, field trips, gang	se youths participall, develop leaders -in recreation, gir prevention and ev	ated in age-appropriate hip and employment skills through s and boys support groups,				
4d	Other pro	gram services (Describe in Schedul	e O.)								
	(Expenses	s \$ 1,522,479 inclu	ding grants of	\$	) (Revenue	\$	1,560 )				
4e	Total pro	gram service expenses 🕨	33,422,8	52			Form <b>990</b> (2022)				

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**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	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🐒	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right		-	
Ū	to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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 2	11b		No
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 2	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📆	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f	Yes	No
b	Schedule D, Parts XI and XII	12a 12b	Yes	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
	Did ble averagination analysis on affine analysis and the Heiland Chabar?	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a 14b		No No
15	at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	15		No
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F</i> , <i>Parts III and IV</i>	16		No
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		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
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		No
		F	orm <b>99</b> (	<b>0</b> (2022)

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Pai	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		No
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	Yes	
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? <i>If</i> "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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? If "Yes," complete Schedule L, Part II	26		No
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</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 302		Ţ	_
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	Yes	1 (2022)
		Г	UIIII <b>33</b> (	<b>)</b> (2022)

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	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		No		
	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).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
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		No		
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		No		
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		No		
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 7f		No		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders					
a b	Gross income from members or shareholders					
	against amounts due or received from them.)					
	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.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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			N1 -		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
р 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess.	14b				
13	5 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?					

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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		F	orm <b>99</b>	<b>0</b> (2022
	Page 6			
Form	990 (2022)			Daga 4
	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" rest	onse to	Page (
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ection A. Governing Body and Management	<del></del>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 12			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		

#### Section C. Disclosure

<sup>17</sup> List the states with which a copy of this Form 990 is required to be filed

CA			

18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website 🗸 Upon request 🗆 Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 books and records: ▶Sebastian Alioto CFO 362 Capp Street San Francisco, CA 94110 (415) 206-7761							

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

#### 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)		Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
(1) Richard Ybarra CEO	40.00			х				243,835	0	29,594
(2) Sebastian Alioto	0.00 40.00			Х				202,730	0	56,419
CFO	0.00			^				202,730	U	30,419
(3) Cynthia Nieves  VP of Children Ser	40.00							166,310	0	36,388
(4) Isabel StGermain Singh	40.00							173,420	0	21,392
Ch Program Officer (5) Beiling Gonzalez	0.00 40.00									
C00	0.00			Х				114,826	0	55,713
(6) Eulalia Brito Controller	40.00							124,109	0	35,029
(7) Nyree Monroe	0.00 40.00							109,222	0	35,140
Dir Wf Yth & Fmly	0.00							103,222	V	33,140
(8) Barbara Walden	40.00							124,568	0	14,502
ECE Int. Prgm Dir.  (9) Jose Rodriguez	0.00 40.00									
CH Dev & Stg Of	0.00			Х				122,589	0	15,884

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(10) SANTIAGO RUIZ	0.00	Ī	I							40.000
Past CEO (PERS/Retirement)	0.00							Ü	0	48,000
(11) James Quadra	1.00	х						0	0	0
President	0.00							0	0	
(12) Beverly Hayon	2.00	Х						0	0	0
President	0.00									
(13) Kelly Ehrenfeld	1.00	х		х				0	0	0
Vice President	0.00									
(14) Erich Schulz	2.00	X						0	0	0
Treasurer	0.00									
(15) James Loyce	1.00	X						0	0	0
Secretary	0.00									
(16) Zonia Lei	1.00	Х						0	0	0
Director	0.00								· ·	
(17) Maria Guillen	1.00	х						0	0	0
Director	0.00								•	
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and title	(B) Average hours per week (list	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ecto	n is l	both a	n n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
18) Chris Collins	2.00	V						0	0	0
Director	0.00	X						0	U	U
19) Claudia Garcia	1.00	.,								
Director	0.00	X						0	0	0
20) Christine Marie Nevarez	1.00									_
Director	0.00	X						0	0	0
21) Jose Cartagena	1.00									
Director	0.00	X						0	0	0
22) Virginia M Gacula-Santiago	1.00									
Director	0.00	X						0	0	0
23) Daniel Perea	1.00									
Director	0.00	X						0	0	0
24) Christian de Guzman	1.00									
Director	0.00	×						0	0	0

Ciotaii	from continuation shee	ts to Part VII, Section A	▶					
d Total	(add lines 1b and 1c)		•	1,381,6	509			348,0
		ncluding but not limited to those om the organization $ ho$ 12	listed above) who red	eived more than	\$100,000			
B Did t	the organization list any f	ormer officer, director or trustee	a kov omplovog or bi	abost component	rad amplayee on		Yes	No
line	1a? If "Yes," complete Sci	hedule J for such individual				3	Yes	
orga		e 1a, is the sum of reportable conizations greater than \$150,000				4	Yes	
		La receive or accrue compensation nization? If "Yes," complete Sche	•	-		5	100	No
	n B. Independent Co	. ,	·			3		NO
L Com	plete this table for your fi	ve highest compensated indeper compensation for the calendar y				mpens	ation	
		(A) Name and business address			(B) escription of services		(C Compe	
ony Comme	ercial Maintenance	and business dudiess			I/Repair Service		Compe	639,093
01 Peru Ave	e							
AN FRANCI	SCO, CA 94112			Food Ca	tering Services			493,191
O Box 288	-			l oou ca	coming out vices			155,131
	rancisco, CA 94083							
eople 1st IT	Γ			IT Servi	ces			434,990
	Street 756 :o, CA 94105							
Z ERC LLC				Account	ng Services			394,093
08 SW 4th	Avenue							
	lale, FL 33315 itan Family Resource			Mental F	lealth/After Schoo			317,495
ood Samar	itan Family Resource			Mental F	lealth/After Schoo			317,495
ood Samar 294 Potrerc an Francisc	itan Family Resource o Avenue oo, CA 94110							317,495
ood Samar 294 Potrero an Francisc <b>2</b> Total n	itan Family Resource o Avenue oo, CA 94110	ntractors (including but not limit ition ▶ 5	ed to those listed abo					
Sood Samar 294 Potrero San Francisc <b>2</b> Total n	itan Family Resource o Avenue oo, CA 94110 umber of independent col		ed to those listed abo				Form <b>99</b>	317,495 <b>0</b> (2022
ood Samar 294 Potrero an Francisc <b>2</b> Total n	itan Family Resource o Avenue oo, CA 94110 umber of independent col						Form <b>99</b>	
ood Samar 294 Potrero an Francisc <b>2</b> Total n	itan Family Resource o Avenue oo, CA 94110 umber of independent col		ed to those listed abo  Page 9				Form <b>99</b>	
ood Samar 294 Potrerc an Francisc <b>2</b> Total n compe	itan Family Resource o Avenue o, CA 94110 umber of independent consation from the organiza	ation ▶ 5					Form <b>99</b>	
394 Potrero an Francisc Total n compe	itan Family Resource o Avenue to, CA 94110 umber of independent coinsation from the organiza	venue	– Page 9	ve) who received			Form <b>99</b>	<b>0</b> (2022
iood Samar 294 Potrerc ian Francisc 2 Total n compe	itan Family Resource o Avenue to, CA 94110 umber of independent coinsation from the organiza	ation ▶ 5	<ul><li>Page 9</li><li>ny line in this Part VIII</li></ul>	ve) who received	more than \$100,0			<b>0</b> (2022
iood Samar 294 Potrerc an Francisc 2 Total n compe	itan Family Resource o Avenue to, CA 94110 umber of independent coinsation from the organiza	venue	– Page 9	ve) who received  (B)  Related or	more than \$100,0		 (D Rever	Page (
iood Samar 294 Potrerc ian Francisc 2 Total n compe	itan Family Resource o Avenue to, CA 94110 umber of independent coinsation from the organiza	venue	ny line in this Part VIII	ve) who received	more than \$100,0		 (D	Page
294 Potrero can Francisco 2 Total n compe orm 990 (	itan Family Resource o Avenue to, CA 94110 umber of independent consation from the organiza  (2022)  Statement of Rev Check if Schedule O	venue contains a response or note to a	ny line in this Part VIII	ve) who received  (B)  Related or exempt	more than \$100,000  (C) Unrelated business		(D Rever	Page
294 Potrero can Francisco 2 Total n compe	itan Family Resource o Avenue o, CA 94110 umber of independent cornsation from the organiza  (2022)  Statement of Rev Check if Schedule O	venue	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,000  (C) Unrelated business		 (D Rever excluded x under	Page
294 Potrercian Francisco 2 Total n compe  orm 990 ( Part VIII	itan Family Resource o Avenue o, CA 94110 umber of independent cornsation from the organiza  (2022)  Statement of Rev Check if Schedule O of the companion of t	venue contains a response or note to a	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,000  (C) Unrelated business		 (D Rever excluded x under	Page
Pedera  Federa  Fredera  Fredera  Total n  compe	itan Family Resource o Avenue o, CA 94110 umber of independent coi nsation from the organiza  (2022)  Statement of Rev Check if Schedule O of ated campaigns ons, ership dues	venue contains a response or note to a	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,000  (C) Unrelated business		 (D Rever excluded x under	Page
Federa Contribution  Federa Contribution  The Membry States  Total nation of the Part VIII  Federa Contribution  The Membry States  The Membry Sta	itan Family Resource o Avenue o, CA 94110 umber of independent coi nsation from the organiza  (2022)  Statement of Rev Check if Schedule O of ated campaigns ons, ership dues	venue contains a response or note to a	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,00  (C) Unrelated business		 (D Rever excluded x under	Page
Federa  Part VIII  Federa  The Membrither Amtimilar  For Samer American Service Servic	itan Family Resource o Avenue to, CA 94110 umber of independent coinsation from the organiza  2022)  Statement of Rev Check if Schedule O of the companion of t	venue contains a response or note to a	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,00  (C) Unrelated business		 (D Rever excluded x under	Page
Federa Contribution of Membra Contribution of	itan Family Resource o Avenue o, CA 94110 umber of independent connication from the organization  (2022)  Statement of Resource Check if Schedule O of the constant of the con	venue contains a response or note to a  1a  1b  1c	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,00  (C) Unrelated business		 (D Rever excluded x under	Page
Federa Contribution of Relate  a Govern  38,  f All other	itan Family Resource o Avenue o, CA 94110 umber of independent cornsation from the organiza  (2022)  Statement of Rev Check if Schedule O of the corns, (15) eted campaigns	venue contains a response or note to a  1a  1b  1c  1d	ny line in this Part VIII	ve) who received  (B)  Related or exempt function	more than \$100,00  (C) Unrelated business		 (D Rever excluded x under	Page

h Total Add lines 1a-1f

ATALA Add lines 11a-11d

C TOtal. Auu IIIIeS 11a-11u	79,446		
12 Total revenue. See instructions	41,549,469	101,790	

Form **990** (2022)

------ Page 10 ------

Form 990 (2022) Page **10** 

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organization	ns must complete coli	ımn (A).
Check if Schedule O contains a response or note to any			no mase complete con	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	918,874	813,168	103,214	2,492
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	13,629,614	12,137,647	1,462,414	29,553
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	985,538	825,849	152,503	7,186
9 Other employee benefits	2,023,507	1,695,632	313,120	14,755
<b>10</b> Payroll taxes	1,181,534	1,058,479	118,587	4,468
11 Fees for services (non-employees):				
<b>a</b> Management	0			
<b>b</b> Legal	26,334	20,198	1,264	4,872
<b>c</b> Accounting	42,398		42,398	
<b>d</b> Lobbying	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,675,754	2,084,839	88,045	502,870
<b>12</b> Advertising and promotion	57,046	52,320	4,726	
<b>13</b> Office expenses	724,272	647,453	74,598	2,221
<b>14</b> Information technology	0			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	11,228,833	11,203,635	25,037	161
<b>17</b> Travel	196,565	194,082	1,639	844
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
<b>19</b> Conferences, conventions, and meetings	74,210	692	67,918	5,600
<b>20</b> Interest	95,221	18,071	77,150	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	804,800		804,800	
<ul> <li>Insurance</li> <li>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</li> </ul>	144,186	137,646	6,540	
a Program Supplies	1,066,411	1,058,034	8,198	179
<b>b</b> Furniture, Equipment & Vehicle	523,574	497,772	19,844	5,958
c Other Expenses	470,941	86,402	384,529	10

	,				
	<b>d</b> Building Repairs and Maint.	311,/33	366,689	-54,956	
	e All other expenses	621,218	524,244	96,833	141
25	<b>Total functional expenses.</b> Add lines 1 through 24e	37,802,563	33,422,852	3,798,401	581,310
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** (2022)

Part X	Balance Sheet				
	Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash-non-interest-bearing		3,053,145	1	7,976,57
2	Savings and temporary cash investments .		264,173	2	571,10
3	Pledges and grants receivable, net		250,295	3	322,06
4	Accounts receivable, net		4,649,308	4	3,404,16
5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	
6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in s			6	
y 7	Notes and loans receivable, net			7	750,00
ssers 8	Inventories for sale or use			8	1
9	Prepaid expenses and deferred charges			9	-
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 19,140,599			
ь	Less: accumulated depreciation	<b>10b</b> 4,852,446	15,243,526	10c	14,288,15
11	Investments—publicly traded securities .	<u> </u>		11	
12	Investments—other securities. See Part IV, line	11		12	
13	Investments—program-related. See Part IV, line			13	
14	Intangible assets			14	2,352,83
15	Other assets. See Part IV, line 11	53,551	15	140,70	
16	Total assets. Add lines 1 through 15 (must eq		23,513,998	16	29,805,59
17	Accounts payable and accrued expenses	<u> </u>	2,133,384	17	2,445,14
18	Grants payable			18	
19	Deferred revenue		1,958,244	19	3,055,60
20	Tax-exempt bond liabilities		, ,	20	, ,
	Escrow or custodial account liability. Complete F			21	
22 22 22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	ner officer, director, trustee, key butor, or 35% controlled entity			
<u> </u>	·		7 205 040	22	0.000.044
23	Secured mortgages and notes payable to unrela	·	7,325,810	23	6,086,31
24	Unsecured notes and loans payable to unrelated	·		24	0.070.00
25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	2,372,02
26	<b>Total liabilities.</b> Add lines 17 through 25 .		11,417,438	26	13,959,09
27 28 28	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	12,096,560	27	14,304,27:	
28	Net assets with donor restrictions			28	1,542,23
DUD 10 29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds		29		
	Paid-in or capital surplus, or land, building or ed		30		
30 31	Retained earnings, endowment, accumulated in	 I		31	
32	Total net assets or fund balances		12.096.560		15.846.503

Software Version: 2022v5.0

Form 990, Special Condition Description:

efile Public Visual Render

ObjectId: 202400589349300200 - Submission: 2024-02-26

TIN: 94-1408150

OMB No. 1545-0047

2022

2022

## SCHEDULE A (Form 990)

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

on. Open to Public Inspection

								Inspection
		ne organization borhood Centers Inc					Employer identific	ation number
							94-1408150	
	rt I rganiz	Reason for Public ation is not a private four					ee instructions.	
1		A church, convention of					(A)(i).	
2		A school described in se	ction 170(b)(	(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in <b>sectio</b>	n 170(b)(1)(A)(i	iii).	
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital desc	cribed in section 1	. <b>70(b)(1)(A)(iii)</b> . Er	nter the hospital's
5		An organization operate			rsity owned or	operated by a gove	ernmental unit descrit	ed in <b>section</b>
6		170(b)(1)(A)(iv). (Co A federal, state, or local		•	scribed in <b>sect</b>	ion 170(b)(1)(A	)(v).	
7	<b>✓</b>	An organization that not section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	l public described in
8		A community trust desc		•	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See section !	its exempt fur unrelated busir	nctions—subject to cert ness taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organize	ed and operate	d exclusively to test for	r public safety.	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or s	ection 509(a)(2)	. See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly	rated, supervised, or co	ontrolled by its	supported organiz	ation(s), typically by	
b		Type II. A supporting of management of the sup must complete Part I	organization sup porting organiz	pervised or controlled in ation vested in the san				
c		Type III functionally supported organization(	integrated. A	supporting organization				ted with, its
d		Type III non-function functionally integrated. instructions). You must	nally integrate The organizatio	<b>d.</b> A supporting organi in generally must satisf	zation operate fy a distribution	d in connection with requirement and	h its supported organ	
e		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported					<u> </u>	
g		de the following informati	on about the su	pported organization(				
	(i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	1 : 1	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total	<u> </u>							
For P	aperv	work Reduction Act Not	ice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2022
Form	990	or 990-EZ.						
				Pa	ge 2 ———			
Sched	lule A	(Form 990) 2022						Page <b>2</b>
	rt II	Support Schedule		zations Described he box on line 5, 7,				.)(A)(vi)
				ify under the tests I				,

Section A. Public Support

	/24, 9:56 PM	Mission N	Neighborhood Cen	•		er - ProPublic	а	
	r fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	<b>(e)</b> 2022	(f)	Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	18,516,960	21,009,232	25,817,085	28,993,808	41,447	,679	135,784,764
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
4	<b>Total.</b> Add lines 1 through 3	18,516,960	21,009,232	25,817,085	28,993,808	41,447	,679	135,784,764
	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							0
6	(f) Public support. Subtract line 5 from line 4.							135,784,764
	ection B. Total Support		T	1	1	1		
	lendar year · fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d</b> ) 2021	(e) 2022	(f)	Total
7	Amounts from line 4	18,516,960	21,009,232	25,817,085	28,993,808	41,447	,679	135,784,764
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,106	41,068	14,700	28,183	38	3,130	154,187
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-12,709	238,231	43,920	488,546	79	,446	837,434
11	<b>Total support.</b> Add lines 7 through 10							136,776,385
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First 5 years. If the Form 990 is for t	the organization's	first, second, third	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) o	rganizati	ion, check
	this box and <b>stop here</b>					▶□		
	ection C. Computation of Publi	• •	_					
	Public support percentage for 2022 (li					14		99.280 %
	Public support percentage for 2021 Sc					15	thic how	99.140 %
16a	33 1/3% support test—2022. If the and stop here. The organization qual							<b>▶</b> ✓
_	33 1/3% support test—2021. If the box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact"	n qualifies as a pul t—2022. If the or	blicly supported or ganization did not	ganization check a box on li	 ne 13, 16a, or 16b	 , and line 14	 is 10% o	. ▶□ or more,
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes	test. The organiza	tion qualifies as a organization did no	publicly supported t check a box on l	d organization line 13, 16a, 16b,	 or 17a, and lii	 ne 15 is :	. ▶ □ 10% or
	more, and if the organization meets t meets the "facts-and-circumstances"		•		•			_
18	<b>Private foundation.</b> If the organizati	ion did not check	a box on line 13, 1	.6a, 16b, 17a, or 1	17b, check this box	c and see		<b>-</b> O
								n 990) 2022
			Page 3	-				
	edule A (Form 990) 2022							Page <b>3</b>
	Part III Support Schedule for (Complete only if you the organization fails	ı checked the bo	ox on line 10 of	Part I or if the o	rganization faile		under F	art II. If
	ection A. Public Support	, , , , , , , , , , , , , , , , , , , ,				1		
	lendar year · fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f)	<b>)</b> Total
	Gifts, grants, contributions, and membership fees received. (Do not							
_	include any "unusual grants.") .							
2	Gross receipts from admissions,							
2	merchandise sold or services performed, or facilities furnished in any activity that is related to the							
3	merchandise sold or services performed, or facilities furnished in	е					_	

5/27/2	24, 9:56 PM	Mission Ne	ighborhood Cente	ers Inc - Full Filing	- Nonprofit Explore	er - ProPublica			
	not an unrelated trade or business		- 	_ [	1	Ī	1		
4	under section 513 Tax revenues levied for the								
•	organization's benefit and either paid								
5	to or expended on its behalf The value of services or facilities								
5	furnished by a governmental unit to								
	the organization without charge								
6	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and								
/a	3 received from disqualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.						-		
8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c								
	from line 6.)								
	ction B. Total Support			_					
	endar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.						-		
11	Add lines 10a and 10b.  Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,								
	11, and 12.)	<u> </u>			<u> </u>		1		
14	First 5 years. If the Form 990 is for t	-							
	this box and stop here	Cupport Borse			<u> </u>				<b>-</b> U
15	Public support percentage for 2022 (lin	ne 8, column (f) d	ivided by line 13.	column (f))		15			
16	Public support percentage from 2021 S					16			
	ection D. Computation of Invest					1 20			
	Investment income percentage for <b>20</b>			line 13, column (	f))	17			
18	Investment income percentage from 2					18			
19a	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	e 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization quali	fies as a publicly :	supported organiz	ation	)	<b>-</b> 🗆	
b		-						_	18 is
	not more than 33 1/3%, check this box								
20	<b>Private foundation.</b> If the organization	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see				
						Schedule A (	Form	990)	2022
			Page 4						
Sche	dule A (Form 990) 2022							P	age <b>4</b>
Pai	t IV Supporting Organization	S							
	(Complete only if you checked								
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			12c, or Part 1, col	mpiete Sections A	, D, and E. If you	cnec	кеа во	X
Se	ction A. All Supporting Organiz	·	•						
								Yes	No
1			ad by name in the		werning documen	tc2			
_	Are all of the organization's supported								
•	If "No," describe in Part VI how the se	upported organiza	tions are designa						
_		upported organiza	tions are designa				1		
2	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic and Did the organization have any support	upported organiza d continuing relat ed organization th	itions are designationship, explain.	ted. If designated an IRS determina	by class or purpo	se, er section	1		
	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b>	upported organiza d continuing relat ed organization th	itions are designationship, explain.	ted. If designated an IRS determina	by class or purpo	se, er section			
2	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b> described in section 509(a)(1) or (2).	upported organiza d continuing relat ed organization th Part VI how the o	itions are designa ionship, explain. nat does not have rganization deteri	an IRS determina	by class or purpo ation of status und apported organizati	er section on was	2		
	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b> described in section 509(a)(1) or (2). Did the organization have a supported	upported organiza d continuing relat ed organization th Part VI how the o	itions are designa ionship, explain. nat does not have rganization deteri	an IRS determina	by class or purpo ation of status und apported organizati	er section on was	2		
2	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b> described in section 509(a)(1) or (2).	upported organizad continuing related organization the continuing related organization the organization description descriptions.	tions are designationship, explain.  nat does not have rganization deterrations	an IRS determina mined that the supplies that the supplies (5), or (5)	thy class or purpo ation of status und apported organizati (6)? If "Yes," ansv	er section on was ver lines 3b and			

	determination.	3b	Ī	i –
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b		
c	supervised by or in connection with its supported organizations.  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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .			
L		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		-
c	Did a disqualified person (as defined on 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 <b>Part VI.</b>	9c		
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)? If "Yes," answer line 10b below.	100		
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).	10a 10b		
	Schedule A		l 1 990)	2022
	Page 5			
	t IV Supporting Organizations (continued)		F	Page <b>5</b>
rai	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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11a 11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part</b>	11c		
Se	VI. ction B. Type I Supporting Organizations			<u> </u>
	Sien D. Type I capper any Cigamizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			

					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a reach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how			<sup>†</sup>		
	supporting organization was vested in the same persons that controlled or managed t			1		
Se	ction D. All Type III Supporting Organizations					
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during	the fif ng the	th month of the organization's prior tax year, (ii) a copy of the	e		
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?		ganization's governing		<u> </u>	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el		by the cupported	1	$\vdash$	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "	No," e.	xplain in <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the support	ed org	anization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization.					
	during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported			3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year <b>(see instruc</b>	tions):		
а	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
b	The organization is the parent of each of its supported organizations. Complete	e line	<b>3</b> below.			
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how yo	u supp	oorted a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.					Т
_	Did substantially all of the organization's activities during the tax year directly further	the ev	compt nurnocos of the		Yes	No
а	supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th					
	substantially all of its activities.			2a	ــــــ	
b	Did the activities described on line 2a, above constitute activities that, but for the orgofithe organization's supported organization(s) would have been engaged in? If "Yes,"					
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.				ــــــ	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			2b	┼	
	Did the organization have the power to regularly appoint or elect a majority of the offi	icers (	directors or trustees of each of	3a	+	
_	the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	10015, (	an ectors, or trustees or each or			
b	Did the organization exercise a substantial degree of direction over the policies, prograupported organizations? <i>If "Yes," describe in Part VI. the role played by the organiz</i> .					
	supported organizations: If Tes, describe in Fait VI. the Fole played by the organization	acion n	Schedule A	3b	200)	2022
			Schedule /	4 (FOII	11 990)	2022
	Page 6					
Sched	dule A (Form 990) 2022				F	Page <b>6</b>
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru				:e	
	instructions. All other Type III non-functionally integrated supporting organization	itions i	(A) Prior Year		rent Yea	
	Section A - Adjusted Net Income		(A) Thorroa		ional)	"
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
<u>4</u> 5	Add lines 1 through 3  Depreciation and depletion	4 5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	(1) = 1	·-·		
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea ional)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				

-			
d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> 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	
8	Minimum Asset Amount (add line 7 to line 6)  Section C - Distributable Amount	8	Current Year
1		1	Current Year
1 2	Section C - Distributable Amount		Current Year
1	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
1 2	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	1 2	Current Year
1 2 3	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	1 2 3	Current Year
1 2 3 4	Section C - Distributable Amount  Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	1 2 3 4	Current Year

instructions)

Schedule A (Form 990) 2022

– Page 7 –

Schedule A (Form 990) 2022

Page **7** 

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations		
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )		
6 Other distributions ( <i>describe in Part VI</i> ). See instructions		
7 Total annual distributions. Add lines 1 through 6.		
<b>B</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions		
Distributable amount for 2022 from Section C, line 6		
10 Line 8 amount divided by Line 9 amount	10	
(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			

5/27/24, 9:56 PM Mission N	Neighborhood Centers Inc - Fu	II Filing- Nonprofit Explorer - F	ProPublica
\$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
e Excess from 2022			
	Page 8	Sc	:hedule A (Form 990) (2022
Schedule A (Form 990) 2022			Page 8
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section Instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and	ort IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sec	2; Part IV, Section C, line 1; tion B, line 1e; Part V
F	acts And Circumstances Tes	st	
Return Reference	E	Explanation	
•		s	schedule A (Form 990) 2022

Additional Data Return to Form

Software ID: 22015553 Software Version: 2022v5.0

efile Public Visual Rende	ObjectId: 202400589349300200 - Submission	n: 2024-02-26		TIN: 94-1408150
Schedule B	Schedule of Cor			OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990 For to www.irs.gov/Form990 for	)-EZ, or 990-PF.		2022
Name of the organization Mission Neighborhood Center	ers Inc		Employer id	dentification number
Organization type (check			94-1408150	)
Filers of:	Section:			
	Section.			
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization			
	4947(a)(1) nonexempt charitable trust no	t treated as a private found	dation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust tre	eated as a private foundation	on	
	501(c)(3) taxable private foundation			
money or other productions.  Special Rules  For an organization	on filing Form 990, 990-EZ, or 990-PF that receive roperty) from any one contributor. Complete Parts on described in section 501(c)(3) filing Form 990 or 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedul	s I and II. See instructions f	for determining of the state of the support test of the support test of the state o	a contributor's total
received from any	one contributor, during the year, total contributions 1h, or (ii) Form 990-EZ, line 1. Complete Parts I a	s of the greater of (1) \$5,00	00 or <b>(2)</b> 2% of	the amount on (i) Form
during the year, tot	n described in section 501(c)(7), (8), or (10) filing la contributions of more than \$1,000 exclusively for prevention of cruelty to children or animals. Com	or religious, charitable, scie	eceived from ar entific, literary, c	ny one contributor, or educational
during the year, co If this box is check purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Intributions <i>exclusively</i> for religious, charitable, etc. ed, enter here the total contributions that were recomplete any of the parts unless the <b>General Rule</b> are, etc., contributions totaling \$5,000 or more during.	c., purposes, but no such on ceived during the year for a applies to this organization	ontributions tota an <i>exclusively</i> re because it rece	aled more than \$1,000. eligious, charitable, etc.,
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the smust answer "No" on Part IV, line 2, of its Form 9 I, line 2, to certify that it doesn't meet the filing re	90; or check the box on lin	ne H of its Form	rm 990, 990-EZ
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat. No. 30613X	Sc	hedule B (Form 990) (2022)
	Page 2			
Schedule B (Form 990) (20	022)		Page 2	
Name of organization		Em	ployer identific	ation number

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional spars	ace is needed.	
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	•		Schedule B (Form 990) (2022)
	Page 3		
Name of org	3 (Form 990) (2022) panization phborhood Centers Inc	Employer identification	Page 3 on number
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	94-1408150	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received

Part I

(See instructions)

-					\$_		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) ostructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) ostructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) ostructions)	(d) Date received	
-					\$_		
(a) No. from Part I	(b) Description of noncash	property give	n		(c) or estimate) nstructions)	(d) Date received	
-							
Sahadula	B (Form 990) (2022)	——— Р	age 4 ————			Page <b>4</b>	
Name of o	rganization eighborhood Centers Inc				Employer ider	ntification number	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complet total of exclusers to tall of exclusers tructions.)	ete columns (a) th sively religious, ch	rough (e) a	ind the followin	ig line entry. For	
(a) No. from Part I	(b) Purpose of gift	(	(c) Use of gift		(d) Descri	ption of how gift is held	
-	Transferee's name, address, and	(e) Transfer of gift Transferee's name, address, and ZIP 4					
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift					
-							
	Transferee's name, address, and	Relationship	o of transferor to	o transferee			
(a)							

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Part I	(b) Fulpose of glit	(c) Use of grit	(u) Description of now grit is neigh
· <u>=</u>	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Re	lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transfer of gift	elationship of transferor to transferee
			Schedule B (Form 990) (202
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TIN: 94-1408150

**SCHEDULE D** 

(Form 990)

Department of the Treasury

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

OMB No. 1545-0047

**Open to Public** 

nterna	ar Revenue Service Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest info	rmation. Inspection
	ime of the organization sion Neighborhood Centers Inc		Employer identification number
			94-1408150
Pa	Organizations Maintaining Donor Advistance Complete if the organization answered "Yes		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's except the companization's except the companization in the compan		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of	be used only for
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ		
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	rm of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic		2c
d	Number of conservation easements included in (c) acqui	· · ·	2d
u	historic structure listed in the National Register	rea area sar, 25, 2505, and not on a	24
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by	the organization during the
4	Number of states where property subject to conservatio	n easement is located 🕨	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser	vation easements during the year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the		nse statement, and
Pai	the organization's accounting for conservation easement III Organizations Maintaining Collections	S.	
	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	ic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:		
(	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1		▶\$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Cat. No. 52283D

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

Schedule D (Form 990) 2022

—— Page 2 ————

Sche	dule D	(Form 990) 2022										Page <b>2</b>
Parl	t III	Organizations Maintaining (	Collections o	of Art,	Historical T	reası	ıres, o	r Other	Similar As	ssets (conti	nued)	
3		the organization's acquisition, access (check all that apply):	sion, and other	record		the fo	llowing t	that are a	significant u	use of its coll	ection	
а		Public exhibition			<b>d</b>	Loan	or exch	ange prog	jrams			
b		Scholarly research			<b>e</b>	Othe	r <u></u>					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's KIII.	collections and	l explair	n how they furt	her the	e organiz	zation's ex	kempt purpo	se in		
5		g the year, did the organization solici s to be sold to raise funds rather thar								☐ Yes	□ N	0
Par	t IV	<b>Escrow and Custodial Arran</b> Complete if the organization ar line 21.		" on Fc	orm 990, Part	IV, lir	ne 9, or	reporte	d an amou	nt on Form	990, 1	Part X,
1a		e organization an agent, trustee, cust ded on Form 990, Part X?								☐ Yes	□ <b>N</b>	o
b	If "Ye	es," explain the arrangement in Part $\times$	(III and comple	ete the f	following table:		,		A	mount		<u> </u>
c		ning balance	•		•		٠	1c				_
d	_	ions during the year						1d				
е	Distri	butions during the year						1e				_
f	Endin	g balance						1f				_
2a	Did th	ne organization include an amount on	Form 990, Pai	rt X, line	e 21, for escrov	v or cu	stodial a	account lia	ability?	☐ Yes	□ N	_ 0
b		s," explain the arrangement in Part X							•			
Pa	rt V	Endowment Funds.					,					
		Complete if the organization ar										
1-	Pogina	ing of year balance	(a) Curre	nt year	(b) Prior ye	ar	<b>(c)</b> Two y	ears back	(d) Three ye	ars back (e) I	our yea	rs back
	_	ing of year balance outions										
		restment earnings, gains, and losses or scholarships										
		expenditures for facilities										
	and pro	ograms										
		strative expenses										
_		year balance										
2 a		de the estimated percentage of the ${ m color}$ designated or quasi-endowment $lacksquare$	urrent year end	d baland	e (line 1g, colu	ımn (a	)) held a	ıs:				
b	Perma	anent endowment 🕨										
С		endowment •										
_		percentages on lines 2a, 2b, and 2c sh										
3a		nere endowment funds not in the pos nization by:	session of the	organiz	ation that are r	ield an	d admin	istered fo	r tne		Yes	No
	_	nrelated organizations								3a(i)		
	(ii) R	elated organizations								3a(ii)		
b		s" on 3a(ii), are the related organizat		•		₹? .				3b		
4		ribe in Part XIII the intended uses of		n's end	owment funds.							
Par	t VI	Land, Buildings, and Equipn Complete if the organization ar		" on Fo	rm QQA Part	T\/ lir	no 11a	See For	m 000 Dar	t V line 10		
	Descri	ption of property (a) Cost or	other basis tment)		st or other basis (				depreciation		ok value	2
1a	Land				5.4	76,736					5.	476,736
		gs		<u> </u>		09,955			4,371,512			538,443
		old improvements		<u> </u>					, ,			<u> </u>
		nent			7	53,908			480,934			272,974
				<u> </u>					, ,			<u> </u>
		lines 1a through 1e. (Column (d) mus	st equal Form	<u>1</u> 990, Pai	rt X, column (E	), line	10(c).)		•		14.	288,153
		· · · · · · · · · · · · · · · · · · ·			•				Sch	edule D (Fo		

——— Page 3 —

Schedule D (Form 990) 2022 Page **3** 

30   Florancial derivatives	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation: t or end-of-year market value
2) Close/s-hed equity interests 3) 30	1) Financial derivatives	value		
that, (Column (2) must equal form 990, Part X, cos. (5) line 12.)  (a) Description of investment  (b) Book value  (c) Method of valuations  (a) Description of investment  (b) Book value  (c) Method of valuations  (c) Method of valuations  (d) Pert No.  (e) Method of valuations  (f) Method of valuations  (g) Method of valuations	2) Closely-held equity interests			
20 2 2 3 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5	A)			
ant 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)  (b) Book value (c) Method of valuation: Cost or end-of-year market value)  (c) Method of valuation: Cost or end-of-year market value)  (d) Description (c) Method of valuation: Cost or end-of-year market value)  (e) Method of valuation: Cost or end-of-year market value)  (f) Method of valuation: Cost or end-of-year market value)  (g) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (g) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value)  (h) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method	3)			
Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 12.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 12.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 12.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 12.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 13.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 13.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 13.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 13.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 13.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 15.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 15.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 15.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 15.)  Stat. (Column (b) must equal Form 990, Part X, col. (B) Size 15.)				
Atal. (Column (b) must equal Form 990, Part X, cot. (8) line 12.)  Atal. (Column (b) must equal Form 990, Part X, cot. (8) line 12.)  Atal. (Column (b) must equal Form 990, Part X, cot. (8) line 12.)  Atal. (Column (b) must equal Form 990, Part X, cot. (8) line 12.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)  Atal. (Column (b) must equal Form 990, Part X, cot. (B) line 15.)	0)			
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Stal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)  art 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 of end-of-year market valuation: Cost of en	5)			
and (Column (b) must equal Form 990, Part X, col. (8) line 12.)  art VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (c) Method of valuation: Cost or end-of-year market valuation: Cost or end-of-year ma	5)			
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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)  (b) Book value (c) Method of valuation: Cost or end-of-year market value)  (c) Method of valuation: Cost or end-of-year market value)  (d) Book value (e) Book value (f) Book value (f) Book value (f) Book value (f) Book value (g) Description (g) Description (h) Book value (		•		
Cost or end-of-year market value  20 20 20 20 20 20 20 20 20 20 20 20 20		Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
2) 33 34 35 36 37 38 39 39 30 30 30 30 30 30 30 30 30 30 30 30 30	(a) Description of investment		(b) Book value	
3) 3) 3) 3) 3) 3) 3) 3) 3) 3) 3) 3) 3) 3	1)			
That I. (Column (b) must equal Form 990, Part X, col.(B) line 13.)  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  (c)  (b) Book value  (c)  (c)  (d)  (e)  (e)  (f)  (f)  (f)  (g)  (g)  (g)  (g)  (h)  (h)  (h)  (h	2)			
Signature (Solumn (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  (c)  (b) Book value  (c)  (c)  (d)  (e)  (e)  (f)  (f)  (h)  (h)  (h)  (h)  (h)  (h	3)			
Stat. (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 (c)	1)			
Atal. (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 (c) (b) Book value (c) (c) (b) Book value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	5)			
Stat. (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  (b) Book value  (c)  (b) Book value  (d)  (d)  (e)  (b) Book value  (e)  (f)  (f)  (f)  (f)  (f)  (f)  (f	5)			
Stat. (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 (c) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	7)			
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 (c) Book value (d) Description (e) Book value (e) Book value (f) Book value (f	3)			
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  (b) Book value  (c)  (a) Description (b) Book value  (d)  (e)  (b) Book value  (e)  (f)  (h)  (h)  (h)  (h)  (h)  (h)  (h	9)			
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  (c)  (a)  (b)  (b)  (b)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f		•		
2) 33 4) 55) 65) 77 38 90 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.		art IV, li	ine 11d. See Fo	rm 990, Part X <u>,</u> line 15.
2) 33) 34) 55) 65) 77) 83) 90  10tal. (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.				(b) Book valu
33) 36) 37) 38) 39) 39) 39) 39) 39) 39) 39) 39) 39) 39				
3)  5)  7)  8)  101  102  103  104  105  105  107  107  108  109  109  109  109  109  109  109				
55)  66)  77)  68  69  60tal. (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.				
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.				
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.				
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.				
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.				
otal. (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.				
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.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.		• •		•
(a) Description of liability (b) Book value	Complete if the organization answered 'Yes' on Form 990, P	art IV, li	ine 11e or 11f.S	

(+)	euerai ilicuitie taxes				
)per	ating lease liabilities				2,372,027
ota	. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>	2,372,027
	ability for uncertain tax positions. In Part XIII, provide the text of the footnote		=		_
rga	nization's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	text of the footnote ha		
				Schedule D	(Form 990) 202
	Dana 4				
	Page 4 —				
che	dule D (Form 990) 2022				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater			Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa				
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:	1 - 1			
а	Net unrealized gains (losses) on investments	2a		_	
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d			
е 3	Add lines <b>2a</b> through <b>2d</b>			2e 3	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
-	Investment expenses not included on Form 990, Part VIII, line 7b.	4a			
a b	Other (Describe in Part XIII.)	4b		_	
C	Add lines <b>4a</b> and <b>4b</b>	40		<sub>4c</sub>	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12	` .		5	
	t XII Reconciliation of Expenses per Audited Financial State				
rai	Complete if the organization answered 'Yes' on Form 990, Pa			ar Return.	
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			
е	Add lines <b>2a</b> through <b>2d</b>			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, 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			
	Add lines <b>4a</b> and <b>4b</b>			4c	

### 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.

Return Reference Explanation

Part X : FIN48 Footnote

MNC is exempt from income taxes under Section 501(C)(3) of the Internal Revenue Code and 23701(d)of the State of California Code. Therefore, no provision for income taxes has been provided. Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by MNC in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. MNC's returns are subject to examination by federal and state taxing authorities, generally for three land four years. respectively. after they are filed.

5

Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.) .

Schedule D (Form 990) 2022

Additional Data Return to Form

**Software ID:** 22015553 **Software Version:** 2022v5.0

efile Public Visual Render

ObjectId: 202400589349300200 - Submission: 2024-02-26

TIN: 94-1408150

SCHEDULE G (Form 990)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2022

Department of the Treasury nternal Revenue Service	Complete if the organization	tion answered "Yes" tion entered more than Attach to Form i.irs.gov/Form990 for	17, 18, or 19, or if the ine 6a.	QUZZ Open to Public Inspection		
Name of the organization Mission Neighborhood Cen		-			lentification number	
	LO. J AIIG			94-1408150		
	g Activities. Complete if	-		orm 990, Part IV, line	17.	
	Z filers are not required t					
O	organization raised funds th	nrough any of the fo	_			
a Mail solicitations		e		-government grants		
<b>b</b> Internet and ema	ail solicitations	f	Solicitation of gov			
<b>c</b> Phone solicitation	ns	9	Special fundraisin	g events		
<b>d</b> In-person solicita	tions					
	have a written or oral agree ted in Form 990, Part VII) or			and the second second second	Yes 🔽 No	
b If "Yes," list the 10 h to be compensated a	ighest paid individuals or en it least \$5,000 by the organi	tities (fundraisers) ization.	pursuant to agreements	under which the fundrais	ser is	
(i) Name and address of i		(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						
3 List all states in which licensing.	the organization is registere	d or licensed to soli	icit contributions or has l	peen notified it is exempt	t from registration or	
or Paperwork Reduction A	ct Notice, see the Instructions	for Form 990 or 99	O-EZ. Cat. No.	50083H	Schedule G (Form 990) 2022	
		Pa	ge 2 —————			
Schedule G (Form 990) 20	22 <b>19 Events.</b> Complete if the	ho organization a	ngwarad "Vac" on Far	m 000 Part IV line 1	Page 2	

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

https://projects.propublica.org/nonprofits/organizations/941408150/202400589349300200/full

gross receipts greater than \$5,000.

		<b>(a)</b> Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		Cinco De Mayo (event type)	(event type)	(total number)	col. <b>(c)</b> )
		(event type)	(event type)	(total number)	
-					
nue					
Revenue					
~					
	<b>1</b> Gross receipts	22,337			22,337
	<b>2</b> Less: Contributions	·			,
	<b>3</b> Gross income (line 1 minus				
	line 2)	22,337			22,337
	4 Cash prizes				
es	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	7,000			7,000
益	<b>7</b> Food and beverages	12,411			12,411
e G	8 Entertainment	2,500			2,500
ā	9 Other direct expenses	426			426
	<b>10</b> Direct expense summary. Add lines 4 t				22,337
_	11 Net income summary. Subtract line 10			•	1 +15,000
Par	<b>t III Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	s" on Form 990, Part I	v, line 19, or reported	more than \$15,000
ne		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
Revenue		(4) 290	bingo/progressive bingo	(c) cance gaming	(a) through col.(c))
Re	1 Gross revenue				
Direct Expenses	2 Cash prizes				
en:					
盔	3 Noncash prizes				
Te Ct	4 Rent/facility costs				_
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes%	☐ Yes <u>%</u>	
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No	
	<b>7</b> Direct expense summary. Add lines 2 t	hrough 5 in column (d)			
			( I)		
	8 Net gaming income summary. Subtract	line / from line 1, colum	n (d)	<u> <del>-</del></u>	
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct gas If "No," explain:				☐ Yes ☐ No
_					
100	Were any of the organization's gaming lic				
10a b	If "Yes," explain:				☐ Yes ☐ No
					1
				s	chedule G (Form 990) 2022

dule G (Form 990) 2022							ı	Page <b>3</b>
Does the organization conduct gami	ng activities with nonmembers					☐ Yes	□No	
	,		or other enti	ty		Ves	□ No	
Indicate the percentage of gaming a	ctivity conducted in:					∪ res		
The organization's facility					13a			%
An outside facility					13b			%
Enter the name and address of the p	person who prepares the organ	zation's gaming/special	events books	and re	cords:			
Name								
Does the organization have a contra	ct with a third party from whon	n the organization receiv	es gaming					
		nization 🕨 \$		and th	е	_ 103	_ 110	
If "Yes," enter name and address of	the third party:	_						
Name Name								
Address								
Name Name								
Description of services provided ▶								
☐ Director/officer	Employee	☐ Independe	nt contractor					
Mandatory distributions:								
Is the organization required under s retain the state gaming license? .	ate law to make charitable dist	ributions from the gamir	ng proceeds t 			□ Ves	□No	
			nizations or s	spent		U les	ONO	
								5.
Return Reference		Explar	nation					
				Sched	ule G (F	orm 990) 2	022	
Iditional Data						Return t	to Form	1
	Does the organization conduct gamin Is the organization a grantor, benefic formed to administer charitable gam Indicate the percentage of gaming a The organization's facility	Does the organization conduct gaming activities with nonmembers:  Is the organization a grantor, beneficiary or trustee of a trust or a reformed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organication have a contract with a third party from whome revenue?  If "Yes," enter the amount of gaming revenue received by the organication of gaming revenue received by the organication of gaming revenue received by the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation  \$ Director/officer	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership formed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in:  The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special or services.  Name  Address  Does the organization have a contract with a third party from whom the organization receive revenue?  If "Yes," enter the amount of gaming revenue received by the organization   f "Yes," enter the amount of gaming revenue received by the organization   f "Yes," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation  \$\begin{array}{c} \text{Employee} \text{ Independe}  Indep	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entiformed to administer charitable gaming?  Indicate the percentage of gaming activity conducted in: The organization's facility  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$  amount of gaming revenue retained by the third party ▶ \$  If "Yes," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation ▶ \$  Description of services provided  □ Director/officer □ Employee □ Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds t retain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempt organizations or state in the organization's own exempt activities during the tax year ▶ \$  ▼IV Supplemental Information. Provide the explanations required by Part I, line 2b, cc III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional Return Reference Explanation	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?  Indicate the percentage of gaming activity conducted in: The organization's facility  Enter the name and address of the person who prepares the organization's gaming/special events books and related the percentage of gaming activity conducted in:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization \$\infty\$ and the amount of gaming revenue retained by the third party \$\infty\$ \$\infty\$.  If "Yes," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation \$\infty\$ \$\infty\$  Description of services provided  Director/officer  Employee  Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$\infty\$  Supplemental Information. Provide the explanations required by Part I, line 2b, columns III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor Schedi	Does the organization conduct gaming activities with nonmembers?  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?  Indicate the percentage of gaming activity conducted in:  The organization's facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization spaning revenue?  If "Yes," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Gaming manager compensation spaning manager compensation sp	Section organization conduct gaming activities with nonmembers?  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?  Indicate the percentage of gaming activity conducted in:  The organization's facility  13a  An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name  Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "ves," enter the amount of gaming revenue received by the organization ★ s and the amount of gaming revenue retained by the third party ★ s  If "ves," enter name and address of the third party:  Name  Address  Gaming manager information:  Name  Caming manager compensation ★ s  Description of services provided ★ c  Director/officer	Does the organization conduct gaming activities with nonmembers?

**Software ID:** 22015553 **Software Version:** 2022v5.0

2 Cynthia Nieves VP of Children Ser

3 Eulalia Brito Controller

4 Isabel StGermain Singh Ch Program Officer

ObjectId: 202400589349300200 - Submission: 2024-02-26 efile Public Visual Render TIN: 94-1408150 Schedule J (Form 990) OMB No. 1545-0047 **Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

	ment of the Treasury I Revenue Service	▶ Go to <u>www.irs.gov/Form</u>	990 for instruc			information.			o Public				
Nar	ne of the organiz					Employer i	dentific			-			
MISS	sion Neighborhood (	enters inc				94-1408150				_			
Pa	rt I Questi	ons Regarding Compensation											
1a	990, Part VII, S  First-clas  Travel for	opiate box(es) if the organization provide section A, line 1a. Complete Part III to pr s or charter travel companions	ovide any releva Housin Payme	int inf ig allo ints fo	ormation regardion wance or residen or business use of	ng these items. ce for personal use personal residence			Yes No	_			
		nification and gross-up payments nary spending account			cial club dues or vices (e.g., maid,								
b 2	reimbursement Did the organiz	oxes on Line 1a are checked, did the orga or provision of all of the expenses descr ation require substantiation prior to reim ees, officers, including the CEO/Executive	ibed above? If "N bursing or allowi	No," o ing ex	omplete Part III t penses incurred	o explain by all		1b 2		_			
3	organization's (	if any, of the following the filing organiza EEO/Executive Director. Check all that ap ed organization to establish compensatio	ply. Do not checl	k any	boxes for method	ds							
	Independ	ation committee lent compensation consultant ) of other organizations	✓ Compe ✓ Approv	ensation		y npensation committ							
4 a	related organiz	<ul> <li>did any person listed on Form 990, Pariation:</li> <li>rance payment or change-of-control payr</li> </ul>	, ,			the filing organiza	tion or a	4a	No				
b c	Participate in, c Participate in, c	or receive payment from, a supplemental or receive payment from, an equity-based of lines 4a-c, list the persons and provide	nonqualified ret d compensation a	ireme arrang	nt plan?			4b 4c	No No	_			
5	For persons list	(3), 501(c)(4), and 501(c)(29) organied on Form 990, Part VII, Section A, line contingent on the revenues of:				any							
a b	Any related org	n?						5a 5b	No No	- -			
6	compensation of	ed on Form 990, Part VII, Section A, line contingent on the net earnings of:	1a, did the orga	anizati	on pay or accrue	any							
a b	Any related org	n?			6a 6b				No No	<del>-</del>			
7	payments not o	ed on Form 990, Part VII, Section A, line lescribed in lines 5 and 6? If "Yes," descr	ibe in Part III .					7	No	_			
8	subject to the i	Ints reported on Form 990, Part VII, paid nitial contract exception described in Reg	ulations section	53.49	58-4(a)(3)? If "Y	es," describe		8	No				
9		8, did the organization also follow the re					section	9		_			
For I	Paperwork Red	uction Act Notice, see the Instruction	ns for Form 990 Page 2		Cat	. No. 50053T <b>S</b> o	chedule	J (Form	1 990) 202:	2			
	dule J (Form 990	) 2022 rs, Directors, Trustees, Key Emp	lovees and H	liaha	est Compans	ted Employees	Hea du	ınlicate	conies if a	dditio	nal snace is ne	eded	Page <b>2</b>
For e	ach individual whuctions, on row (	nose compensation must be reported on nii). Do not list any individuals that are no umns (B)(i)-(iii) for each listed individual	Schedule J, repo t listed on Form	rt con 990,	npensation from 1 Part VII.	the organization on	row (i)	and from	related org	anizat	ions, described ir	n the	/idual.
	2.	(A) Name and Title	,	-		of W-2, 1099-MISC and/or 1099-NEC (ii) Bonus & incentive compensation		osation, Other table		ment er ed	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation column (B) reported as deferred on pric
1 Bei COO	ling Gonzalez			(i) (ii)	109,283	5,543 			23,606		32,107	170,539	

173,269 151 10,250 194,812 (ii) --------

157,901

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119,138

8,409

4,971

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(i)

(ii)

(i)

(ii)

(i)

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202,698

159,138

10,981

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12,646

11,142

25,407

22,383

5 Richard Ybarra	(i)	242,605	1,230		27,488	2,106	273,429	1
CEO	(ii)							
	()						-	
6 SANTIAGO RUIZ Past CEO (PERS/Retirement)	(i)				48,000		48,000	
	(ii)							
7 Sebastian Alioto CFO	(i)	196,438	6,292		24,055	32,364	259,149	
	(ii)						-	
	•	<u> </u>	<u> </u>		I.	S	chedule J (F	orm 990) 2022
		Pa	age 3 ———					
								D 3
Part III Supplemental Information								Page <b>3</b>
Provide the information, explanation, or descriptions req Return Reference	uired for Part I, lines 1a, 1	b, 3, 4a, 4b, 4c, 5		nd 8, and for Part	II. Also complete	this part for any	additional info	rmation.

Additional Data Return to Form

**Software ID:** 22015553 **Software Version:** 2022v5.0

efile Public Visual Render

ObjectId: 202400589349300200 - Submission: 2024-02-26

TIN: 94-1408150

OMB No. 1545-0047

Open to Public Inspection

### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

## 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.

Name of the organization Mission Neighborhood Centers Inc **Employer identification number** 

94-1408150

Return Reference	Explanation
Form 990, Part III, Line 4d	OTHER PROGRAM SERVICES 4: Senior Program:MNC's Healthy Aging Senior program served over 1,749 low-income, monolingual, seniors who migrated to the Bay Area. The MNC Senior Center provides a multilingual (e.g. Spanish, Cantonese, or Tagalog),multicultural environment that assists seniors with building the necessary resources to support healthy aging and independent living. Program activities included computer training, exercises, choir, health education, outings, congregate meals, and a food pantry. The program's objective is to enhance and expand the quality of life for vulnerable, multicultural seniors, who face language/cultural barriers, frailty, social isolation, and lack of disposable income. OTHER PROGRAM SERVICES 5: Construction - The construction program includes normal repair and maintenance services for 14 facilities where MNC operates its child development, youth services, and senior programs. MNC currently has projects in the early stages of renovation, those costs are reported as in-process construction. OTHER PROGRAM SERVICES 6: Emergency Rental Assistance Program: The Emergency Rental Assistance Program is designed to serve the most vulnerable tenants with the highest likelihood of experiencing homelessness or the most severs consequences of housing loss. Withthe grant award the agency served over 850 households from multiple districts with an average of \$ 6,400 per household. OTHER PROGRAM SERVICES 7: Community Grant and OtherCommunity support includes contracts awarded to perform Covid-19 related activities. Also reflected the Payroll Protection Program employee incentives.
Form 990, Part VI, Section B, Line 11b	The Form 990 is prepared by external certified public accountant firm with input from MNC's Management and accounting staff. Upon completion, the Form 990 is presented to the Finance Committee for review and approval. After the approval, the Form 990 is presented to the full Board of Directors at the regular scheduled board meeting for review and approval.
Form 990, Part VI, Section B, Line 12c	At the monthly Board of Directors meeting, board members confirm in writing that they do not have any relationship or personal interest that might result in a conflict of interest.
Form 990, Part VI, Section B, Line 15b	Mission Neighborhood Centers participates each year in Nonprofit Compensation Associates Compensation & Benefits Survey which includes comparable compensation and benefit information for senior managers: Executive Director, Director of Operations, Finance Director. 434 nonprofit organizations participate in the survey from throughout the San Francisco Bay Area. Executive Director's compensation package is reviewed and approved by board of directors.
Form 990, Part VI, Section C, Line 19	The Executive Assistant is custodian of public records. A requestor of public documents shall be referred to the custodian. All requests must be made in the form of writing, with specific document needs, associated dates, and requestor contact information. After the petitioner has requested public documents, the custodian of said documents will release them via certified postal mail or email within 48 hours of the initial request. The Executive Assistant will submit a written response declining the request for information beyond what is "Sunshineable". In the event of a dispute, the request will be presented to the Executive Director, President of the Board for resolution. If they are unable to resolve the dispute we will seek the advice of the Sunshine Ordinance Task force.
Form 990, Part XI, Line 9	Transaction related to MNC 1240 Valencia = \$2082

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

**Return to Form** 

Software ID: 22015553 Software Version: 2022v5.0

efile Public Visual Render ObjectId: 202400589349300200 - Submission: 2024-02-26

TIN: 94-1408150 OMB No. 1545-0047

**SCHEDULE R** (Form 990)

Mission Neighborhood Centers Inc

#### **Related Organizations and Unrelated Partnerships**

2022

Department of the Treasury Internal Revenue Service Name of the organization

 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ▶ Attach to Form 990.
 ▶ Go to <a href="www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. Open to Public Inspection Employer identification number

Part I Identification of Disregarded	l Entities. Comp	plete if th	ne organiz	ation answe	ered "Yes"	on For	m 990,	Part IV,	-	4-1408150					
(a) Name, address, and EIN (if applicable) of c	lisregarded entity			<b>(b)</b> Primary act	ivity	Legal do	(c) omicile (sta ign country	nte T	(d) otal income		(e) year assets		(f) Direct cont entit	rolling	
Part II Identification of Related Tax-I	Exempt Organi	izations	. Complet	e if the orga	nization a	nswere	ed "Yes"	on Forn	1 990. Pai	t IV. line :	34 because	it had	one or n	nore	
related tax-exempt organizations (a) Name, address, and EIN of related organizations	during the tax y		(	b) activity	(c) Legal domic or foreign	ile (state		(d) pt Code sed	tion Pub	(e) lic charity sta ection 501(c)	ntus D	(f) irect contr entity		Section (13) co	g) 512(b) ontrolled
(1)MNC 1240 Valencia Inc 362 Capp Street			To hold the li Interest	hold the leasehold erest			501(c)	3	509(	a)(2)				Yes	No No
San Francisco, CA 94110 85-3358007											N/A				
							+								
For Paperwork Reduction Act Notice, see the	Instructions for	Form 990	).		Cat.	No. 50:	135Y				Sch	edule R	(Form 9	90) 20	022
		- Page 2													
Schedule R (Form 990) 2022  Part III Identification of Related Orga						organi	zation a	nswered	"Yes" on	Form 990	), Part IV, I	ine 34, l	oecause		je <b>2</b> I
one or more related organizations  (a)  Name, address, and EIN of		artnershi (b) Primary	p during t (c) Legal	he tax year.  (d)  Direct	(e) Predomin	ant	(f) Share of	(g) Share of		( <b>h)</b> prtionate	(i) Code V-UBI		j) eral or		<b>k)</b> entage
related organization		activity	domicile (state or foreign country)	controlling entity	income(rela unrelate excluded fro under sect 512-514	ated, d, m tax ions	total income	end-of- year assets		ations?	amount in box 20 of Schedule K-1 (Form 1065)	man	aging tner?		ership
									Yes	No		Yes	No		
Part IV Identification of Related Orga because it had one or more relate	ed organizations		as a corp	oration or tr	ust during	the ta	x year.								
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activ	vity	Le don (state o	<b>c)</b> gal nicile r foreign ntry)	(d) Direct con entit	trolling	(e) Type of e (C corp corp, or trus	entity Sha	(f) are of total income	(g) Share of en- of-year assets	d- Perce	ntage rship	Section contro <b>Yes</b>	(i) n 512(b) olled ent	)(13) :ity?
attps://projects.propublica.org/nonprofit	T s/organization	is/94140	08150/20	024005893	T 34930020	00/full									36/3

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										Sch	edule R	(Form	2001	2022
		Page 3 -								50	cuuic it	(101111	,,,	
Cahadula B /Farm 000\ 2022													_	_
Schedule R (Form 990) 2022  Part V Transactions With Related Organ	nizations Con	anloto if th	ho organizati	on answe	arod "Voc"	on Form	000 Part	· I\/ lino 24	2Eh	or 26			Р	age 3
Note. Complete line 1 if any entity is listed in F				JII aliswe	ereu res	OII FOITH	990, Part	. 1V, IIIIe 34,	330,	01 36.			Yes	No
During the tax year, did the organization engage				ne or more	e related or	ganizations	listed in F	arts II-IV?						+
a Receipt of (i) interest, (ii) annuities, (iii) royal	•	_				_						1a		No
<b>b</b> Gift, grant, or capital contribution to related or	ganization(s) .										į.	1b		No
c Gift, grant, or capital contribution from related											•	1c		No
<ul> <li>d Loans or loan guarantees to or for related orga</li> <li>e Loans or loan guarantees by related organization</li> </ul>	. ,								•		•	1d 1e		No No
e Loans or loan guarantees by related organization	ווע (כ)ווע								•			1		+
${f f}$ Dividends from related organization(s)												1f		No
${\bf g}$ Sale of assets to related organization(s) .    .												1g		No
<b>h</b> Purchase of assets from related organization(s										•		1h		No
<ul><li>i Exchange of assets with related organization(s)</li><li>j Lease of facilities, equipment, or other assets to</li></ul>										•		1i 1j		No
j Lease of facilities, equipment, of other assets to	related organiza	ation(s) .										-,		+
k Lease of facilities, equipment, or other assets f	rom related orga	nization(s)										1k	Yes	
I Performance of services or membership or fund	raising solicitatio	ns for relate	ed organizatior	n(s)								11		No
m Performance of services or membership or fund												1m		No
<ul><li>n Sharing of facilities, equipment, mailing lists, or</li><li>o Sharing of paid employees with related organiz</li></ul>												1n 1o		No No
Starting of para employees with relaced organiz	adon(3)													+
<b>p</b> Reimbursement paid to related organization(s)	for expenses .											1р		No
<b>q</b> Reimbursement paid by related organization(s)	for expenses .											1q		No
												1-	Vas	ــــــ
<ul><li>other transfer of cash or property to related or</li><li>other transfer of cash or property from related</li></ul>												1s	Yes	No
2 If the answer to any of the above is "Yes," see														1
(	a)					(b)		(c)			(d)			
Name of relat	ed organization					Transact type (a		Amount involv	ed	Method of de	etermining	amount i	nvolve	d
(1)MNC 1240 Valencia Inc						k		363,344	F	MV				
(2)MNC 1240 Valencia Inc						r		296,083	F	MV				
										Sch	edule R	(Form	990)	2022
		Page 4 -												
Schedule R (Form 990) 2022													_	200 4
Part VI Unrelated Organizations Taxab	le se s Doube	rebin C	ampleta if the	organi-	ation and	vered "Ve	e" on Ea-	m 000 Part	T\/ 1:	ıa 37			۲	age <b>4</b>
Provide the following information for each entity taxed	l as a partnership	through w	vhich the organ	ization co							ssets or	gross re	venue	) that
was not a related organization. See instructions regar  (a)	ding exclusion fo	r certain inv	vestment partr		(e)	(f)	(g)	(h		(i)	,	j)	1	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income	Are al	Il partners ection	Share of total	Share of end-of-year	Dispropr	tionate	Code V-UBI amount in	Gene	eral or aging		rcentage vnership
	deavie	(state or foreign	(related, unrelated,	50:	1(c)(3) nizations?	income	assets	an anotar		box 20 of Schedule		ner?		тегот
		country)	excluded from tax under	Jorgan						K-1 (Form 1065)				
			sections 512- 514)		1	4			1			1	1	
			317)	Yes	No	1		Yes	No		Yes	No		
					1							1		
			1		1									
			1											

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										Sal	adula B	(Form 0	90) 2022
		— Page 5								50	ieuuie K	(FOIIII 9	90) 2022
		ruge 5											
Schedule R (Form 990) 2022  Part VII Supplemental Info													Page <b>5</b>
	rmation for responses to qu	estions on Scl	nedule R. See	instructions									
Return Reference					Е	xplanation	1						
											Schedu	le R (Fori	n 990) 2022
Additional Data											R	eturn t	o Form

 Software ID:
 22015553

 Software Version:
 2022v5.0

efile Public Visual Render ObjectId: 202211109349300831 - Submission: 2022-04-20 TIN: 23-7317504

Form **990** 

## **Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and	I the latest i	nformation.		Inspection
A F	or the 2021 c	alendar year, or tax year beginning 01-01-2021 , and ending	12-31-2021		<u>'</u>	
○ Ad	ck if applicable: dress change me change	C Name of organization The Mexican Museum		<b>D Employ</b> e		fication number
	tial return	Doing business as				
	al return/terminated nended return	Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephon	e numbei	r
	plication pending	649 Mission Street 419	only suite	(415) 20	02-9700	)
_		City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94105		<b>G</b> Gross red	ceipts \$ 5	573,343
		F Name and address of principal officer:	H(a)	Is this a group ret		,
		1		subordinates?		□Yes <a>✓</a> No
	, avamet status.		H(b)	Are all subordinat included?	es	☐ Yes ☐No
	k-exempt status:	✓ 501(c)(3)		If "No," attach a li		
J W	ebsite: www	w.mexicanmuseum.org	11(0)	Group exemption	number	•
<b>K</b> Forr	n of organization:	☐ Corporation ✓ Trust ☐ Association ☐ Other ►	<b>L</b> Year	of formation: 1973	<b>M</b> State	of legal domicile: CA
Pa	art I <b>Sum</b> i	mary				
	1 Briefly des	cribe the organization's mission or most significant activities: and maintain a permanent collection of Mexican and Latino art educa	ational progra	ms aparation of La	Tionda	a gift chan
Ge C		and conservation of art works.	itional progra	ins, operation of La	ı Heliua	i a giit siiop,
jan						
Activities & Governance	<del></del>					
ŝ	2 Check thi 3 Number of	s box $ ightharpoonup \square$ of voting members of the governing body (Part VI, line 1a)			lз	18
×8		of voting members of the governing body (Part VI, line 1a)			4	18
ties		nber of individuals employed in calendar year 2021 (Part V, line 2a)	-		5	10
ξ		nber of volunteers (estimate if necessary)			6	1
Ac		elated business revenue from Part VIII, column (C), line 12			7a	
		ated business taxable income from Form 990-T, Part I, line 11			7b	
				Prior Year		Current Year
o)	8 Contribut	ions and grants (Part VIII, line 1h)		234,5	505	572,290
au au	<b>9</b> Program	service revenue (Part VIII, line 2g)				0
Revenue	<b>10</b> Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d )		3,2	205	1,053
	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 1	.2)	237,7	'10	573,343
		nd similar amounts paid (Part IX, column (A), lines 1–3 )				0
	14 Benefits p	paid to or for members (Part IX, column (A), line 4)				0
88	-	other compensation, employee benefits (Part IX, column (A), lines 5-	·10)	210,0	)63	262,659
Expenses		nal fundraising fees (Part IX, column (A), line 11e)				2,280
æ		aising expenses (Part IX, column (D), line 25) .				
i.i.i		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	302,6		206,567
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	512,7	_	471,506
. 07	<b>19</b> Revenue	less expenses. Subtract line 18 from line 12		-275,0		101,837
Net Assets or Fund Balances			Beg	inning of Current Y	ear	End of Year
Set	20 Total asse	ets (Part X, line 16)	<u> </u>	27,756,5	65	27,667,271
d B		ilities (Part X, line 26)	.	939,9	_	748,826
žĒ	22 Net asset	s or fund balances. Subtract line 21 from line 20		26,816,6	808	26,918,445

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

	T k						
	Sic	anature of officer				2022-04-18 Date	
Sign		,					
Here		drew Kluger Chairman be or print name and title					
	V IV					_	
		Print/Type preparer's name	Preparer's	signature	Date	Check 🗹 if	PTIN P01881723
Paid		Firm's name Code Accounting				self-employed	7 2052022
Prepa		Firm's name Code Accounting				Firm's EIN ► 4	7-3852932
Use C	Only	Firm's address ► 249 W Jackson Stre	eet 260			Phone no. (510	) 706-2877
		Hayward, CA 9454	4				
May the	IDC dica	use this return with the preparer of	hown shove? (	coo instructions)			. Ves 🗆 No
		uss this return with the preparer s  Reduction Act Notice, see the s		,			
. o u,	per work	Reduction Act Notice, See the s	separate mst	uctions.	Cat.	No. 11282Y	Form <b>990</b> (2021
				Daga 2			
				— Page 2 ——			
Form 99	90 (2021)						Page 2
Part I	∥ Sta	atement of Program Service	e Accomplis	hments			. 5.
		eck if Schedule O contains a respo	-				
<b>1</b> B		cribe the organization's mission:	ise of flote to	any mie in this i arem			
To displa	ay and m	aintain a permanent collection of N	Mexican and La	tino art educational p	rograms, operati	on of La Tienda	a gift shop, collection and
		rt works.		•	<i>.</i>		J 17
<b>2</b> D	oid the or	ganization undertake any significar	nt program ser	vices during the year	which were not I	isted on	
tl	he prior F	orm 990 or 990-EZ?					🗆 Yes 🔽 No
If	f "Yes," d	escribe these new services on Scho	edule O.				
<b>3</b> D	oid the or	ganization cease conducting, or ma	ake significant	changes in how it con	ducts, any progr	am	
S	ervices?						. 🗆 Yes 🛂 No
If	f "Yes," de	escribe these changes on Schedule	e O.				
		he organization's program service					
		1(c)(3) and $501(c)(4)$ organization ue, if any, for each program service		to report the amount	of grants and a	llocations to oth	ers, the total expenses,
a	iiu reveiii	de, il ally, for each program service	e reported.				
4a (	Code:	) (Expenses \$	258,076	including grants of \$		) (Revenue \$	)
It	ncreases in	museum recognition and expansion of	the art collection				
_							
<b>4b</b> (0	Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
_							
_							
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_							
4c (	Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
	ooue.	) (EXPONDED 4		melaung grunts or ¢		γ (πονοπασ φ	,
_							
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<b>4d</b> 0	Other pro	gram carvices (Describe in Sehadu)	In () )				
_	Expenses	gram services (Describe in Schedu	ie O.) iding grants of	¢	) (Revenue	· ¢	1
		gram service expenses	258.0		, (Revenue	٠ ٣	,
4e T	ULAI DIO	uraili service expenses 🕨	258.0	70			

——— Page 3 ———

Form 990 (2021) Page **3** 

Pai	Cnecklist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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> 2	11c		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f 12-	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)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		No
12a	Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21		No

Form **990** (2021)

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	990 (2021)			Page
Par	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	Yes	No No
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		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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? If "Yes," complete Schedule L, Part II	26		No
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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
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	<del></del> i	Yes	U No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			

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orm	990 (2021)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
_	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	No
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	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	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			
C	Enter the amount of reserves on hand		ı	1

<i>J</i> /21/2	The Mexican Museum 1 and 1 ming 14 min			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	<u></u>	orm <b>99</b>	<b>0</b> (2021)
			01111 33	0 (2021)
	Page 6 —			
Form	990 (2021)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	-	onse to	<b>✓</b>
Se	ction 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 18	3		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  18	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? $\cdot$	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	<u> </u>
	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14 15	Did the organization have a written document retention and destruction policy?	14	Yes	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		V-	
	The organization's CEO, Executive Director, or top management official	15a	Yes	Nia
b	Other officers or key employees of the organization	15b		No
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
_ Va	taxable entity during the year?	16a		No

	4, 10 18 PM		lexican Museum Full Filing N				
b	If "Yes," did the organization follow a writte in joint venture arrangements under applic status with respect to such arrangements?	able federal tax				ib	
Se	ction C. Disclosure						
17	List the states with which a copy of this Fo	rm 990 is requi	red to be filed▶				_
18	Section 6104 requires an organization to m 501(c)(3)s only) available for public inspec						_
	Own website Another's website	Upon red	uest Other (explain in S	chedule O)			
19	Describe in Schedule O whether (and if so, policy, and financial statements available to	how) the orga		ocuments, conflict o	of interest		
20	State the name, address, and telephone nu • Andrew Kluger 649 Mission Street Suite				l records:		
	-					Form <b>990</b> (20	21)
			Page 7				
Form	990 (2021)					D	
	t VII Compensation of Officers, D	irectors Tru	stees Key Employees L	lighest Compa	seated Employ		je <b>7</b>
ıa	and Independent Contractor		stees, key Liliployees, i	ngnest compe	isateu Linpio	,ces,	
	Check if Schedule O contains a resp	onse or note to	any line in this Part VII				
Se	ction A. Officers, Directors, Truste						
<b>1a</b> C	omplete this table for all persons required to	be listed. Repo	ort compensation for the calen	dar year ending wi	th or within the o	rganization's tax	
year.							
	List all of the organization's <b>current</b> officers mpensation. Enter -0- in columns (D), (E), a			organizations), rega	irdless of amount		
	ist all of the organization's <b>current</b> key em	. ,	·	ion of "kev employ	ee."		
• 1	ist the organization's five <b>current</b> highest c	ompensated er	nployees (other than an officer	, director, trustee o	r key employee)		
who orgai	received reportable compensation (box 5 of nization and any related organizations.	Form W-2, Forr	m 1099-MISC, and/or box 1 of	Form 1099-NEC) o	f more than \$100	,000 from the	
	ist all of the organization's <b>former</b> officers, portable compensation from the organization			oloyees who receive	ed more than \$10	0,000	
	ist all of the organization's <b>former directo</b> r nization, more than \$10,000 of reportable co					2	
See t	he instructions for the order in which to list	the persons ab	ove.				
	Check this box if neither the organization no	r any related oi	rganization compensated any c	current officer, direc	ctor, or trustee.		
	<b>(A)</b> Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of oth compensatio	

<b>(A)</b> Name and title	(B) Average hours per week (list any hours	pers	an on on is	e bo botl	t che x, u n an	nless office ustee	er )	(D) Reportable compensation from the organization (W-	Reportable Reportable Est compensation from the anization (W- organizations from the compensation from related compensation from related compensation from related compensation from related from related compensation from related from relate		
	for related organizations below dotted line)			2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations					
(1) Bertha Rodriguez	40.00			х				66,000	0	0	
C00	0.00			X				66,000	0	U	
(2) Andrew Kluger JD Chairman	20.00	Х						0	0	0	
(3) Alfredo Pedroza	10.00										
Trustee	0.00	Х						U	0	0	
(4) Richard Levy MD Trustee	0.00	Х						0	0	0	
(5) Alejandro Vallejo JD Vice President	15.00	Х						0	0	0	
(6) Sandra Hanns	5.00										
Foundation Mgr.	0.00	Х						0	0	0	
(7) Theron Kabrich Foundation Mgr.	15.00	Х						0	0	0	
(8) Robert Mcdonald	10.00										

5/27/24, 10 18 PM	The M	exican	Muse	eum	Fu	II Filir	ng N	lonprofit Explorer	ProPublica	
Foundation Mgr.	0.00	Х						0	0	0
(9) Robert Osorio MD Secretary	5.00	х						0	0	0
(10) Patrick Pirkey Treasurer	5.00	Х						0	0	0
(11) Sergio Alcocer PhD Trustee	10.00	Х						0	0	0
(12) Carlos Camacho Trustee	5.00	Х						0	0	0
(13) Salvador Briman Trustee	5.00	Х						0	0	0
(14) Jesus Saucedo MD Foundation Mgr.	5.00	х						0	0	0
(15) Michael Rodriguez MD Trustee	5.00	Х						0	0	0
(16) Nora Wagner Foundation Mgr.	0.00	х						0	0	0
(17) Gemi Gonzalez	0.00									

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Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours	Position than of is b	ne bo	ox, ι n of	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	MISC/1099-	organization and related organizations
18) Blanca Zarazua	0.00	х						0	0	(
rustee	0.00									
					_					

Trustee

5/27/2	24, 10 18 PM		The Mexic	an Museum	Full Fili	ng Nonpro	ofit Explore	er ProPublica			
1h (	Sub-Total										
	Fotal from continuation shee	ts to Part VII	I, Section A		-				+		
d T	Total (add lines 1b and 1c)				•		66,000				
2	Total number of individuals (in of reportable compensation from			listed above	) who re	ceived mor	re than \$1	.00,000			
_	Did the organization list any <b>f</b>	66:		lese smanla		.:		l amamlayaa am		Yes	No
3	line 1a? If "Yes," complete Sci		•			-	• •	· · ·	3		No
4	For any individual listed on lin organization and related organindividual							n the	4		No
5	Did any person listed on line 1 services rendered to the organ		•	•		_			5		No
Se	ection B. Independent Co	ntractors									
1	Complete this table for your fi from the organization. Report								mpensa	ation	
	from the organization. Report	(	A)	real enailing t	VICII OI VV	numin the o		(B)		(0	
		Name and bu	isiness address				Des	cription of services		Comper	nsation
									$ \!$		
									$\dashv$		
	Total number of independent cor		luding but not limit	ed to those I	isted abo	ove) who re	eceived m	ore than \$100,0	00 of		
(	compensation from the organiza	tion 🕨 U								Form <b>99</b>	<b>0</b> (2021
											(2022
				- Page 9							
				_							
	990 (2021)										Page <b>S</b>
Pa	Statement of Rev				- 5						
	Check if Schedule O	contains a res	sponse or note to a	ny line in thi		1	<u></u> В)	(C)	<del></del>	 (D	,
				Total re	•	Relat	ed or	Unrelated		Rever	nue
							mpt ction	business revenue		excluded x under	
_						reve	enue			512 -	514
	Federated campaigns	1a									
Jifts	ributions, <del>, Grants,</del> Membership dues	1									
	rAmt	1b									
imi	lar	1									
lifio	Fundraising events	1c									
d	Related organizations	1d									
е	Government grants (contributions)	1e									
	All other contributions, gifts, grants, and similar amounts not included above	1f									
_	572,290 Noncash contributions included in	1									
	lines 1a - 1f:\$	1g									
h .	161,283 <b>Total.</b> Add lines 1a-1f		_								
¨	Total: Add lilles 1a-11		572,29	0		1					
	2a		Business Code								
9	2a ≀										
ce Revenue	,		-								
Sec.									-		
90	:										

4 Income from investment of tax-exempt bond proceeds  5 Royalties		4, 10 18 PM				I he Mexica	an Museum Full Filin I	ig Nonprofit Explor ∣	er ProPublica I	Ī
f All other program service revenue.  9 Total: Add lines 2a-2f	E	·								
f All other program service revenue.  9 Total: Add lines 2a-2f	gr	3								
9 Total. Add lines 2a-2f. 0 3 Investment income (including dividends, interest, and other similar amounts) 1,051 1,051 4 Income from investment of tax-exempt bond proceeds 0 5 Royalties 0 10 Real (II) Personal 6 6a Gross rents 6a										
3 Increament income (including dividends, interest, and other amiliar amounts)		<b>f</b> All other program s	servi	ce revenue.						
similar amounts) . 1.033   1.0		<b>9 Total.</b> Add lines 2	!a−2f.		•		0			
4 Income from investment of tax-exempt bond proceeds  5 Royalties	3	Investment income	(incl	uding divide	nds, in	terest, and other	1,053			1,053
S Royalties		•				nd proceeds	0			•
Ga Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales or assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 C Gain or (loss) 7 C Gain or (loss) 8 B B b Less: direct expenses 8 B B b Less: direct expenses 9 D C Net Income or (loss) from fundralising events 9 C Net Income or (loss) from fundralising events 10 G Gross sales of inventory. less returns and allowances 10 D Gross sales of inventory. less returns and allowances 10 D Less: cost of goods sold 10 Less: cost of goods sold 10 Less: cost of goods sold 10 La Tienda 453220 C Gain or (loss) 11 Gross sales of inventory 12 D Less: cost of goods sold 13 D Less: cost of goods sold 14 D La Tienda 15 Total revenue 17 C Less intert expense 18 D Less: cost of goods sold 10 D La Tienda 17 D La Tienda 18 D La Tienda 19 D La Tienda 19 D La Tienda 10 D La Tienda 10 D La Tienda 10 D La Tienda 10 D La Tienda 11 Total revenue. See instructions						-	0			
b Less: rental expanses of content income or (loss)						1				
D   Less: rental expenses   G   G		a Gross rents	63							
expenses c Rental income or (loss) d Net rental income or (loss).  10 Securities (ii) Other  7a Gross amount from sales of assets other than inventory b Less: crost or other basis and sales expenses  15 Gross income from fundraising events (not including \$\frac{1}{2}\text{ or other basis and sales expenses}}  16 A Net gain or (loss)  17 C  18 A Sea Parl IV, line 1s			Va				4			
or (loss) d Net rental income or (loss).  10 (Securities (ii) Other Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) To d Net gain or (loss) To d Net gain or (loss) See Part IV, line 18 .  See Part IV, line 19 .  See Part IV		expenses	6b							
(i) Securities (ii) Other  7a are assets other than inventory b Less: cost or other basis and sales expenses of case in contributions reported on line 1c).  8a b Less: direct expenses . 8b	٢		6с							
Ta Gross amount more manual or more more more more more more more m		<b>d</b> Net rental income	or (I	oss)		•	0			
Tom sales of the than inventory b  Less: cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  c See Part IV, line 18  b Less: direct expenses  c Net income or (loss) from fundraising events  c Net income or (loss) from gaming activities.  See Part IV, line 19  b Less: direct expenses  b Less: direct expenses  b Less: cost of goods sold  10a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  10b  c Net income or (loss) from sales of inventory  Alicellaneous Revenue  Business Code  11a Auction Sales  d Ali other revenue  c Total. Add lines 11a-11d  0  12 Total revenue. See instructions  7b  7b  7b  7b  7b  7b  7b  7b  7b  7				(i) Securi	ties	(ii) Other				
assets other than inventory be Less: cets or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  c Individual of the gain or (loss)  c Net income or (loss) from fundraising events c Net income from gaming activities.  See Part IV, line 18  See Part IV, line 19  b Less: direct expenses  see Part IV, line 19  b Less: coron-income or (loss) from gaming activities  see Part IV, line 19  c Net income or (loss) from gaming activities  o Net income or (loss) from gaming activities  c Net income or (loss) from gaming activities  o Net income or (loss) from sales of inventory less returns and allowances  loa  b Less: cost of goods sold  lob  c Net income or (loss) from sales of inventory .  Miscellaneous Revenue  Business Code  11a Auction Sales  b La Tienda  453220  c  d All other revenue  e Total. Add lines 11a-11d  o  12 Total revenue. See instructions  7b  7b  7b  7b  7b  7b  7b  7b  7b  7	7		7a							
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)										
c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  3 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Ŀ		76							
c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  or (not including s contributions reported on line 1c):  See Part IV, line 18			70							
d Net gain or (loss)		Gain or (loss)	7c							
Total revenue. See instructions			Ч				0			
c Net income or (loss) from fundraising events	ء ا	Gross income from fu	ndrais	sing events						
c Net income or (loss) from fundraising events	ž		d on li							
c Net income or (loss) from fundraising events	S.				8a					
Gross income from gaming activities.  See Part IV, line 19	æ	<b>b</b> Less: direct expens	ses		8b		1			
Gross income from gaming activities. See Part IV, line 19	her	c Net income or (los	s) fro	om fundraisir	ng eve	nts	0			
See Part IV, line 19	ö	C								
b Less: direct expenses 9b	آ				9a					
10aGross sales of inventory, less returns and allowances 10a		<b>b</b> Less: direct expens	ses		9b		1			
returns and allowances 10a		<b>c</b> Net income or (los	s) fro	om gaming a	ctivitie	es <b>.</b>	0			
returns and allowances 10a		• 0 1 5:								
b Less: cost of goods sold 10b	1	returns and allowa	ntory nces	, iess	10a					
c Net income or (loss) from sales of inventory		<b>b</b> Less: cost of goods	s solo	i			1			
Miscellaneous Revenue         Business Code           11a Auction Sales         453000           b La Tienda         453220           c         d All other revenue					<u> </u>	ory <b>&gt;</b>	0			
b La Tienda 453220  c d All other revenue		Miscellaneo								
d All other revenue       0         e Total. Add lines 11a-11d       0         12 Total revenue. See instructions       573,343	1	L1a Auction Sales	_			453000				
d All other revenue										
d All other revenue		<b>b</b> La Tienda				453220	D			
d All other revenue					_					
e Total. Add lines 11a–11d		с								
e Total. Add lines 11a–11d					_					
12 Total revenue. See instructions		<b>d</b> All other revenue								
573,343 1,053		e Total. Add lines 11	1a-1:	1d		•	0			
	1	l <b>2 Total revenue.</b> Se	ee ins	structions .		• • •	573 343			1 053
							5,5,515			Form <b>990</b> (2021)

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Form 990 (2021)

Page **10** 

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 or note to ar	ny line in this Part IX			🔾
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	·	-	· .
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	66,000	36,300	29,040	660
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	169,677	93,322	74,658	1,697
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	7,877	4,332	3,466	79
10	Payroll taxes	19,105	10,508	8,406	191
11	Fees for services (non-employees):				
a	Management	28,730	15,802	12,641	287
Ŀ	Legal	130	72	57	1
•	: Accounting	43,650	24,008	19,206	436
c	Lobbying	0			_
•	Professional fundraising services. See Part IV, line 17	2,280			2,280
f	Investment management fees	0			_
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,434	1,339	1,071	24
12	Advertising and promotion	1,584	871	697	16
13	Office expenses	29,371	16,154	12,923	294
14	Information technology	4,456	2,451	1,960	45
15	Royalties	0			
16	Occupancy	59,873	32,930	26,344	599
17	Travel	4,678	2,573	2,058	47
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	9,698	5,334	4,267	97
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	11,934	6,564	5,251	119
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Security	2,659	1,462	1,170	27
	<b>b</b> Dues & Membership	2,580	1,419	1,135	26
	<b>c</b> Postage and Shipping	2,578	1,418	1,134	26
	<b>d</b> Telephone	1,284	706	565	13
	e All other expenses	928	511	408	9
25	Total functional expenses. Add lines 1 through 24e	471,506	258,076	206,457	6,973
26	<b>Joint costs.</b> 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).				
	Check here - in following 50r 30-2 (ASC 930-720).				

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		Check if Schedule O contains a response or not	e to any line in this Part IX			$\square$
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		4,178,467	1	4,038,855
	2	Savings and temporary cash investments .	<b>⊢</b>		2	0
	3	Pledges and grants receivable, net	⊨	300,000	3	11,470,731
	4	Accounts receivable, net	'.'.' <del> </del>	11,265,731	4	95,000
	5	Loans and other receivables from any current o	r former officer, director	,,		
		trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial contributor, or 35%		5	0
	6	Loans and other receivables from other disquali section $4958(f)(1)$ , and persons described in section $4958(f)(1)$			6	0
S	7	Notes and loans receivable, net			7	0
Assets	8	Inventories for sale or use			8	0
SS	9	Prepaid expenses and deferred charges		855	9	2,281
⋖	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 12,057,902			
	ь	Less: accumulated depreciation	10b	12,009,012	10c	12,057,902
	11	Investments—publicly traded securities .		, , ,	11	0
	12	Investments—other securities. See Part IV, line	<sub>11</sub>		12	0
	13	Investments—program-related. See Part IV, line	<b>-</b>		13	0
	14	Intangible assets	<u> </u>		14	0
	15	Other assets. See Part IV, line 11		2,500	15	2,502
	16	<b>Total assets.</b> Add lines 1 through 15 (must eq	<b>⊢</b>	27,756,565	16	27,667,271
	17	Accounts payable and accrued expenses	· · · · · · · · · · · · · · · · · · ·	393,835	17	199,677
		. ,	· · · ·	000,000	18	100,011
	18	Grants payable	420,000	19	420,000	
	19	Deferred revenue	· · -	420,000		420,000
	20	Tax-exempt bond liabilities	<u> </u>		20	
es	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons .	butor, or 35% controlled entity		22	
Ξ	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties	34,127	24	33,943
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		91,995	25	95,206
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		939,957	26	748,826
ses		Organizations that follow FASB ASC 958, cl	neck here 🕨 🗹 and			
alan	27	complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		26,073,628	27	26,175,465
ä	28	Net assets with donor restrictions	[	742,980	28	742,980
or Fund Balances		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, check here ▶ □ and			
5	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or ed	juipment fund		30	
Net Assets	31	Retained earnings, endowment, accumulated in	come, or other funds		31	
t A	32	Total net assets or fund balances		26,816,608	32	26,918,445
Ne	33	Total liabilities and net assets/fund balances .		27,756,565	33	27,667,271
17570	L	·				Form <b>990</b> (2021)

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Part XI Reconcilliation of Net Assets

	·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			573,343
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		471,506
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>		101,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	26	.816,608
5	Net unrealized gains (losses) on investments	5	<u> </u>	20	,010,000
6	Donated services and use of facilities	6	<u> </u>		
7	Investment expenses	7	<u> </u>		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		26	,918,445
	rt XII Financial Statements and Reporting	10	l	20	,910,443
Fa					
	Check if Schedule O contains a response or note to any line in this Part XII				U
				Yes	No
1					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis   ☐ Consolidated basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C	).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale			
Ju	Audit Act and OMB Circular A-133?	rigic	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired			
	audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			ı	orm 99	<b>0</b> (2021)
orm	990 (2021)				
Ad	Iditional Data		Retur	n to Fo	rm
	<b>Software ID:</b> 21013485				
	Software Version: 2021v4.0				
orn	n 990, Special Condition Description:				
	Special Condition Description				

efile Public Visual Render

ObjectId: 202211109349300831 - Submission: 2022-04-20

TIN: 23-7317504

### SCHEDULE A (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

N	6 41	hiti					Formation and identifie	Inspection
		<b>he organization</b> Museum					Employer identific	ation number
Da	rt I	Reason for Public	Charity Stat	us (All organization	s must compl	oto this part ) 9	23-7317504	
		zation is not a private four	ndation because	e it is: (For lines 1 thro	ugh 12, check	only one box.)	bee mstructions.	
1		A church, convention of	churches, or as	sociation of churches	described in <b>se</b>	ction 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desci	ribed in <b>sectior</b>	170(b)(1)(A)(	iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital desc	ribed in <b>section</b> 1	L <b>70(b)(1)(A)(iii).</b> Ei	nter the hospital's
5		An organization operate			rsity owned or o	perated by a gov	ernmental unit descril	oed in <b>section</b>
6		<b>170(b)(1)(A)(iv).</b> (Co			scribed in <b>secti</b>	ion 170(b)(1)(A	.)(v).	
7		An organization that no section 170(b)(1)(A)	rmally receives	a substantial part of it				al public described in
8	<b>~</b>	A community trust desc		•	(Complete Part	II.)		
9		An agricultural research non-land grant college o						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	rmally receives: o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to cert ess taxable income (le	of its support tain exceptions,	from contribution and (2) no more	s, membership fees, a than 33 1/3% of its su	ipport from gross
11		An organization organiz	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (	described in section 5	09(a)(1) or se	ection 509(a)(2	). See <b>section 509(a</b>	
а		<b>Type I.</b> A supporting or organization(s) the pow	ganization oper er to regularly a	ated, supervised, or composite or elect a major	ontrolled by its	supported organiz	zation(s), typically by	
b		<b>Type II.</b> A supporting of management of the sup	organization sup porting organiz	ervised or controlled i ation vested in the sar				
С		must complete Part I Type III functionally	•		n onerated in co	onnection with an	nd functionally integra	ted with its
		supported organization(						ted with, its
d		Type III non-function functionally integrated. instructions). You mus	The organizatio	n generally must satis	fy a distribution	requirement and		
е		Check this box if the orgintegrated, or Type III r	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Ente	r the number of supported	d organizations				<u> </u>	
g		ide the following informat					() Amazumb of	(ni) Amount of
	(1) 1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
Tota						β.		
		work Reduction Act No	tice, see the I	nstructions for	Cat. No. 1128	1 85F	Schedule	A (Form 990) 2021
Forn	n 990	or 990-EZ.						
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2021						Page <b>2</b>
	rt II	<u> </u>	e for Organiz	ations Described	in Sections	170(b)(1)(A)	(iv) and 170(b)(1	
		(Complete only if y	ou checked th	ne box on line 5, 7, ify under the tests l	or 8 of Part I	or if the organi	zation failed to qua	

Section A. Public Support

Calendar vear

	724, 10 18 PM	The	e Mexican Museur	m Full Filing Non	profit Explorer Pr	oPublica	
	r fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	( <b>d)</b> 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	565,661	555,273	1,546,023	234,505	572,290	3,473,752
_	include any "unusual grant.")	,	,	, ,	,	,	, ,
2	Tax revenues levied for the organization's benefit and either paid						0
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						0
	the organization without charge						
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by	565,661	555,273	1,546,023	234,505	572,290	3,473,752
5	each person (other than a						
	governmental unit or publicly						0
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						3,473,752
_	Section B. Total Support			I	I		
	llendar year	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(o 7	r fiscal year beginning in) Amounts from line 4	565,661	555,273		234,505	572,290	3,473,752
8	Gross income from interest,	303,001	333/273	2/3 10/023	201,000	372,233	371737732
	dividends, payments received on			10		1,053	1,063
	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						0
10							
	loss from the sale of capital assets						0
11	(Explain in Part VI.) <b>Total support.</b> Add lines 7 through						2 474 015
	10						3,474,815
	Gross receipts from related activities, e					12	
13	First 5 years. If the Form 990 is for the	-			-		ization, check
	this box and <b>stop here</b>				<u> </u>	▶∪	
	Section C. Computation of Public		_			1 1	
	Public support percentage for 2021 (lin					14	99.970 %
15	Public support percentage for 2020 Scl a 33 1/3% support test—2021. If the					15	100.000 %
16	and <b>stop here.</b> The organization quali						_
	33 1/3% support test—2020. If the						
-	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶□
17	a 10%-facts-and-circumstances test	-2021. If the org	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	and if the organization meets the "fact		•	•	•	_	
	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes						
t	more, and if the organization meets t						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶ □
18	<b>Private foundation.</b> If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions		<u> </u>				▶□
						Schedule A (I	Form 990) 2021
			Page 3				
Sch	nedule A (Form 990) 2021						Page <b>3</b>
	Part III Support Schedule for						
	(Complete only if you						er Part II. If
_	the organization fails : Section A. Public Support	to qualify under	the tests listed	below, please c	ompiete Part II.	)	
	llendar year	(-) 2017	<b>(b)</b> 2010	(-) 2010	(4) 2020	(-) 2021	(f) Tatal
-	r fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and 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						
3	organization's tax-exempt purpose Gross receipts from activities that are	<u> </u>	+	+		1	+
3	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the		+				
4	organization's benefit and either paid						
	to or avacaded on its hehalf	I	I	1	1	I	I

5/27/2	4, 10 18 PM	The	e Mexican Museu	m Full Filing No	onprofit Explorer P	ProPublica			
5	The value of services or facilities furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons Amounts included on lines 2 and 3		1						
D	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		+						
8	<b>Public support.</b> (Subtract line 7c from line 6.)								
	ction B. Total Support					_			
	ndar year fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d</b> ) 2020	<b>(e)</b> 2021	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
_	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).								
14	First 5 years. If the Form 990 is for t	the organization's	first, second, thi	rd, fourth, or fift	h tax year as a sect	tion 501(c)(3) org	ganizat	ion, ch	neck
	this box and <b>stop here</b>							!	ightharpoons
	ection C. Computation of Public Public support percentage for 2021 (lii			column (f))		1 4= 1			
15 16	Public support percentage for 2021 (iii					15 16			
	ection D. Computation of Invest					10			
17	Investment income percentage for 20			y line 13, columr	n (f))	17			
18	Investment income percentage from 2	,	•			18			
19a	<b>33</b> 1/3% <b>support tests-2021.</b> If the								
<b>h</b>	more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the								18 is
ь	not more than 33 1/3%, check this box	_			•			_	10 15
20	Private foundation. If the organizati							_	
	<u> </u>		,	,		Schedule A			2021
			Page 4						
	dule A (Form 990) 2021							Р	age <b>4</b>
Par	t IV Supporting Organization (Complete only if you checked		of Part I If you c	hecked hov 12a	of Part I complete	Sections A and P	Ifvo	u chac	kad
	box 12b, of Part I, complete Se	ections A and C. I	f you checked bo						
Se	12d, of Part I, complete Section ection A. All Supporting Organiz		complete Part V.)						
	ction A. An Supporting Organiz	utions						Yes	No
1	Are all of the organization's supported								
	If "No," describe in <b>Part VI</b> how the s describe the designation. If historic an				ed by class or purp	ose,			
_	_	_					1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in								
	described in section 509(a)(1) or (2).		J		3		2		
3a	Did the organization have a supported	l organization des	scribed in section	501(c)(4), (5), c	or (6)? <i>If "Yes," ans</i>	wer lines 3b and			
	3c below.						За		
b	Did the organization confirm that each the public support tests under section								
	determination.	505(a)(Z)! II YE	, uestribe III <b>P</b>	uit vi Wiich dhu	now the organizati	ion made die	3b		
С	Did the organization ensure that all su	ipport to such ord	ganizations was u	sed exclusively fo	or section 170(c)(2	)(B) purposes?	20		
	If "Yes," explain in <b>Part VI</b> what conti						3с		

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.	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	40		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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).	5a		
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?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
с 6	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other	30		
ŭ	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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .			
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined on 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 <b>Part VI</b> .	9c		
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.			
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
D	the organization had excess business holdings).	10b		
	Schedule A		1 990)	2021
	Page 5			
Scho	dule A (Form 990) 2021			. <b>-</b>
	t IV Supporting Organizations (continued)		F	Page <b>5</b>
Fai	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 on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Se	ection B. Type I Supporting Organizations		l	1
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No
•	appoint or elect at least a majority of the organization's 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 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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations		<u> </u>	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		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 <b>Part VI</b> how control or management of the			
	each of the organization's cumported organization(s)/ It "No " describe in Dart WI how control or management of the			

The Mexican Museum	Full Filipa	Nannrafit Evalarer	DroDublica
rne wexican wuseum	Full Filling	Nonoroni Explorer	ProPublica

5/27/2	4, 10 18 PM supporting organization was vested in the same	The Mexican Museum Full Filing		•			
Se	ction D. All Type III Supporting Organi	-	спе зар		1 -		
	ction by Am Type 111 Supporting Organi	240000				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?						
2							
	organization maintained a close and continuous				2		
3	By reason of the relationship described in line 2						
	voice in the organization's investment policies ar during the tax year? If "Yes," describe in <b>Part V</b> .				3		
Se	ction E. Type III Functionally-Integrate	ed Supporting Organizations			•		
1	Check the box next to the method that the organ	,	art Tes	t during the year (see instruct	ions):		
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.						
ь	The organization is the parent of each of						
С	The organization supported a governmen	tal entity. Describe in <b>Part VI</b> how yo	ou supp	orted a government entity (see	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below					Yes	N.o.
а	Did substantially all of the organization's activitie	es during the tax year directly further	r the ex	remnt nurnoses of the		res	No
-	supported organization(s) to which the organizationganizations and explain how these activities	tion was responsive? <i>If "Yes," then in</i>	Part \	/I identify those supported			
	responsive to those supported organizations, and						
	substantially all of its activities.	actitute activities that but for the are		an'a involvement, and ar mare	2a	-	
b	Did the activities described on line 2a, above cor of the organization's supported organization(s) we the organization's position that its supported organization	vould have been engaged in? If "Yes,	" expla	in in <b>Part VI</b> the reasons for			
	organization's position that its supported org	janization(s) would have engaged in t	uiese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer line	es 3a and 3b below.					
a 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 Part VI.							
b	Did the organization exercise a substantial degre	ee of direction over the policies, progr					
	supported organizations? If "Yes," describe in Pa	art VI. the role played by the organiz	zation ii	_	3b		
				Schedule A	(Forn	ո 990)	202
		Page 6					
		. age c					
Sched	dule A (Form 990) 2021					F	Page (
Par	rt V Type III Non-Functionally Integ	rated 509(a)(3) Supporting C	Organi	izations			
1	Check here if the organization satisfied the					е	
	instructions. All other Type III non-funct	ionally integrated supporting organiz	ations r	must complete Sections A throu  (A) Prior Year		rent Yea	
	Section A - Adjusted Net Income			(A) Thor real		onal)	!
1	Net short-term capital gain		1				
2	Recoveries of prior-year distributions		2				
3	Other gross income (see instructions)		3				
<u>4</u> 5	Add lines 1 through 3  Depreciation and depletion		5				
6	Portion of operating expenses paid or incurred for	or production or collection of gross	6			-	
·	income or for management, conservation, or ma production of income (see instructions)						
7	Other expenses (see instructions)		7				
8	Adjusted Net Income (subtract lines 5, 6 and	7 from line 4)	8				
	Section B - Minimum Asset Amount (A) Prior Year		(A) Prior Year		rent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-utax year or assets held for part of year):	ise assets (see instructions for short	1				
а	Average monthly value of securities		1a				
b	Average monthly cash balances		1b				
С	Fair market value of other non-exempt-use asse	ts	1c				
	<b>Total</b> (add lines 1a, 1b, and 1c)		1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):						

		_	i i	
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
1 2	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	2		
2	Enter 85% of line 1	2		
3	Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
3	Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4		
2 3 4 5	Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3  Income tax imposed in prior year  Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5	ed Type III supporting organizat	tion (see

Page 7 -

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021

f Total of lines 3a through e

instructions)

g Applied to underdistributions of prior years
 h Applied to 2021 distributable amount
 i Carryover from 2016 not applied (see

a Applied to underdistributions of prior yearsb Applied to 2021 distributable amount

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2021 from Section D, line 7:

Page **7** 

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in <b>Part VI</b>		5	
6 Other distributions (describe in <b>Part VI</b> ). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to widetails in <b>Part VI</b> ). See instructions	hich the organization is respon	sive ( <i>provide</i>	8	
9 Distributable amount for 2021 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016				
<b>b</b> From 2017				
<b>c</b> From 2018				
<b>d</b> From 2019				
<b>e</b> From 2020				

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c Remainder. Subtract lines 4a and 4b from line 4.		1	
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:	1		
a Excess from 2017			
b Excess from 2018			
c Excess from 2019	1		
d Excess from 2020	1		
e Excess from 2021	1		
Part VI Supplemental Information. Provide the extension of the second of	, 9b, 9c, 11a, 11b, and 11c; ion E, lines 1c, 2a, 2b, 3a ar	Part IV, Section B, lines 1 and 2; and 3b; Part V, line 1; Part V, Section	Part IV, Section C, line 1; on B, line 1e; Part V
	Facts And Circumstances	Test	
Return Reference		Explanation	
•		Sch	nedule A (Form 990) 2021
Additional Data			Return to Form
	Software ID: 2101	3485	

**Software Version:** 2021v4.0

efile Public Visual Rer	nder	ObjectId: 202211109349	300831 - Submission: 202	2-04-20		TIN: 23-7317504
Schedule B		•	hedule of Contrib			OMB No. 1545-0047
(Form 990) Department of the Treasury nternal Revenue Service		► At	ttach to Form 990, 990-EZ, o w.irs.gov/Form990 for the la	r 990-PF.		2021
Name of the organization The Mexican Museum	n				Employer id	lentification number
Organization type (ch	eck on	<i>⊳).</i>			23-7317504	
		•				
Filers of:		Section:				
Form 990 or 990-EZ		☐ 501(c)( ) (enter num	nber) organization			
		4947(a)(1) nonexemp	pt charitable trust <b>not</b> trea	ted as a private found	lation	
		☐ 527 political organiza	ation			
Form 990-PF		501(c)(3) exempt priv	vate foundation			
		4947(a)(1) nonexemp	pt charitable trust treated a	as a private foundatio	n	
		501(c)(3) taxable priv	vate foundation			
money or othe contributions.  Special Rules  For an organization under sections received from a 990, Part VIII, li	ation de 509(a)( any one ine 1h, ation de , total c	escribed in section 501(c)((1) and 170(b)(1)(A)(vi), the contributor, during the ye or (ii) Form 990-EZ, line 1 escribed in section 501(c)() ontributions of more than	r 990-PF that received, du utor. Complete Parts I and 3) filing Form 990 or 990-l nat checked Schedule A (F ar, total contributions of th . Complete Parts I and II. 7), (8), or (10) filing Form \$1,000 exclusively for relig	EZ that met the 33 <sup>1</sup> /3 <sup>9</sup> , orm 990 or 990-EZ), e greater of <b>(1)</b> \$5,00	or determining a support test o Part II, line 13, 0 or <b>(2)</b> 2% of t ceived from an	of the regulations 16a, or 16b, and that he amount on (i) Form
during the year, If this box is che purpose. Don't religious, charit	, contrib ecked, comple able, e	outions exclusively for relicenter here the total contributes any of the parts unless tc., contributions totaling \$	7), (8), or (10) filing Form gious, charitable, etc., purpoutions that were received the <b>General Rule</b> applies 5,000 or more during the	poses, but no such co during the year for an to this organization by year	ntributions tota n <i>exclusively</i> re pecause it recei ▶ \$ _	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i>
990-EZ, or 990-PF), but	ıt it <b>mu</b> :	<b>st</b> answer "No" on Part IV,	eral Rule and/or the Specia , line 2, of its Form 990; or on't meet the filing requirer	check the box on line	H of its Form	m 990, 990-EZ
For Paperwork Reduction for Form 990, 990-EZ, or 9		ice, see the Instructions		Cat. No. 30613X	Sch	nedule B (Form 990) (2021)
			———— Page 2 ———			
Schedule B (Form 990)	) (2021	)			Page <b>2</b>	
Name of organization				Emp	loyer identifica	ation number

The Mavican Museum

23-73175NA

Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		<b>*</b> PEOTDIOTED	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
•		<del></del>	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_			Person
•		<del></del>	Payroll
		<u></u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		•	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
Schedule E	(Form 990) (2021)		Page 3
Name of org The Mexicar	anization	Employer identification	
		23-7317504	
Part II (a)	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	(c)	T
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

5/27/24, 10 18 PM 	The Mexican Museum Full F	iling Nonprofit Explorer ProPublic	ea 
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
. <u>  = </u>		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
- =			
			Schedule B (Form 990) (2021
	Page 4 ——		
Schedule B (Form 9			Page 4
Name of organization The Mexican Museum		23-7317504	ntification number
Part III Fxclusiv	rely religious, charitable, etc., contributions to organizations	•	(8) or (10) that total more

	, , ,		9
	rganization an Museum		Employer identification number 23-7317504
Part III	Exclusively religious, charitable, etc., cont than \$1,000 for the year from any one cont organizations completing Part III, enter the year. (Enter this information once. See inst Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) through (e) total of exclusively religious, charitable, etructions.)   \$	and the following line entry. For
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
. =			) T. ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
	Transferee's name, address, and		e) Transfer of gift Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	<u>=</u>	(c) Use of gift	(d) Description of how gift is held
. <u> </u>				
	Transferee's name, address, and		r) Transfer of gift Relation	nship of transferor to transferee
		<u> </u>		
(a) No from	(b) Purpose of gift		(c) Use of aift	(d) Description of how gift is held

5/27/24, 10 18 P	<sup>2</sup> M	The Mexic	an Museu	m Full Filing Nonpro	fit Explo	rer ProPublica	
Part I	(b) i dipose di giit		(9)	osc or gire		(a) Bescription	or now gire is note
_		_			-  -		
·			(a) Tr	anofor of gift	:		
	Transferee's name, address,	and ZIP 4	(e) II	ansfer of gift Relatio	nship (	of transferor to trans	feree
-			-  -				
(a)			<u> </u>				
No. from Part I	(b) Purpose of gift		(c)	Use of gift		(d) Description	of how gift is held
		_			-  -		
·   <del>-</del>			(a) Tr	ansfer of gift	:		
	Transferee's name, address,	and ZIP 4	(6) 11		nship o	of transferor to trans	feree
_			-  -				
						O a la a divida	D (Farma 000) (0004)
						Schedule	B (Form 990) (2021)
Addition	al Data						Return to Form

 Software ID:
 21013485

 Software Version:
 2021v4.0

efile Public Visual Render

ObjectId: 202211109349300831 - Submission: 2022-04-20

TIN: 23-7317504

**SCHEDULE D** 

(Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. Department of the Treasury

**Open to Public** 

nterna	al Revenue Service	<u>990</u> for instructions and the latest infor	mation.	Ins	spection
	me of the organization Mexican Museum		Employer ident	tification	number
Pa	Organizations Maintaining Donor Advis		23-7317504 or Accounts.		
	Complete if the organization answered "Yes		(h) Funda e		
	Total number at and of year	(a) Donor advised funds	( <b>b</b> ) Funds a	and other a	accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc				Yes 🗆 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose of		ssible	Yes 🗆 No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).			
	Preservation of land for public use (e.g., recreation	or education) Preservation of an	historically import	ant land a	irea
	Protection of natural habitat	Preservation of a c	ertified historic str	ructure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conservation contribution in the for			f the Year
а	Total number of conservation easements		2a	tile Lilu o	i tile Teal
b	Total acreage restricted by conservation easements	•	2b		
c	Number of conservation easements on a certified historic	•	2c		
d	Number of conservation easements included in (c) acquires structure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by t	:he organization d	uring the	
4	Number of states where property subject to conservation	n easement is located 🕨			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,	Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	nservation easem	ents durin	g the year
7	Amount of expenses incurred in monitoring, inspecting,   \$	handling of violations, and enforcing conserv	/ation easements o	during the	year
8	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?	above satisfy the requirements of section 17	_	Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	nse statement, and	d	
Pai	Complete if the organization answered "Yes	of Art, Historical Treasures, or Oth	er Similar Asse	ets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publication Part XIII, the text of the footnote to its financial statements.	ic exhibition, education, or research in furthe			
b	If the organization elected, as permitted under FASB ASI historical treasures, or other similar assets held for publifollowing amounts relating to these items:				
(	(i) Revenue included on Form 990, Part VIII, line 1		▶\$		
	ii)Assets included in Form 990, Part X		-		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for finar	-	the	
а	Revenue included on Form 990, Part VIII, line 1	•	▶\$		
b			· · · · · · · · · · · · · · · · · · ·		
	- <b>,</b>		·		

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

Schedule D (Form 990) 2021

Cat. No. 52283D

---- Page 2 -----

Sche	edule D	(Form 990) 2021											Page <b>2</b>
Par	t III	Organizations Mainta	ining Coll	ections of Art,	Historic	al Tr	easu	res, o	r Other	Similar A	Assets (co	ntinued)	
3		the organization's acquisitio (check all that apply):	n, accession,	and other records	_	ny of t	he foll	owing t	hat are a	significant	use of its co	ollection	
а	$\checkmark$	Public exhibition			d		Loan	or exch	ange prog	grams			
b		Scholarly research			е		Other						
C	<b>✓</b>	Preservation for future gene	erations										
4	Provide Part >	de a description of the organ (III.	ization's colle	ections and explain	how they	furth	er the	organiz	ation's ex	kempt purp	ose in		
5		g the year, did the organizat s to be sold to raise funds ra									✓ Yes		No
Pa	rt IV	Escrow and Custodia Complete if the organiz line 21.			rm 990,	Part :	IV, lin	e 9, or	reporte	d an amo		m 990,	Part X,
1a		e organization an agent, trust led on Form 990, Part X?									☐ Yes		No
b	If "Ye	s," explain the arrangement	in Part XIII a	and complete the f	ollowina ta	able:		,			Amount		_
c		ning balance		·	-			,	1c				<u>—</u>
d	_	ions during the year							1d				_
е		butions during the year						•	1e				_
f	Endin	g balance							1f				
2a	Did th	- ne organization include an ar	mount on For	m 990 Part X line	21 for e	scrow	or cus	todial a	ccount lia	ahility?	. O Ves		<del></del> No
b		s," explain the arrangement								-	_		••
	rt V	Endowment Funds.	III T GITE / CITI	check field if the c	жрішнистої	Tildo	been p	or o via co	2 III T GI C 7				
		Complete if the organiz	ation answe	ered "Yes" on Fo	rm 990,	Part :	IV, lin	e 10.					
_				(a) Current year	<b>(b)</b> Pri	or year	r (	<b>c)</b> Two y	ears back	(d) Three y	ears back (e	) Four year	ars back
	_	ing of year balance		3,966,667									
		outions											
		estment earnings, gains, and	d losses										
		or scholarships											
	and pro	expenditures for facilities ograms	-										
		strative expenses	•										
g		year balance		3,966,667									
2		de the estimated percentage I designated or quasi-endowi		nt year end balance	e (line 1g,	colun	nn (a))	) held a	s:				
a		,											
b		anent endowment											
С		endowment  ercentages on lines 2a, 2b, a	 and 2c should	1 equal 100%									
За	Are th	nere endowment funds not in ization by:		•	ation that a	are he	eld and	l admin	istered fo	r the		Yes	No
	_	nrelated organizations									3a(i		
	• •	elated organizations									3a(i	i)	No
b		s" on 3a(ii), are the related of	-	•			•				. 3b		No
4		ibe in Part XIII the intended			owment fu	nds.							
Pa	rt VI	Land, Buildings, and Complete if the organiz			rm 990	Dart '	IV lin	د11 م	See For	m 000 P:	art Y line	10	
	Descri		a) Cost or othe (investmen	r basis (b) Cos	st or other b					depreciation		Book valu	e
12	Land			+		1 02	4,762					1	,934,762
		gs				10,12							),123,140
		old improvements		+		10,12	3,140					10	,,123,140
		nent		+									
		ines 1a through 1e. (Columi	n (d) must ea	ual Form 990. Par	t X. colum	n (R)	. line 1	10(c).)		<b>•</b>		17	2,057,902
		(Column	(=)	, 550, i di	, соган	- (2)	, 1	- (~/•/	· •		hedule D (		

———— Page 3 ——

Schedule D (Form 990) 2021 Page **3** 

Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category		ine 11b.See For	rm 990, Part X, line 12.  (c) Method of valuation:
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation: t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(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 Fo	rm 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.)	Þ		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ne 11d. See For	
(a) Description			(b) Book value
(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,	Dart IV	no 110 or 1150	00 Form 000 Part V 1: 25

	t Cards				95,206
tal.	(Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	95,206
Lia	bility for uncertain tax positions. In Part XIII, provide the text of the footnote to	the o	rganization's financial s	statements th	at reports the
gar	ization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here	if the	e text of the footnote ha	as been provi	ded in Part XIII
				Schedule	D (Form 990) 2021
	Page 4 ——				
nec	lule D (Form 990) 2021				Page <b>4</b>
aı	t XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Return.	
	Complete if the organization answered 'Yes' on Form 990, Part		ne 12a.		
	Total revenue, gains, and other support per audited financial statements	•		1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_	İ		
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c		_	
t	Other (Describe in Part XIII.)	2d			
9	Add lines 2a through 2d	•		2e	
	Subtract line <b>2e</b> from line <b>1</b>	•		3	
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>	•		4c	
25	XII Reconciliation of Expenses per Audited Financial Statem				
aı	Complete if the organization answered 'Yes' on Form 990, Part		•	. Retuiii.	
	Total expenses and losses per audited financial statements			1	
	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			
е	Add lines 2a through 2d	•		2e	
	Subtract line <b>2e</b> from line <b>1</b>	•		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	I		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		_  _	
	Add lines <b>4a</b> and <b>4b</b>			4c	
	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18. <b>TAXIII</b> Supplemental Information	) •		5	
C					
Par		4. D-	+ IV/ lines the a-1 34 B	art \/ lin = 4 · '	
ar	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 5 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			art V, line 4; I	Part X, line 2; Part XI,
Par Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			· ·	Part X, line 2; Part XI,

Return Reference	Explanation
Part III, Line 1a: If organization elected under SFAS 116 to not report are, historical treasures, o	Mexican artifacts which preserve the cultural and historical identity of Mexico.
Part III, Line 4: Description of organization's collections and how it furthers its purpose.	Mexican artifacts which preserve the cultural and historical identity of Mexico.
Part V, Line 4: Intended uses of the endowment fund.	Contruction of a new museum building in San Francisco.

Schedule D (Form 990) 2021

Additional Data Return to Form

Software ID: 21013485 Software Version: 2021v4.0 efile Public Visual Render

ObjectId: 202211109349300831 - Submission: 2022-04-20

TIN: 23-7317504

**SCHEDULE M** (Form 990)

#### **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

OMB No. 1545-0047

▶Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** The Mexican Museum 23-7317504 Part I Types of Property (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures 3 Art—Fractional interests Books and publications 5 Clothing and household goods . . . . . . 6 Cars and other vehicles . . 7 Boats and planes . . . . 8 Intellectual property . . . 9 Securities—Publicly traded . Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . Securities—Miscellaneous . . Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . Real estate—Residential . Real estate—Commercial . . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . Historical artifacts . . . 22 23 Scientific specimens . . 24 Archeological artifacts . . Χ 161,283 25 Other ► ( ) 26 Other ► (. 27 Other ▶ (. 28 Other ► ( 29 Number of Forms 8283 received by the organization during the tax year for contributions

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	must <b>30</b> a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			
For Pa	aperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Sched	ule M (Form	1 990)	(2021

Schedule M (Form 990) (2021)

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– Page 2 *–* 

Schedule M (Form 990) (2021)

Page 2

for which the organization completed Form 8283, Part IV, Donee Acknowledgement

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2021)

**Additional Data** 

Return to Form

Software ID: 21013485 Software Version: 2021v4.0

efile Public Visual Render

ObjectId: 202211109349300831 - Submission: 2022-04-20

TIN: 23-7317504 OMB No. 1545-0047

Inspection

SCHEDULE O (Form 990)

Department of the Treasury

nternal Revenue Service

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 <u>www.irs.gov/Form990</u> for the latest information. 2021

ame of the organization

Employer identification number

23-7317504

Return Reference	Explanation
Form 990, Part VI, Line 11b: Form 990 Review Process	No review was or will be conducted.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents available to the public.

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

Cat. No. 51056K

Schedule O (Form 990) 2021

**Additional Data** 

Return to Form

Software ID: 21013485 Software Version: 2021v4.0 efile Public Visual Render ObjectId: 202333039349302128 - Submission: 2023-10-30

TIN: 23-7317504

Form **990** 

# **Return of Organization Exempt From Income Tax**

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

2022

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.
 Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

Department of the Treasury Internal Revenue Service				Inspection		
A F	or the 2022 c	I alendar year, or tax year beginning 01-01-2022   , and ending 12-3	1-2022			
	ck if applicable:	C Name of organization The Mexican Museum		D Employe	r identif	fication number
_	dress change me change			23-7317	504	
	tial return	Doing business as				
_	al return/terminated			E Telephone	number	
	ended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su 649 Mission Street 419	ite	(415) 20	02-9700	)
_	,	City or town, state or province, country, and ZIP or foreign postal code		(115) 20	,,,,,,,	<u>'</u>
		San Francisco, CA 94105		<b>G</b> Gross red	eipts \$ 2	05,336
		F Name and address of principal officer:	H(a) Is this	a group ret	urn for	
		•	suboro <b>H(b)</b> Are all	dinates?	96	□Yes ✓No
T Tax	e-exempt status:		include	ed?		☐ Yes ☐No
		501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527				instructions.
j W	ebsite: www	w.mexicanmuseum.org	H(c) Group	exemption	number	•
<b>K</b> Forn	n of organization:	Corporation ✓ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1973	M State	of legal domicile: CA
De	- Cum					
Pa		mary scribe the organization's mission or most significant activities:				
m.	To display	and maintain a permanent collection of Mexican and Latino art educational and conservation of art works.	l programs, op	eration of La	Tienda	a gift shop,
Activities & Governance	Conection	and conservation of art works.				
Ĕ						
0.00	2 Check thi	s box ▶□				
⊗ ×ĕ		of voting members of the governing body (Part VI, line 1a)			3	18
es	4 Number of	of independent voting members of the governing body (Part VI, line 1b) .			4	18
M		nber of individuals employed in calendar year 2022 (Part V, line 2a)		•	5	10
Act		nber of volunteers (estimate if necessary)		•	6	1
		elated business revenue from Part VIII, column (C), line 12			7a 7b	2
	<b>D</b> Net uniter	ated business taxable income from Form 990-1, Part 1, line 11		r Year	176	Current Year
_	8 Contribut	ions and grants (Part VIII, line 1h)		572,2	90	205,334
Revenue		service revenue (Part VIII, line 2g)				0
êve.	10 Investme	ent income (Part VIII, column (A), lines 3, 4, and 7d )		1,0	53	2
ш.	11 Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12 Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		573,3	43	205,336
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1-3)				0
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				0
88	-	other compensation, employee benefits (Part IX, column (A), lines 5–10)		262,6	59	255,950
Expenses		anal fundraising fees (Part IX, column (A), line 11e)		2,28	80	0
統		aising expenses (Part IX, column (D), line 25) ▶5,570				
mend		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		206,5	_	301,310
	_	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		471,5 101,8	-	557,260
or es	19 Kevenue	less expenses. Subtract line 18 from line 12	Beginning o	of Current Ye		-351,924 End of Year
Net Assets or Fund Balances	30 Tet-1 -	(Post V. Bos 16)		27.667.0		22.054.242
ASS		ets (Part X, line 16)		27,667,2		33,954,312
E E		ilities (Part X, line 26)		748,8	-	883,091 33.071.221

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

	I.					2023-10-28	
Sign	Sig	nature of officer				Date	
Here	And	drew Kluger Chairman be or print name and title					
	1    V	Print/Type preparer's name	Preparer's	signature	Date		N 881723
Paid Pre	parer	Firm's name				self-employed Firm's EIN > 47-385	52932
Use	Only	Firm's address > 249 W Jackson Stree	t 260			Phone no. (510) 706	i-2877
		Hayward, CA 94544					
		uss this return with the preparer sh					✓ Yes □ No
For P	aperwork	Reduction Act Notice, see the se	eparate instr	uctions.	Cat.	No. 11282Y	Form <b>990</b> (2022)
				— Page 2 ——			
Form	990 (2022)			_			D
		atement of Program Service	Accomplisi	nments			Page <b>2</b>
		eck if Schedule O contains a respons	•				🔾
1	•	cribe the organization's mission:				<del></del>	6. 1. 1. 1.
	rvation of a	aintain a permanent collection of Mort works.	exican and Lai	ino art educational p	rograms, operati	on of La Tienda a gi	rt shop, collection and
2	Did the ord	ganization undertake any significant	program serv	rices during the year	which were not I	isted on	
	the prior Fo	orm 990 or 990-EZ?					🗆 Yes 🔽 No
_	•	escribe these new services on Scheo					
3	services?	ganization cease conducting, or mak	ke significant (	changes in how it con	ducts, any progr	am	☐ Yes 🗸 No
		escribe these changes on Schedule	• • • • O.				a res and
4	Section 50	ne organization's program service a 1(c)(3) and 501(c)(4) organizations ue, if any, for each program service	s are required				
4a	(Code: Increases in	) (Expenses \$ museum recognition and expansion of th	306,495 se art collection.	including grants of \$		) (Revenue \$	205,336 )
4b	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4c	(Code:	) (Expenses \$		including grants of \$		) (Revenue \$	)
4d		gram services (Describe in Schedule	•				
4e	(Expenses	\$ includ	ling grants of		) (Revenue	\$	)

— Раде 3 **—** 

Form 990 (2022) Page **3** 

Pai	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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
	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> 2	11b		No
	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		No
	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? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	
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)? If "Yes," complete Schedule D, Part X 📆	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
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		No
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes,"</i> complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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 demostic organization or demostic			No

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

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Pai	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		No
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		No
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		No
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
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		No
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,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			110
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L. Part IV</i>	28b		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		NO
	contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
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			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No

	· · · · · · · · · · · · · · · · · · ·			
U	Enter the number of Forms w-20 included on line 1a. Enter -0- if not applicable .	I		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
		F	orm <b>99</b> 0	<b>0</b> (2022)

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orm	990 (2022)			Page <b>5</b>
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
D	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		No
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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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	( )		I

14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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		No
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	2. Total complete committees.	F	orm <b>99</b>	<b>0</b> (2022)
	Page 6 ———————————————————————————————————			
Form	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			<b>~</b>
Se	ction 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 18			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			NI-
b	members of the governing body?	7a 7b		No No
D	persons other than the governing body?	76		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		1
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12-		NI -
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	conflicts?	12b		
С	Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
h	If "Vos." did the erganization follow a written policy or procedure requiring the erganization to evaluate its participation	Lua		110

	24, 10:11 PM  If les, and the organization follow a write in joint venture arrangements under applestatus with respect to such arrangements	icable federal ta	ax law, and take steps to safeguard the o	aiuate its paiti	ыранон	
Se	ection C. Disclosure					
17	List the states with which a copy of this F	orm 990 is requ	uired to be filed			
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe				section	
	Own website Another's website	e 🔽 Upon re	quest Other (explain in Schedule C	O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available			, conflict of inte	erest	
20	State the name, address, and telephone in Andrew Kluger 649 Mission Street Suite			books and reco	ords:	
					F	orm <b>990</b> (2022)
			—— Page 7 ————			
Form	990 (2022)					Page <b>7</b>
Pai	and Independent Contracto	ors	to any line in this Part VII	<u>-</u>		
Se	ection A. Officers, Directors, Trust	ees, Key Em	ployees, and Highest Compensat	ted Employe	ees	
year.	omplete this table for all persons required the complete the organization's current office mpensation. Enter -0- in columns (D), (E),	rs, directors, tr	ustees (whether individuals or organization	J	3	nization's tax
• l	ist all of the organization's <b>current</b> key en	nployees, if any	. See the instructions for definition of "ke	ey employee."		
who	ist the organization's five <b>current</b> highest received reportable compensation (box 5 organization and any related organizations.					\$100,000 from
	ist all of the organization's <b>former</b> officers portable compensation from the organization			ho received mo	ore than \$100,0	00
	ist all of the organization's <b>former direct</b> nization, more than \$10,000 of reportable of				rustee of the	
See t	he instructions for the order in which to lis	t the persons a	bove.			
	Check this box if neither the organization n	or any related o	organization compensated any current of	ficer, director,	or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours	officer and a director/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation

erage irs per ek (list hours related hizations v dotted ine)  40.00  20.00  0.00	one of Individual trustee or director ×	ition (do not cl box, unless pe ficer and a dire Institutional Trustee;	ersor ector	n is l r/tru	both a stee)		Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	Estimated amount of other compensation from the organization and related organizations
double description of the descri	trustae			Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	from the organization and related organizations
0.00	X		х				60,000	0	0
20.00	X		^				00,000	U	U
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(9) Robert Osorio MD	5.00	Х				0	0	0
Secretary	0.00					0		U
(10) Patrick Pirkey	5.00	Х				0	0	0
Treasurer	0.00							
(11) Sergio Alcocer PhD	10.00	Х				0	0	0
Trustee	0.00							
(12) Carlos Camacho	5.00	Х				0	0	0
Trustee	0.00							
(13) Salvador Briman	5.00	х				0	0	0
Trustee	0.00							
(14) Jesus Saucedo MD	5.00	Х				0	0	0
Foundation Mgr.	0.00							
(15) Michael Rodriguez MD	5.00	х				0	0	0
Trustee	0.00							· ·
(16) Nora Wagner	0.00	Х				0	0	0
Foundation Mgr.	0.00							
(17) Gemi Gonzalez	0.00	Х				0	0	0
Trustee	0.00							

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<b>(A)</b> Name and title	(B) Average hours per week (list	one	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi	n is	both a	n an	(D) Reportable compensation from the	(E) Reportable compensation from related	( <b>F</b> ) Estimated amount of other
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
18) Blanca Zarazua	0.00	x						0	0	
rustee	0.00								V	
	-									
	-									

d	Total (add lines 1b and 1c)	<u> </u>	<b>•</b>		60,000				
2	Total number of individuals (including but of reportable compensation from the orga		listed above) who red	ceived more	than \$1	00,000			
								Yes	No
3	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>	•	, key employee, or h	ighest comp	ensated	employee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations greindividual					n the			No
5	Did any person listed on line 1a receive or	accruo componentio	n from any unrolator	d organizati	n or indi	vidual for	4		No
	services rendered to the organization?If "	•	,	-	• •	• • •	5		No
	ection B. Independent Contractors								
1	Complete this table for your five highest of from the organization. Report compensation						mpens	ation	
		(A)			5	(B)		(C	
	Name and b	usiness address			Desc	ription of services		Comper	isation
	Total number of independent contractors (in	cluding but not limite	ed to those listed abo	ove) who red	eived mo	ore than \$100,00	00 of		
	compensation from the organization <b>&gt;</b> 0							Form <b>99</b>	<b>0</b> (2022)
									- (===)
			Page 9 ———						
_	000 (0000)								
	n 990 (2022)								Page <b>9</b>
P	art VIII Statement of Revenue	schance or note to an	w line in this Bort VII	I					
	Check if Schedule O contains a re	esponse of flote to an	(A)	(B)		(C)	<del></del>	 (D)	
			Total revenue	Relate	d or	Unrelated business		Rever	nue
				exem funct		revenue		x under	
	Fodouated comparison	_		reven	ue			512 -	514
Con	Federated campaigns 1a tributions,								
	s. Grants. Membership dues 1b								
	erAmt 44,749								
Cim	ilar Finggraising events 1c								
d	Related organizations 1d								
İ	126,642								
е	Government grants (contributions) 1e								
f	All other contributions, gifts, grants, and similar amounts not included above								
	33,943								
g	Noncash contributions included in								
	lines 1a - 1f:\$								
Ļ	Total. Add lines 1a-1f	_							
Ц"	Total. Add lines 1a-1i	205,334	1	1			-		
	2a	Business Code							
J									
2		-							
940	<b>)</b>		<u> </u>				[		
à									
Cornico Dovornio		_							
å	j 1								

5/27/24, 10:11 PM

5/27/24, 10:11 PM		The Mexican Mu	useum - Full Filing- Nonpro	fit Explorer - ProPublica	
Progra					
f All other program	service revenue.				
<b>9 Total.</b> Add lines 2	2a-2f ▶	0			
3 Investment income		interest, and other	2		2
similar amounts) . 4 Income from invest	ment of tax-exempt h	oond proceeds	0		_
<b>5</b> Royalties			0		
	(i) Real	(ii) Personal			
<b>6a</b> Gross rents	6a				
<b>b</b> Less: rental	6b				
expenses c Rental income		+			
or (loss)	6c		0		
<b>u</b> Net rental income	(i) Securities		0		
<b>7a</b> Gross amount		(ii) Stile!			
from sales of assets other	7a				
than inventory					
Less: cost or other basis and sales expenses	7b				
æ	7c				
Gain or (loss)			0		
(not including \$ contributions reported See Part IV, line 18  b Less: direct expen c Net income or (los	8a		0		
9a Gross income from See Part IV, line 19		1			
<b>b</b> Less: direct expen	ses 9b	5			
<b>c</b> Net income or (los	s) from gaming activi	ities 🕨	0		
<b>10a</b> Gross sales of inverse returns and alloware	entory, less	a			
<b>b</b> Less: cost of good	s sold <b>10</b>	b			
C Net income or (los	s) from sales of inver	Business Code	0		
<b>11a</b> Auction Sales		453000			
<b>b</b> La Tienda		459420			_
La ricida					
Other Revenue Misc Amt					
<b>d</b> All other revenue		1			
e Total. Add lines 1	1a-11d		0		
12 Total revenue. S	ee instructions		205,336		2
			· •	·	Form <b>990</b> (2022)
			ge 10 —————		
		——— Pa	ac 10		

Form 990 (2022) Page **10** 

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).

https://projects.propublica.org/nonprofits/organizations/237317504/202333039349302128/full and the projects of the project of the proje

	not include amounts reported on lines 6b, 8b, 9b, 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	0		-	
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	60,000	33,000	26,400	600
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	169,494	93,222	74,577	1,695
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	8,022	4,412	3,530	80
10	Payroll taxes	18,434	10,139	8,111	184
11	Fees for services (non-employees):				
а	Management	56,801	31,241	24,992	568
b	Legal	77,523	42,638	34,110	775
c	: Accounting	57,441	31,593	25,274	574
d	Lobbying	0			_
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,825	1,554	1,243	28
12	Advertising and promotion	1,799	989	792	18
13	Office expenses	9,292	5,111	4,088	93
14	Information technology	3,851	2,118	1,694	39
15	Royalties	0			
16	Occupancy	61,739	33,956	27,166	617
17	Travel	332	183	146	3
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	11,121	6,117	4,893	111
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	15,241	8,383	6,706	152
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Bank Service Fees	1,586	872	698	16
	<b>b</b> Supplies & Materials	1,391	765	612	14
	c Printing and Publications	348	191	154	3
	<b>d</b> Postage and Shipping	20	11	9	
	e All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	557,260	306,495	245,195	5,570
26	<b>Joint costs.</b> 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** (2022)

Form 990 (2022) Page **11** 

Pa	rt X	Balance Sheet					rage 11
		Check if Schedule O contains a response or not	te to any	line in this Part IX		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			4,038,855	1	3,986,073
	2	Savings and temporary cash investments .				2	0
	3	Pledges and grants receivable, net			11,470,731	3	9,890,433
	4	Accounts receivable, net			95,000	4	0
	5	Loans and other receivables from any current o trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial c	ontributor, or 35%	· · ·	5	0
	6	Loans and other receivables from other disquali section 4958(f)(1)), and persons described in se	fied pers	sons (as defined under		6	0
	7	Notes and loans receivable, net				7	0
ssets	8	Inventories for sale or use		· · · · · ·		8	0
SS	9	Prepaid expenses and deferred charges			2,281	9	2,744
Ä				· · ·	2,201	9	2,144
	10a	basis. Complete Part VI of Schedule D	10a	20,072,561			
	b	Less: accumulated depreciation	10b		12,057,902	10c	20,072,561
	11	Investments—publicly traded securities .		L		11	0
	12	Investments—other securities. See Part IV, line	11 .			12	0
	13	Investments—program-related. See Part IV, line	e 11     .			13	0
	14	Intangible assets				14	0
	15	Other assets. See Part IV, line 11			2,502	15	2,501
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	27,667,271	16	33,954,312
	17	Accounts payable and accrued expenses			199,677	17	374,274
	18	Grants payable				18	
	19	Deferred revenue			420,000	19	420,000
	20	Tax-exempt bond liabilities				20	
(C)	21	Escrow or custodial account liability. Complete F	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to any current or forn employee, creator or founder, substantial contri	butor, or	35% controlled entity			
œ.		or family member of any of these persons .				22	
	23	Secured mortgages and notes payable to unrela	ted thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third pa	arties	33,943	24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related third parties,	95,206	25	88,817
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			748,826	26	883,091
Assets or Fund Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	heck he	re 🕨 🔽 and	26,175,465	27	32,328,241
Sal					·		
d E	28	Net assets with donor restrictions			742,980	28	742,980
r Fun	29	Organizations that do not follow FASB ASC complete lines 29 through 33.  Capital stock or trust principal, or current funds				29	
0 8				<u> </u>			
set	30	Paid-in or capital surplus, or land, building or ed		<u> </u>		30	
AS	31	Retained earnings, endowment, accumulated in	•	<u> </u>	22.242.44	31	00.074.001
et	32	Total net assets or fund balances		<u> </u>	26,918,445	32	33,071,221
Z	33	Total liabilities and net assets/fund balances .			27,667,271	33	33,954,312
							Form <b>990</b> (2022
				— Page 12 ————			

Form 990 (2022) Page **12** 

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part  $\mathsf{XI}\,$  .

 $\checkmark$ 

1	4, 10:11 PM  The Mexican Museum - Full Filing- Nonprofit Explorer - ProF  Total revenue (must equal Part VIII, column (A), line 12)	I <b>1</b> I			205,33
2	Total expenses (must equal Part IX, column (A), line 25)	2			557,26
3	Revenue less expenses. Subtract line 2 from line 1	3			-351,92
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			,918,44
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 in Schedule O)	9		6	,504,70
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		33	,071,22
Par	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," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	✓ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the U Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	iired	3b		
	addition addition, explain any in believable of and describe any steeps taken to undergo sacin addition			orm 99	<b>0</b> (2022
			•	0	(202
	990 (2022)				
Ad	ditional Data		Retur	1 to Fo	rm
	Software ID: 22015565				
	Software Version: 2022v5.0				
orm	n 990, Special Condition Description:				
	Special Condition Description				

efile Public Visual Render

ObjectId: 202333039349302128 - Submission: 2023-10-30

TIN: 23-7317504

#### **SCHEDULE A** (Form 990)

Department of the Treasury Internal Revenue Service

N

# **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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

		ne organization Museum					Employer identific	ation number
THE I	exican	Museum					23-7317504	
_	rt I	Reason for Public					See instructions.	
	organiz	ation is not a private four		•				
1		A church, convention of	•				(A)(i).	
2		A school described in se	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research orga name, city, and state:	nization operat	ed in conjunction with	a hospital descr	ibed in <b>section</b> 1	L70(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	perated by a gov	ernmental unit describ	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>secti</b>	on 170(b)(1)(A	)(v).	
7		An organization that not section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in
8	<b>~</b>	A community trust descri		•	(Complete Part	II.)		
9		An agricultural research non-land grant college of						ege or university or a
10		An organization that not from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organize	ed and operated	d exclusively to test for	r public safety. S	See section 509	(a)(4).	
12		An organization organize more publicly supported on lines 12a through 12	organizations	described in section 5	09(a)(1) or se	ection 509(a)(2)	). See <b>section 509(a</b>	
a		Type I. A supporting or organization(s) the pow- complete Part IV, Sec	er to regularly a	appoint or elect a majo				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the san				
c		Type III functionally supported organization(						ted with, its
d		Type III non-function functionally integrated. instructions). You must	ally integrate The organizatio	<b>d.</b> A supporting organi n generally must satisf	ization operated fy a distribution	in connection wit	th its supported organ	
e		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	ation from the		pe I, Type II, Type III	functionally
f	Enter	the number of supported			-		<u> </u>	
g	Provi	de the following informati	on about the su	upported organization(	s).			
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota								
		work Reduction Act Not	ice, see the I	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2022
		or 990-EZ.	,					
				Pa <sub>1</sub>	ge 2 ———			
Sche	dule A	(Form 990) 2022						Page <b>2</b>
Pa	rt II			zations Described ne box on line 5, 7,				L)(A)(vi)
				ify under the tests l				my under Fait III.

Section A. Public Support

5/27/2	24, 10:11 PM to or expended on its benair	I he	Mexican Museui	m - Full Filing- No	onprofit Explorer - I	ProPublica	•		
5	The value of services or facilities								
	furnished by a governmental unit to								
6	the organization without charge <b>Total.</b> Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
_	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
c	13 for the year. Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	T	1		T .				
	endar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties and								
	income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
C	Add lines 10a and 10b.  Net income from unrelated business								
11	activities not included on line 10b,								
	whether or not the business is								
12	regularly carried on. Other income. Do not include gain or								
	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c,								
13	11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thi	rd, fourth, or fift	h tax year as a sec	ction 501(c)(3) o	rganiza		
	this box and <b>stop here</b>								►U
	ection C. Computation of Public			(f)		T .= T			
15	Public support percentage for 2022 (line Public support percentage from 2021 States of the Public support percentage from 2021 States of the Public support percentage from 2021 States of the Public support percentage for 2022 (line support perc					15			
16						16			
17	ection D. Computation of Invest Investment income percentage for 20			v line 13 column	n (f))	17			
18	Investment income percentage from 2	,	. ,		. ,,	18			
	33 1/3% support tests-2022. If the						line 17	is not	
19a	more than 33 1/3%, check this box and							_	
b	33 1/3% support tests—2021. If the	e organization did	I not check a box	on line 14 or lin	e 19a, and line 16	is more than 33	 1/3% a	nd line	18 is
_	not more than 33 1/3%, check this box							ightharpoons	
20	<b>Private foundation.</b> If the organization	-	-			_		ightharpoons	
			<u>u 20% on mio 1 1,</u>	150, 0. 155, 0	2011 21112 2011 2112 22	Schedule A			2022
							-	_	
			Page 4						
			3						
C - I	dula A (Farma 000) 2022								_
	dule A (Form 990) 2022							F	Page <b>4</b>
Par	t IV Supporting Organization		( D I . I (		. C. David T		D 16		
	(Complete only if you checked of box 12b, of Part I, complete Se	a box on line 12 ( ections A and C. I	of Part 1. If you c f vou checked bo	necked box 12a, x 12c. of Part I.	of Part 1, complete complete	e Sections A and A. D. and E. If v	B. If yo	ou cnec cked bo	кеа Х
	12d, of Part I, complete Section	ns A and D, and c		, ,	'	, , ,			
Se	ection A. All Supporting Organiz	ations							
							_	Yes	No
1	Are all of the organization's supported								
	If "No," describe in <b>Part VI</b> how the sidescribe the designation. If historic an				rea by class or purp	oose,			
-	, and the second	-	,,,,				1		
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b>								
	described in section $509(a)(1)$ or $(2)$ ? If Yes, explain in $\mathbf{F}$	GIL WI HOW THE C	n garnzation dele	тттей иласите.	supported digailiza	ALIUII VVAS	<u> </u>		<b>-</b>
_				E01/->//> /=>	(6)2 76 ") "		2		
За	Did the organization have a supported 3c below.	organization des	cribea in section	5U1(c)(4), (5), (	or (6) <i>! If "Yes," an</i>	swer iines 3b an			
-							3a		
b	Did the organization confirm that each the public support tests under section	supported organ	iization qualified	under section 50	11(c)(4), (5), or (6)	) and satisfied			
	determination.	509(a)(2): 11 Te	.s, describe iii P	ure we wilcii dilu	now the organizat	don made the	26		
	Did the organization ensure that all su	pport to such a	anizatione was ::	cod ovelucively:	or coction 170/o\/	2)/B) numacas	3b		
С	THE OCCUPIED PROBLEM TO A STREET AND SELECTION OF THE SEL	DDOLL TO SUCH OLD	iai iizalions was u	seu exclusively f	or section 1/U(C)(2	دره) purposes?	1	I	Ī

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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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	5a		
	amendment to the organizing document).	Ju		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
Ū	complete Part I of Schedule L (Form 990).	8		
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 <b>Part VI</b> .	-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
	organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined on 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 <b>Part VI.</b>	9с		
<b>10</b> a				
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If</i> " <i>Yes,"</i> answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	100		
	the organization had excess business holdings).	10b		
	Schedule A (	(Form	1 990)	2022
	Page 5			
Sche				
Pai	dule A (Form 990) 2022		Р	age <b>5</b>
	dule A (Form 990) 2022  t IV Supporting Organizations (continued)		•	
	Supporting Organizations (continued)		Yes	Page 5
11	Has the organization accepted a gift or contribution from any of the following persons?		•	
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the		•	
a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	•	
a b	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?	11b	•	
a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		•	
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11b	Yes	
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11b	•	
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	11b	Yes	No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	11b	Yes	No
a b c	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	11b 11c	Yes	No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11b 11c	Yes	No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Section B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11b 11c	Yes	No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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	11b 11c	Yes	No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	11b 11c	Yes	No
a b c Se	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?  A family member of a person described on 11a above?  A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.  Bection B. Type I Supporting Organizations  Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization of 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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.	11b 11c	Yes	No

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		ed in the same persons that controlled or ma	anaged the s	sup	ported organization(s).	1		
Se	ction D. All Type III Suppo	rting Organizations						L
1	Did the organization provide to e	ach of its supported organizations, by the las	ct day of the	fif	th month of the organization's		Yes	No
•	tax year, (i) a written notice desc Form 990 that was most recently	ribing the type and amount of support providence in the type and amount of support providence if it is as of the date of notification, and (iii) of notification, to the extent not previously p	ded during the copies of the	he	prior tax year, (ii) a copy of the	:		
_		, , , , , , , , , , , , , , , , , , , ,				1		<u> </u>
2	organization(s) or (ii) serving on	ficers, directors, or trustees either (i) appoin the governing body of a supported organizat and continuous working relationship with the	tion? If "No,"	" ex	xplain in <b>Part VI</b> how the			
3	Dy reason of the relationship doe	cribed in line 2 above did the erganization/s	cupported o		anizatione have a cignificant	2		
•	voice in the organization's investi	cribed in line 2 above, did the organization's ment policies and in directing the use of the scribe in <b>Part VI</b> the role the organization's s	organization	's i	ncome or assets at all times	3		
Se	ction E. Type III Functiona	lly-Integrated Supporting Organiza	ations					
1	Check the box next to the metho	d that the organization used to satisfy the In	ntegral Part 1	Test	t during the year (see instruct	ions):		
а	The organization satisfied	the Activities Test. Complete <b>line 2</b> below.						
b	The organization is the pa	rent of each of its supported organizations.	Complete <b>lin</b>	e :	<b>3</b> below.			
c	The organization supporte	ed a governmental entity. Describe in <b>Part V</b>	<b>I</b> how you so	upp	oorted a government entity (see	e instru	ctions)	
2	Activities Test. <b>Answer lines 2a</b>	and 2h holow						
_	Activities lest. Allswei lilles 2a	and 2D below.					Yes	No
а	supported organization(s) to whice organizations and explain how	zation's activities during the tax year directly ch the organization was responsive? If "Yes,' or these activities directly furthered their exer ganizations, and how the organization detern	," then in <b>Par</b> mpt purpose.	<b>t V</b> s, l	/I identify those supported how the organization was			
	substantially all of its activities.	y				2a		
b	of the organization's supported o	e 2a, above constitute activities that, but for rganization(s) would have been engaged in? supported organization(s) would have engaged.	If "Yes," exp	ola	in in <b>Part VI</b> the reasons for			
	organization's involvement.	,, , , , , , , , , , , , , , , , , , , ,				2b		
3	Parent of Supported Organization	s. Answer lines 3a and 3b below.						
а	Did the organization have the pothe supported organizations? <i>If "</i> )	wer to regularly appoint or elect a majority o Yes" or "No", provide details in <b>Part VI.</b>	of the officers	s, c	directors, or trustees of each of	3a		
b		ubstantial degree of direction over the policie " describe in <b>Part VI.</b> the role played by the						
	supported organizations: It Tes,	——————————————————————————————————————	. organization	'' ''	3	3b	000	
					Schedule A	(Forn	n 990)	, 202
		Page 6						
		rage o						
ched	lule A (Form 990) 2022							Page
	,	onally Integrated 509(a)(3) Suppo	rtina Oraz	ni	izations		•	ugc
1		tion satisfied the Integral Part Test as a quali				VT) Se		
		pe III non-functionally integrated supporting						
	Section A - Adjusted Net 1	ncome			(A) Prior Year		rent Yea onal)	ır
1	Net short-term capital gain		1					
2	Recoveries of prior-year distribut	ions	2					
3	Other gross income (see instruct	ions)	3					
4	Add lines 1 through 3		4					
5	Depreciation and depletion		5					
6		id or incurred for production or collection of servation, or maintenance of property held foctions)		<b>5</b>				
7	Other expenses (see instructions	)	7	,				
8	Adjusted Net Income (subtract	lines 5, 6 and 7 from line 4)	8	3				
	Section B - Minimum Asse	t Amount			(A) Prior Year		rent Yea onal)	ır
1	Aggregate fair market value of a	Il non-exempt-use assets (see instructions fo	or short					

1

1a

1b

1c 1d

https://projects.propublica.org/nonprofits/organizations/237317504/202333039349302128/full and the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the projects of the project of t

tax year or assets held for part of year):

a Average monthly value of securities

 $\boldsymbol{c}\ \ \mbox{Fair market value of other non-exempt-use assets}$ 

e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

	Texplain in accountil Fall Fall	_	I I	
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		
	Castian C. Distributable Assessed			Current Year
	Section C - Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		1 2		
2	Adjusted net income for prior year (from Section A, line 8, Column A)			
	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2		
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2		
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)  Enter greater of line 2 or line 3	3 4		

Schedule A (Form 990) 2022

– Page 7 *–* 

Schedule A (Form 990) 2022 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	continued)	
Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9 Distributable amount for 2022 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

10 Line 6 amount divided by Line 5 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			

Schedule A (Form 990) 2022

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference Explanation

Schedule A (Form 990) 2022

Additional Data Return to Form

Software ID: 22015565 Software Version: 2022v5.0 efile Public Visual Render

ObjectId: 202333039349302128 - Submission: 2023-10-30

TIN: 23-7317504 OMB No. 1545-0047

**SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

	rtment of the Treasury	► Attach to Form					-	1 to Public
	al Revenue Service	m990 for instructi	ons a	nd the latest info				spection
	ame of the organization e Mexican Museum				Empl	oyer ident	lification	number
					23-73	317504		
Pa	art I Organizations Maintaining Donor Adv				r Acco	ounts.		
	Complete if the organization answered "Y			_				
_		(a) Dono	r advi	sed funds	(	( <b>b)</b> Funds a	ind other a	accounts
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e					inds are the		Yes $\square$ No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dono private benefit?	or or donor advisor, o	or for	any other purpose of			ssible	Yes 🗆 No
Pa	rt II Conservation Easements.  Complete if the organization answered "Y	es" on Form 990,	Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the org	anization (check all t	that a	oply).				
	Preservation of land for public use (e.g., recreation	on or education)		Preservation of an	historio	ally import	ant land a	area
	Protection of natural habitat			Preservation of a	certified	historic str	ucture	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held	a qualified conservat	ion co	ntribution in the fo	rm of a	conservatio	vn.	
_	easement on the last day of the tax year.	a qualified conservat	.1011 CC	intribution in the for	Γ			f the Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easements .				2b			
С	Number of conservation easements on a certified histo	oric structure included	d in (a	)	2c			
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after July 25, 2	2006,	and not on a	2d			
3	Number of conservation easements modified, transfer tax year	red, released, exting	uished	l, or terminated by	the org	anization du	uring the	
4	Number of states where property subject to conservat	ion easement is loca	ted 🕨					
5	Does the organization have a written policy regarding and enforcement of the conservation easements it hole				of violat		¬	O
							J Yes	∪ No
6	Staff and volunteer hours devoted to monitoring, inspering to the control of the	ecting, handling of vi	iolatio	ns, and enforcing c	onserva	tion easem	ents durin	ig the year
7	Amount of expenses incurred in monitoring, inspecting  \$	g, handling of violatio	ons, a	nd enforcing conser	vation e	asements o	during the	e year
В	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?				70(h)(4		Yes	□ No
9	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the org				ement, and	d	_ <b></b>
Pai	rt III Organizations Maintaining Collection	s of Art, Historic	al Tr	easures, or Oth	er Sin	nilar Asse	ets.	
	Complete if the organization answered "Y							
1a	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu Part XIII, the text of the footnote to its financial stater	ıblic exhibition, educa	ation,	or research in furth				
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for pu following amounts relating to these items:	ASC 958, to report in ablic exhibition, educate	its re ation,	venue statement ar or research in furth	nd balar erance	ce sheet w of public se	orks of artervice, pro	t, vide the
	(i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$		
	iii) Assets included in Form 990, Part X						th o	
2	If the organization received or held works of art, histo following amounts required to be reported under FASB	3 ASC 958 relating to	these	items:	_			
а	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
b	Assets included in Form 990 Part X					<b>b</b> dr		

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

Cat. No. 52283D Schedule D (Form 990) 2022

---- Page 2 -----

Sche	dule D	(Form 990) 2022										Page <b>2</b>
Parl	t III	Organizations Maintainin	g Collections o	of Art,	Historical 1	reası	ures, o	r Other	Similar A	ssets (conti	nued)	
3		the organization's acquisition, acc (check all that apply):	cession, and other	record	•	the fo	ollowing	that are a	significant (	use of its coll	ection	
а	<b>✓</b>	Public exhibition			<b>d</b>	Loan	or exch	ange prog	grams			
b		Scholarly research			e 🗌	Othe	er					
С	<b>✓</b>	Preservation for future generation	ns									
4	Provid Part X	de a description of the organizatio (III.	n's collections and	explair	n how they fur	her the	e organi:	zation's ex	xempt purpo	se in		
5		g the year, did the organization so s to be sold to raise funds rather t								Yes	□ N	0
Par	t IV	<b>Escrow and Custodial Arr</b> Complete if the organization line 21.		" on Fo	orm 990, Pari	: IV, li	ne 9, oı	r reporte	d an amou		990, 1	Part X,
1a		organization an agent, trustee, c ded on Form 990, Part X?								☐ Yes	□ <b>N</b>	o
b	If "Ye	s," explain the arrangement in Pa	rt XIII and comple	ete the f	following table				A	mount		_
С		ning balance	•		-			1c				
d	Additi	ions during the year						1d				_
е	Distri	butions during the year						1e				_
f	Endin	g balance						1f				_
2a	Did th	ne organization include an amount	on Form 990, Pai	t X, line	e 21, for escro	w or cu	ustodial a	account lia	ability?	☐ Yes	$\square$ N	o
b	If "Ye	s," explain the arrangement in Pa	rt XIII. Check here	e if the	explanation ha	s been	provide	d in Part )	XIII			
Pa	rt V	Endowment Funds.										
		Complete if the organization						range handr	(d) Thuas us	ana hashi (a)	Fa	hadi
1a	Beainn	ing of year balance	(a) Curre	іс уеаі	(b) Prior ye	aı	(C) IWO	ears back	(d) Three ye	ars back (e)	Four yea	IS DACK
	_	outions										
		restment earnings, gains, and loss	ses									
		or scholarships										
		expenditures for facilities ograms										
f	Admini	strative expenses										_
g	End of	year balance										
2 a		de the estimated percentage of th I designated or quasi-endowment	•	l balanc	e (line 1g, colu	ımn (a	)) held a	as:				
b	Perma	anent endowment 🕨		••••								
С	Term	endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2	c should equal 100	0%.								
3a	organ	nere endowment funds not in the lization by:		organiza	ation that are l	neld an	nd admin	istered fo	r the		Yes	No
	. ,	nrelated organizations								3a(i)		
b		elated organizations s s" on 3a(ii), are the related organ	izations listed as r	equired	 Lon Schedule I					3a(ii) 3b		
4		ibe in Part XIII the intended uses					•					
Par	t VI	Land, Buildings, and Equi	pment.									
		Complete if the organization	answered "Yes									
	Descri		st or other basis nvestment)	( <b>b</b> ) Cos	st or other basis	(other)	(c) Acc	cumulated o	depreciation	( <b>d)</b> Bo	ook value	
1a	Land											
b	Buildin	gs			12,0	62,561					12,	062,561
С	Leaseh	old improvements										
d	Equipm	nent										
					•	10,000					8,	010,000
Tota	I. Add	lines 1a through 1e. (Column (d)	must equal Form	990, Pai	rt X, column (E	3), line	10(c).)		<b>•</b>			072,561
									Sch	edule D (Fo	rm 99	01 2022

——— Page 3 —

Schedule D (Form 990) 2022 Page **3** 

Complete if the organization answered "Yes" on Form 990, F  (a) Description of security or category  (including name of security)	(b) Book value		(c) Method of valuation: t or end-of-year market value
1) Financial derivatives	value		
2) Closely-held equity interests			
A)			
3)			
))			
E)			
<del>-</del> )			
5)			
1)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
art VIII Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, F	Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market va
1)			
2)			
3)			
1)			
5)			
5)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	Þ		
Part IX Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part IX	art IV, li	ine 11d. See For	rm 990, Part X, line 15.
(a) Description			(b) Book va
1)			
2)			
3)			
1)			
5)			
5)			
7)			
8)			
9)			
otal. (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 X	art IV. li	ine 11e or 11f S	ee Form 990. Part X. line 25
	∽ι ∟ ± ν, II	01 111.0	CO I DITTI DODI I GIL AI IIIC ZUI

-,	ierai income taxes			I	
redit					88,817
otal. (	Column (b) must equal Form 990, Part X, col.(B) line 25.)			•	88,817
<b>.</b> Liab	ility for uncertain tax positions. In Part XIII, provide the text of the footnote	o the c	rganization's financial st	atements that r	eports the
-ganiz	ation's liability for uncertain tax positions under FIN 48 (ASC 740). Check he	re if the	e text of the footnote has	•	
				Schedule D	(Form 990) 2022
	5 4				
	Page 4 —				
hedu	le D (Form 990) 2022				Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Stater	nents	With Revenue per I	Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa				
	otal 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:				
a I	Net unrealized gains (losses) on investments	2a			
b I	Donated services and use of facilities	2b			
c I	Recoveries of prior year grants	2c			
d (	Other (Describe in Part XIII.)	2d			
е ,	Add lines 2a through 2d	•		2e	
3 :	Subtract line <b>2e</b> from line <b>1</b>			3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
<b>a</b> :	nvestment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b			
c /	Add lines <b>4a</b> and <b>4b</b>			4c	
; -	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12	) .		5	
Part				Return.	
	Complete if the organization answered 'Yes' on Form 990, Pa				
	otal expenses and losses per audited financial statements	•		1	
. ,	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i	i		
a I	Donated services and use of facilities	2a		_	
b I	Prior year adjustments	2b		_	
	Other losses	2c			
d (	Other (Describe in Part XIII.)	2d		_	
е /	Add lines 2a through 2d	•		2e	
: !	Subtract line <b>2e</b> from line <b>1</b>			3	
. ,	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
<b>a</b> 1	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b (	Other (Describe in Part XIII.)	4b		7	
c /	Add lines <b>4a</b> and <b>4b</b>	•		4c	
•	Total expenses. Add lines $f 3$ and $f 4c.$ (This must equal Form 990, Part I, line 1	3.) <b>.</b>		5	
	XIII Supplemental Information			<del></del>	
Provid	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			rt V, line 4; Part	X, line 2; Part XI,
	2d and $4$ b; and $P$ art XII, lines $2$ d and $4$ b. Also complete this part to provide $a$	ny add	tional information.		

Part III, Line 1a: If organization elected under SFAS 116 to not report are, historical treasures, o

Part III, Line 4: Description of organization's collections and how it furthers its purpose.

Part V, Line 4: Intended uses of the endowment fund.

Mexican artifacts which preserve the cultural and historical identity of Mexico.

Mexican artifacts which preserve the cultural and historical identity of Mexico.

Contruction of a new museum building in San Francisco.

Schedule D (Form 990) 2022

Additional Data Return to Form

**Software ID:** 22015565 **Software Version:** 2022v5.0

efile Public Visual Render

ObjectId: 202333039349302128 - Submission: 2023-10-30

TIN: 23-7317504

OMB No. 1545-0047

2022

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service 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 <u>www.irs.gov/Form990</u> for the latest information.

Name of the organization The Mexican Museum Employer identification number

23-7317504

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	No review was or will be conducted.
Form 990, Part VI, Section C, Line 19	No documents available to the public.
Form 990, Part XI, Line 9	Addition of Artifacts at stated value = \$6504700

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

Cat. No. 51056K

Schedule O (Form 990) 2022

**Additional Data** 

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